



General Dietary

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PRESCRIPTION REQUEST FORM

Dear Patient

To help your doctor to provide you with a prescription easier and quicker, tick the items you need and fill in the quantity that you expect to use in 2 months. Please hand the form to your doctor.

Dear Doctor

Please include the following ACBS products in my next prescription. I have already tried them and find them most suitable for my diet:

Product	Size	Enter Quantity Requested	Ordering References	
			Quantity per case	Single pack PIP code
ENER-G BREADS				
BROWN RICE BREAD	474g		6	2212470
WHITE RICE BREAD	456g		6	2259455
TAPIOCA BREAD	480g		6	2335370
SEATTLE BROWN LOAF	600g		6	2881324
SIX FLOUR LOAF	576g		6	2936474
RICE LOAF (yeast-free)	612g		6	2335362
LOW-PROTEIN RICE BREAD	600g		6	2730992
ENER-G ROLLS				
WHITE LONG ROLLS (4 per pack)	220g		6	3271947
WHITE ROUND ROLLS (4 per pack)	220g		6	3271954
DINNER ROLLS (6 per pack)	280g		6	3175502
SEATTLE BROWN ROLLS (HAMBURGER)	476g		6	2955870
SEATTLE BROWN ROLLS (HOT DOG)	476g		6	2955888
ENER-G BISCUITS & PIZZA BASES				
COOKIES (Vanilla)	435g		6	2774610
PIZZA BASES (3 x 124g)	372g		5	2955896
ENER-G PASTAS				
LASAGNA	454g		12	0238519
MACARONI	454g		12	2097988
SMALL SHELLS	454g		12	0810648
SPAGHETTI	447g		24	0238493
VERMICELLI	300g		12	0239061
ENER-G BAKING				
XANTHAN GUM	170g		12	2724318
EGG REPLACER (Low Protein)	454g		12	0321737

Thank you