

Quarantine Kit Order Form
Safety During Crisis for New Mothers

Hospital/Patient Name: _____

Ship To Address: _____

City/Zip: _____

Contact Name: _____

Email and Phone: _____

QUARANTINE KIT: \$65.00 (includes tax and shipping). See images for details of each kit item, as applicable

- 1 box surgical masks (50)
- 1 box vinyl gloves (100)
- Hand sanitizer 16oz



Credit Card Authorization	Individual Order \$65/Unit	Hospital Order \$62/Unit
# of Quarantine Kits		
Total amount to be charge	\$	\$
Card Holder Name		
CC #		
Expiration Date		
CVV		

Please scan or e-mail a photo of order form to: Qkits@ppe-supply.co