

Starter Pack Request Card

Please complete the following (in BLOCK CAPITALS).

I would like my patient to receive the following starter pack (tick the appropriate boxes):

NUTRITIONAL SUPPLEMENT STARTER PACK

This pack contains the following products. Please tick the box next to products you would like your patient to receive

- Resource® Shake 
- Clinutren® 1.5 
- Resource® Fruit Flavour Drink 
- Clinutren® Fruit 
- Resource® Protein 
- Resource® 2.0 Fibre 
- Resource® Dessert Energy 
- Clinutren® Dessert 
- Resource® Dessert Fruit 
- Resource® Junior 

OR DYSPHAGIA STARTER PACK

This pack contains the following products. Please tick the box next to the products you would like your patient to receive

- Resource® ThickenUp 
- Resource® Thickened Drinks  (NB; custard consistency will be automatically sent)
- Resource® Dessert Energy 
- Resource® Dessert Fruit 
- Clinutren® Dessert 

Patient details to be filled in by a Health Care Professional

Title _____ Surname _____

First Name _____

Address _____

_____ Postcode _____

Telephone Number _____

* Please note, patient details will not be kept on file or forwarded to a third party.

POST TO STARTER PACK REQUEST SERVICE,
UNIT 18, BRAMBLESIDE, BELLBROOK INDUSTRIAL ESTATE, UCKFIELD TN22 1XN.

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