



Date Supplies Counted: _____

Next Count Date: _____

Please count and enter in the appropriate space below the number of full cases on hand and usage. Be sure to include your reserve stock in your count and to notify Baxter of any usage changes.

DIALYSIS SOLUTIONS		1L		1.5L		2L		2.5L		3L		5L		6L	
		ON HAND	USAGE	ON HAND	USAGE	ON HAND	USAGE	ON HAND	USAGE	ON HAND	USAGE	ON HAND	USAGE		
YELLOW	1.5%														
GREEN	2.5%														
RED	4.25%														
PURPLE	7.5%														

SUPPLIES

Drain Bags _____

FlexiCap Disconnect Caps _____

Drain Line Extensions _____

MiniCap Disconnect Caps _____

Y-Sets _____

Patient Extensions _____

Cassettes _____

OTHER SUPPLIES

SUPPLIES SHOULD BE STORED IN THE FOLLOWING MANNER:

- At room temperature
- Avoid excessive heat or freezing
- Avoid insect/rodent infestation
- Avoid liquid contamination
- Store away from chemicals

NOTES

Confirmation Number: _____

Name of Representative Taking Order: _____

To place your order, go to <http://na.sharesource.com/> or call 1-800-284-4060