

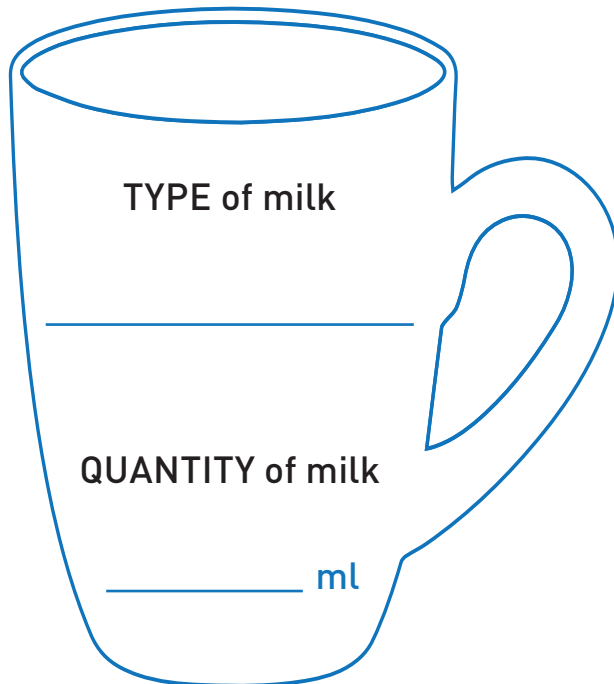
PATIENT Name :

BED Number :

Patient ID :

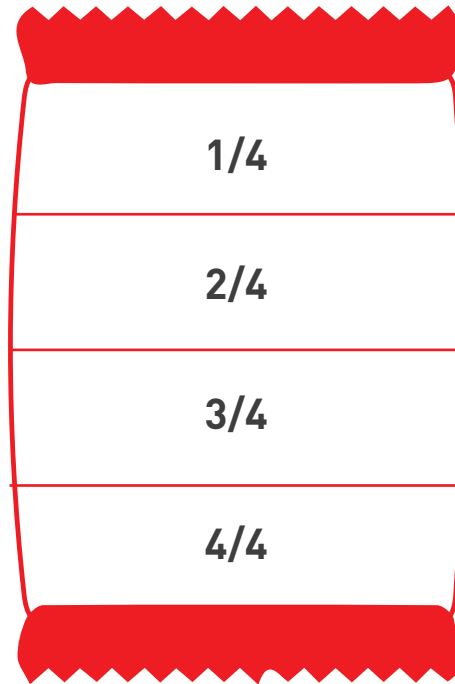
**THERAPEUTIC FOOD**

**MILK per meal**



A blue outline of a milk cup with a handle on the right. The cup is divided into two sections by a horizontal line. The top section is labeled "TYPE of milk" and the bottom section is labeled "QUANTITY of milk" with a blank line followed by "ml".

**RUTF per meal**



A red outline of a RUTF bag with a scalloped top and bottom edge. The bag is divided into four horizontal sections by three lines. The sections are labeled with fractions: "1/4", "2/4", "3/4", and "4/4" from top to bottom.

**REGULAR DIET**

BREAKFAST

LUNCH

DINNER

Other requirements :