

Dish: _____

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Low Fat | <input type="checkbox"/> Contains Eggs | <input type="checkbox"/> Contains Milk |
| <input type="checkbox"/> Sugar Free | <input type="checkbox"/> Contains Wheat | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Contains Soy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Dairy Free | <input type="checkbox"/> Contains Peanuts | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Contains Tree Nuts | |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Contains Fish/Shellfish | |

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