

FOOD & NUTRITIONAL SERVICES

ROOM SERVICE ADVANCED MEAL ORDER FORM



- 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.

Please hand your completed form to your Food Service Ambassador

Name: _____

Room #: _____

Time for Delivery: _____

Diet: _____

Day for Selections: Su Mo Tu We Th Fr Sa
(Please circle)

BREAKFAST

MAIN COURSE (Choose 1):

SIDE ITEMS (Choose up to 4):

BEVERAGES (Choose up to 3):

CONDIMENTS:

Name: _____

Room #: _____

Time for Delivery: _____

Diet: _____

Day for Selections: Su Mo Tu We Th Fr Sa
(Please circle)

LUNCH

MAIN COURSE (Choose 1):

SIDE ITEMS (Choose up to 5):
(includes dessert)

BEVERAGES (Choose up to 3):

CONDIMENTS:

Name: _____

Room #: _____

Time for Delivery: _____

Diet: _____

Day for Selections: Su Mo Tu We Th Fr Sa
(Please circle)

DINNER

MAIN COURSE (Choose 1):

SIDE ITEMS (Choose up to 5):
(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.