

PHARMACY COMFORT REQUEST FORM:

From: _____ Date: _____

RESIDENT NAME	RAN #	KLEENEX	SHAMPOO	CONDITIONER	DANDRUFF SHP	2IN 1 SHAMPOO	BODY WASH	DEODRANT STK	DEODRANT SPR	HAIR GEL	FEMININE PADS	T/PASTE	T/BRUSH	MOUTHWASH	SUNSCREEN	SHAVE CREAM	AFTER SHAVE	BAR SOAP	DISP RAZOR	HAIRBRUSH	HAIRCOMB	DENTAL FLOSS	body lotion	miscellaneous	