**Order Form**

DSHS PHARMACY BRANCH

1100 W 49TH STREET

AUSTIN, TX 78756

512-776-7500

**Ship to:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pharmacy Name: | | | |  | | | | | |
| Address: | |  | | | | | | | |
| City: |  | | | | | State: |  | Zip: |  |
| Phone Number (required): | | | | |  | | | | |
| Email Address: | | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Cases Requested | QTY Per Case | Item Number | Item Description |
|  | 1000 | 5300COND | LIFESTYLES ASSORTED COLORS |
|  | 1008 | 5400COND | LIFESTYLES ULTRA SENSITIVE |
|  | 1000 | 5600COND | LIFESTYLES ULTRA RIBBED CONDOM |
|  | 1008 | 6200COND | LIFESTYLES TUXEDO |
|  | 1008 | 7800COND | LIFESTYLES NON-LATEX |
|  | 1008 | 9800COND | LIFESTYLE KYNG GOLD |
|  | 1008 | 310152COND | LIFESTYLES TOUGH LATEX |
|  | 1000 | IDDGLF03COND | ID GLIDE LUBRICANT 3ML FOIL |
|  | 1000 | IDDXTF03COND | ID XTREME LUBRICANT 3ML FOIL |
|  | 100/BOX | 6030COND | LATEX DENTAL DAMS |

\*\*\*PLEASE EMAIL TO [HIVSTDsupport@dshs.texas.gov](mailto:HIVSTDsupport@dshs.texas.gov)\*\*\*

THESE ITEMS ARE PROVIDED TO YOU AT NO COST