

TRAY HOLD

Patient: _____

Room Number: _____

Date: _____

	<u>Meal</u>	
Breakfast	Lunch	Dinner

****HOLD FOR SPEECH****

TRAY HOLD

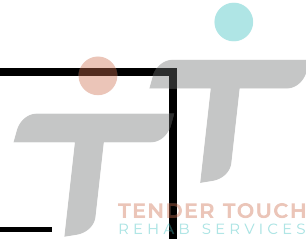
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