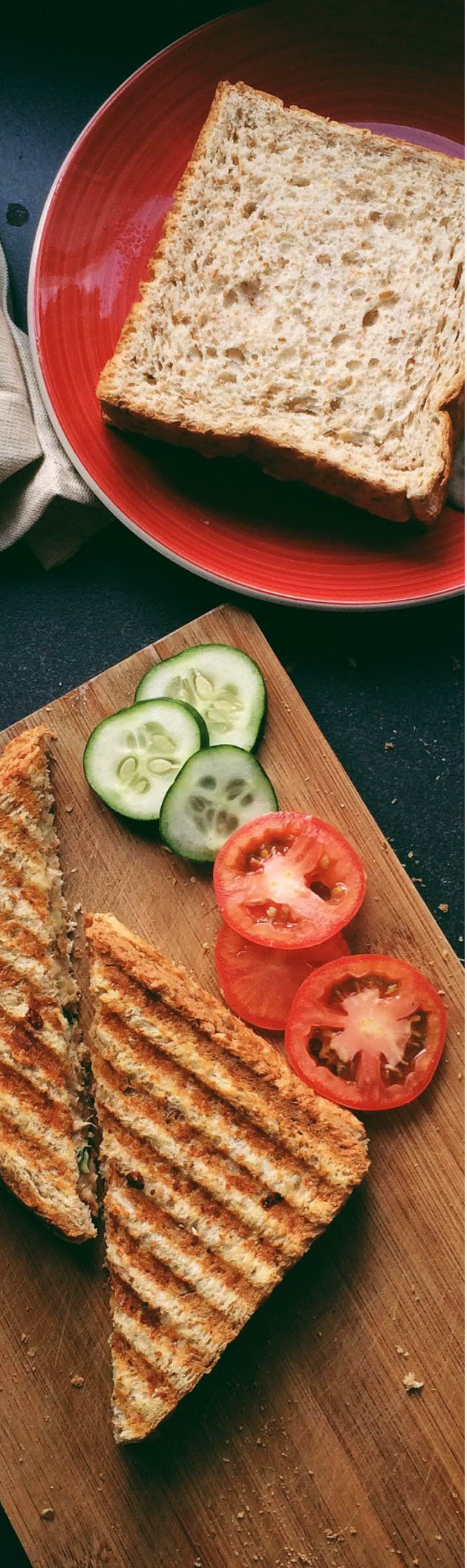


Restaurant Menu

BREAKFAST

Eggs	$5.00
Bagel	$4.00
Fruit	$3.00
Oatmeal	$2.00
Cereal	$1.00

LUNCH

Sandwich	$5.00
Chicken Nuggets	$4.00
Pizza	$3.00
French Fries	$2.00
Drink	$1.00

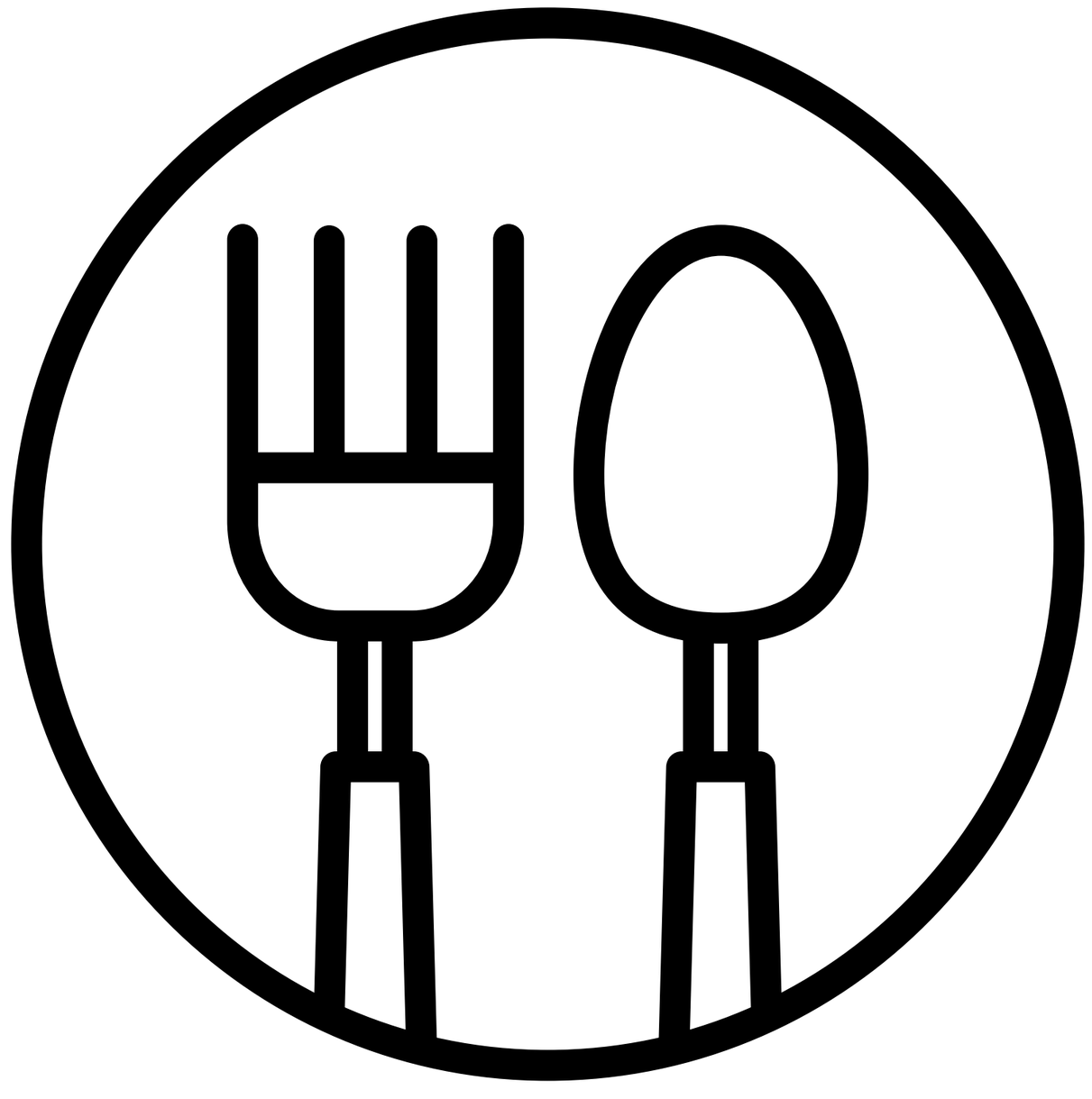
DINNER

Spaghetti	$5.00
Hamburger	$4.00
Chicken Fingers	$3.00
French Fries	$2.00
Drink	$1.00

DESSERT

Super Sundae Surprise	$5.00
Ice Cream Cone	$4.00
Brownie	$3.00
Cookies	$2.00
Slushy Drink	$1.00

AdoreThem.com/Printables



Famous Restaurant

AdoreThem.com/printables

PATIENT FORM

Name of Patient: _____

Height: _____ Weight: _____

Temperature: _____ Blood Pressure: _____

Do you exercise?	Yes	No
Do you get enough sleep?	Yes	No
Do you eat healthy foods?	Yes	No
Do you brush your teeth?	Yes	No
Do you wash your hands?	Yes	No

Eye Exam

E

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L P E D

P E C F D

Z E F P O T E C

AdoreThem.com/Printables

Airplane Ticket

PASSENGER NAME:

DATE:

TIME:

FLYING FROM:

FLYING TO:

SEAT NUMBER:

ADMIT ONE

DATE:

TIME:

Airplane Ticket

PASSENGER NAME:

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