

PHARMACEUTICAL BREAKFAST ORDERING FORM

\$10.00 per person

10 GUEST MINIMUM

24 HR NOTICE PLEASE

BREAKFAST INCLUDES:

- Scrambled eggs w/ tomatoes & feta
- Sausage or Bacon
- Home fries
- Asst. Bagels
- Individual Greek Yogurt
- Muffins
- Rolls
- Greek Pastries
- Coffee- Reg/Decaf
- Milk
- Juice- Orange or Apple
- Tea Bags
- Sugar/Splenda
- Jellies/Cream Cheese/Butter
- Silverware
- Cups- Hot/Cold
- Plates
- FULL SET UP
- DELIVERY

COMMENTS:

REP. NAME _____

DR. NAME _____

ADDRESS _____

PHONE _____

DATE _____ TIME _____

CREDIT CARD _____

EXPIRATION _____

GUESTS

AMOUNT \$ _____

+ TAX \$ _____

+ LOCAL DELIVERY FREE

TOTAL \$ _____

