



















































Patient's Name.....Bay Number.....
Ward.....Bed Number.....

 = Healthier Choice |  = High Calorie |  = Vegetarian |  = No Gluten ingredients

▼ MARK  WITHIN THE BOXES OF DISHES YOU REQUIRE FROM EACH SECTION

STARTER (Choose 1 of the following)		VG	GF	HH	HC		
<input type="checkbox"/>	Orange Juice	<input type="checkbox"/>	Apple Juice				
MAIN COURSE (Choose 1 of the following)							
<input type="checkbox"/>	Cottage Pie (contains: Milk)						
<input type="checkbox"/>	Cauliflower Cheese (contains: Milk)						
<input type="checkbox"/>	Ham Salad (may contain: Mustard)						
<input type="checkbox"/>	Peppered Mackerel Salad (contains: Fish) (may contain: Mustard)						
<input type="checkbox"/>	Grated Cheddar Cheese Salad (contains: Milk) (may contain: Mustard)						
<input type="checkbox"/>	Wholemeal Chicken Mayo Sandwich (contains: Wheat, Sesame, Eggs) (may contain: Soya)						
<input type="checkbox"/>	White Chicken Mayo Sandwich (contains: Wheat, Eggs) (may contain: Sesame, Soya)						
<input type="checkbox"/>	Wholemeal Egg Mayo Sandwich (contains: Barley, Wheat, Mustard, Eggs) (may contain: Sesame, Soya)						
<input type="checkbox"/>	White Egg Mayo Sandwich (contains: Wheat, Sesame, Mustard, Eggs, Soya)						
<input type="checkbox"/>	Vegetarian Finger Food Platter (contains: Milk, Egg, Wheat)						
<input type="checkbox"/>	Meat Finger Food Platter (contains: Milk, Egg)						
VEGETABLES & POTATOES (Choose 2 of the following)							
<input type="checkbox"/>	Garden Peas						
<input type="checkbox"/>	Sliced Carrots						
<input type="checkbox"/>	Seasoned Wedges (contains: Wheat)						
<input type="checkbox"/>	Creamed Potatoes (contains: Milk)						
ACCOMPANIMENT							
<input type="checkbox"/>	Gravy						
DESSERTS (Choose 1 of the following)							
<input type="checkbox"/>	Pineapple Sponge (contains: Wheat, Eggs) (may contain: Milk)						
<input type="checkbox"/>	Fruit Cocktail in Natural						
<input type="checkbox"/>	Cheese Spread & Crackers (contains: Milk, Wheat) (may contain: Sesame, Eggs)						
DESSERT ACCOMPANIMENT (Choose 1 of the following)							
<input type="checkbox"/>	Vanilla Ice Cream (contains: Milk)						
<input type="checkbox"/>	Custard (contains: Milk)	