# 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 exchanges 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.*