Treatments Reason Frequency Duration  If applicable please indicate any pertinent nutritional needs of the participant. Nutritional Needs  Breakfast Lunch Dinner Other  Monday Tuesday Wednesday  Thursday Friday Saturday Sunday  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.		tate the Necessary	<del></del>	ory please initial all that ice	t apply.
participant.  Treatments Reason Frequency Duration  If applicable please indicate any pertinent nutritional needs of the participant. Nutritional Needs  Breakfast Lunch Dinner Other  Monday Tuesday Wednesday  Thursday Friday Saturday Sunday  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	<ul> <li>Proposed Out</li> </ul>	comes:			
Reason Frequency Duration  If applicable please indicate any pertinent nutritional needs of the participant. Nutritional Needs  Breakfast Lunch Dinner Other  Monday Tuesday  Wednesday  Friday  Saturday  Saturday  Sunday  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	participant.			-	ate the
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Duration  If applicable please indicate any pertinent nutritional needs of the participant.  Nutritional Needs  Breakfast Lunch Dinner Other  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Saturday  Sunday  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.					
If applicable please indicate any pertinent nutritional needs of the participant.  Nutritional Needs  Breakfast Lunch Dinner Other  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	•				
Nutritional Needs  Breakfast Lunch Dinner Other  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	• Duration				
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Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  Tube Feeding  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.					Other
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Thursday  Friday  Saturday  Sunday  Tube Feeding  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	Tuesday				
Friday  Saturday  Sunday  Tube Feeding  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	Wednesday	-			
Saturday  Sunday  Tube Feeding  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	Thursday				
Tube Feeding  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	Friday				
Tube Feeding  If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	Saturday				
If applicable please list all medical equipment and special use devices necessary to accommodate the participant.	Sunday				
accommodate the participant.			Tube Feedin	g	
accommodate the participant.					
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