

Essential gluten-free foods request form

Name _____

Address _____

Postcode _____ Phone _____

I have chosen the following selection of essential gluten-free foods to make up my monthly unit requirements based on the national prescribing guidelines for gluten-free foods[†].

My monthly unit requirement is:

	PACK SIZE	PIP CODE	UNIT VALUE [†]	QUANTITY
JUVELA FRESH LOAVES & ROLLS** - STANDARD CASES				
<input type="checkbox"/> Fresh White Loaf	8x400g	322-0217	8*	<input type="text"/>
<input type="checkbox"/> Fresh Fibre Loaf	8x400g	339-9789	8*	<input type="text"/>
<input type="checkbox"/> Fresh White Rolls	8x5x85g	355-8871	8*	<input type="text"/>
<input type="checkbox"/> Fresh Fibre Rolls	8x5x85g	355-6800	8*	<input type="text"/>
JUVELA FRESH LOAVES & ROLLS - MIXED CASES**				
<input type="checkbox"/> 4x400g Fresh White Loaves + 4x400g Fresh Fibre Loaves		N/A	8*	<input type="text"/>
<input type="checkbox"/> 4x400g Fresh White Loaves + 4x5x85g Pkts Fresh White Rolls		N/A	8*	<input type="text"/>
<input type="checkbox"/> 4x400g Fresh White Loaves + 4x5x85g Pkts Fresh Fibre Rolls		N/A	8*	<input type="text"/>
<input type="checkbox"/> 4x400g Fresh Fibre Loaves + 4x5x85g Pkts Fresh Fibre Rolls		N/A	8*	<input type="text"/>
<input type="checkbox"/> 4x400g Fresh Fibre Loaves + 4x5x85g Pkts Fresh White Rolls		N/A	8*	<input type="text"/>
<input type="checkbox"/> 4x5x85g Fresh White Rolls + 4x5x85g Pkts Fresh Fibre Rolls		N/A	8*	<input type="text"/>
JUVELA LONG LIFE AND PART-BAKED LOAVES & ROLLS				
<input type="checkbox"/> White Loaf sliced	400g	074-8590	1	<input type="text"/>
<input type="checkbox"/> White Loaf unsliced	400g	031-4781	1	<input type="text"/>
<input type="checkbox"/> Fibre Loaf sliced	400g	074-8632	1	<input type="text"/>
<input type="checkbox"/> Fibre Loaf unsliced	400g	010-1675	1	<input type="text"/>
<input type="checkbox"/> White Part Baked Loaf	400g	273-6882	1	<input type="text"/>
<input type="checkbox"/> Fibre Part Baked Loaf	400g	273-6890	1	<input type="text"/>
<input type="checkbox"/> White Rolls	5x85g	010-5916	1	<input type="text"/>
<input type="checkbox"/> Fibre Rolls	5x85g	080-3668	1	<input type="text"/>
<input type="checkbox"/> White Part Baked Rolls	5x75g	243-7267	1	<input type="text"/>
<input type="checkbox"/> Fibre Part Baked Rolls	5x75g	262-9020	1	<input type="text"/>
NB: White loaves and rolls may be listed without the word 'white' in their description on your GP/Pharmacy system				
JUVELA ALL-PURPOSE FLOUR MIXES				
<input type="checkbox"/> White Mix	500g	035-2161	2	<input type="text"/>
<input type="checkbox"/> Fibre Mix	500g	023-6042	2	<input type="text"/>
<input type="checkbox"/> Harvest White Mix	500g	247-7875	2	<input type="text"/>
NB: The Juvela Gluten-Free White Mix may be listed as 'Juvela Gluten-Free Mix' (without the word 'white' in its description) on your GP/Pharmacy system				

[†] Gluten-free foods revised prescribing guidelines 2011

* The Juvela Fresh Loaves and Fresh Rolls are supplied in cases of 8 - either 1 x 8 or 2 x 4. This equates to 8 units of your monthly allowance

** Fresh Rolls and mixed cases are available in UK mainland only

SEE OVERLEAF...

PACK SIZE PIP CODE UNIT VALUE QUANTITY

JUVELA BREAKFAST CEREALS

<input type="checkbox"/>	Flakes <i>(May be listed as Special Flakes on your GP/Pharmacy system)</i>	300g	371-1652	1.5	<input type="text"/>
<input type="checkbox"/>	Fibre Flakes	300g	371-1660	1.5	<input type="text"/>
<input type="checkbox"/>	Crispy Rice	375g	388-2982	1.5	<input type="text"/>
<input type="checkbox"/>	Corn Flakes	375g	388-2990	1.5	<input type="text"/>
<input type="checkbox"/>	Pure Oats	500g	371-1678	1.5	<input type="text"/>

JUVELA PASTA & PIZZA BASES

<input type="checkbox"/>	Fusilli (Spirals)	500g	280-7980	2	<input type="text"/>
<input type="checkbox"/>	Spaghetti	500g	280-7998	2	<input type="text"/>
<input type="checkbox"/>	Macaroni	500g	280-8004	2	<input type="text"/>
<input type="checkbox"/>	Lasagne Sheets	250g	280-7972	1	<input type="text"/>
<input type="checkbox"/>	Tagliatelle	250g	319-3497	1	<input type="text"/>
<input type="checkbox"/>	Fibre Penne	500g	332-8010	2	<input type="text"/>
<input type="checkbox"/>	Fibre Linguine	500g	332-8002	2	<input type="text"/>
<input type="checkbox"/>	Pizza Bases	2x180g	265-4390	1	<input type="text"/>

JUVELA CRACKERS

<input type="checkbox"/>	Crispbread	200g	236-6136	1	<input type="text"/>
<input type="checkbox"/>	Savoury Biscuits	150g	310-7893	1	<input type="text"/>

I understand that this will cover my staple needs and I can supplement this with naturally gluten-free foods and free-from foods purchased from retail outlets.

Signed _____

Please hand your completed form back to your GP surgery