Special Diet Meals on Wheels Order

Pick-up ☐ **Delivery** ☐ **Route:** _____

Delivery/Pick-Up Date: _____ **Order Taken By:** _____

Client: _____ **Phone:** _____

Address: _____ **AlayaCare: MOW on File** ☐ **Non-Client** ☐

Comments: _____

Please refer to apetito brochure or https://my.apetito.ca/nutridata for additional dietary information

**** To ensure meals meet your dietary needs, please speak to your dietician ****

SPECIAL DIET ENTRÉES

Options for Lactose Free, Gluten Free, Controlled Potassium, Controlled Phosphorus & More

_____ Apple Braised Pork
_____ Beef & Vegetable Casserole
_____ Chicken with Gravy
_____ Hawaiian Chicken
_____ Herbed Fish
_____ Turkey in Gravy

HALAL

_____ Beef Curry
_____ Butter Chicken
_____ Chana Masala
_____ Chicken Biryani
_____ Lemon &Herb Chicken Souvlaki
_____ Spicy Beef Stew
_____ Sweet Curry Chicken
_____ Vegetarian Dhal

VEGETARIAN ENTRÉES

_____ Chana Masala
_____ Cheese Omelet
_____ Macaroni & Cheese
_____ Mexican Rice & Bean Casserole
_____ Pasta Primavera
_____ Scrambled Eggs w/ Home Fries
_____ Spaghetti & Tomato Sauce
_____ Vegetable Chili
_____ Vegetable Curry
_____ Vegetable Dhal
_____ Vegetable Lasagna

MINCED ENTRÉES

_____ Apple Braised Pork
_____ Beef Dinner
_____ Beef Stew
_____ Chicken a la King
_____ Ham
_____ Honey Dijon Pork
_____ Pasta Primavera
_____ Turkey Dinner
_____ Vegetarian Stew

PUREED ENTRÉES

_____ Apple Braised Pork
_____ Beef & Vegetable Casserole
_____ Chicken a la King
_____ Creamed Salmon
_____ Lemon Herb Fish
_____ Meatloaf
_____ Pot Roast Beef
_____ Shepherd's Pie
_____ Spaghetti Bolognese
_____ Sweet & Sour Chicken
_____ Turkey Casserole
_____ Turkey Dinner
_____ Vegetarian Lasagna

GLUTEN-FREE ENTRÉES

_____ Beef Pot Roast
_____ Vegetarian Dhal
_____ Traditional Pot Roast
_____ Lemon Herb Fish
_____ Chicken Breast with Cheddar Bacon Sauce

THICKENED PURÉED SOUPS

_____ Broccoli Soup
_____ Carrot Soup
_____ Cauliflower Soup
_____ Chicken Noodle Soup
_____ Mushroom Soup
_____ Tomato Beef Soup

Entrées _____ x $6.25 = _____

Soups _____ x $3.00 = _____

TOTAL _____

Order Filled By: _____

Payment Received By: _____

Cash ☐ Cheque ☐ Credit Card ☐

Debit ☐ Invoice ☐ HAL ☐ HF ☐

AlayaCare Entry: Client ☐ Non-Client ☐ Visit added to Schedule ☐ Payment Added ☐

2025-Aug-06