



Nutritional Guidelines
For Individuals Living with Diabetes during Ramadan
Order Form

Date: _____

Name: _____

Address: _____

City: _____

Post Code: _____

Email: _____

Where did you hear about the Guide? _____

Do you live with Type 2 Diabetes? Yes No

Are you a carer/care giver? Yes No

Are you part of an organization? Yes No

Name of Organization: _____

Where do you want the order be sent out:

Number of copies ordered: _____

P.S. If you are ordering on behalf of an organization and you are ordering in bulk (5 copies or more), there will be charges. We will be in contact with you.