FOOD & NUTRITIONAL SERVICES
ROOM SERVICE ADVANCED MEAL ORDER FORM

Please hand your completed form to your Food Service Ambassador

- Please refer to the specific menu suited for the patient’s diet. Various items are not compliant on all diets.
- Carbohydrate Controlled Diets are allowed 45 or 60 grams of carbohydrates per meal. Refer to the menu for carbohydrate values of food items.
- Patients on a 2g sodium restriction are allowed 2 grams of sodium per meal. Items that may contain sodium are soups, breads, sauces, and dressings.

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<thead>
<tr>
<th>Name: ___________________________</th>
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</thead>
<tbody>
<tr>
<td>Room #: _________________________</td>
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<tr>
<td>Time for Delivery: _______________</td>
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<tr>
<td>Diet: ___________________________</td>
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<td>Day for Selections: Su Mo Tu We Th Fr Sa (Please circle)</td>
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<td>Day for Selections: Su Mo Tu We Th Fr Sa (Please circle)</td>
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</tbody>
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**BREAKFAST**

**MAIN COURSE** (Choose 1):
- ___________________________

**SIDE ITEMS** (Choose up to 4):
- ___________________________
- ___________________________
- ___________________________
- ___________________________

**BEVERAGES** (Choose up to 3):
- ___________________________
- ___________________________
- ___________________________

**CONDIMENTS:**
- ___________________________

**LUNCH**

**MAIN COURSE** (Choose 1):
- ___________________________

**SIDE ITEMS** (Choose up to 5):
- ___________________________
- ___________________________
- ___________________________
- ___________________________
- ___________________________

**BEVERAGES** (Choose up to 3):
- ___________________________
- ___________________________
- ___________________________

**CONDIMENTS:**
- ___________________________

**DINNER**

**MAIN COURSE** (Choose 1):
- ___________________________

**SIDE ITEMS** (Choose up to 5):
- ___________________________ (includes dessert)
- ___________________________
- ___________________________
- ___________________________
- ___________________________ (includes dessert)

**BEVERAGES** (Choose up to 3):
- ___________________________
- ___________________________
- ___________________________

**CONDIMENTS:**
- ___________________________

*Please note that during your stay, your diet is ordered by your doctor and may change a few times due to tests, treatments, or doctor’s orders. We will do our very best to ensure your selections are delivered to you.*