# BREAKFAST

### **BEVERAGES**

Coffee: Regular | Decaffeinated Tea: Regular | Decaffeinated | Chamomile Fresh-Brewed Unsweetened Iced Tea ( decaf ) Milk: Skim | Lactaid Juice: V8

## **CONDIMENTS**

Butter | Smart Balance | Diet Jelly | Salt | Pepper | Lite Cream Cheese Peanut Butter | Coffee Creamers | Lemon Juice

### MAIN COURSE (please choose 1)

Eggs: Scrambled | Scrambled Egg Whites Scrambled Eggs with Swiss Cheese | Hard-Boiled Eggs ( 2 ) Cottage Cheese

**FRUIT:** Applesauce | Banana | Mandarin Oranges

**YOGURT: Lite :** Strawberry | Peach | Vanilla | Plain

**BROTH:** Chicken | Beef | Vegetable

**CEREAL:** Oatmeal | Cream of Wheat

**CRACKERS:** Oyster Crackers | Saltine Crackers (Unsalted)

### **DESSERT:**

Diet Strawberry Gelatin | Diet Orange Gelatin | Diet Vanilla Pudding Diet Rice Pudding | No Sugar Added Lemon Fruit Ice Graham Crackers During your stay at Stony Brook Hospital, your diet is ordered by your doctor and may change a few times due to tests, treatment or surgery.

**DIET:** 

# **Bariatric Soft**

To place your order, please choose:

One (1) **Main Course** Four (4) **Sides (Breakfast)** Four (4) or Five (5) **Sides (Lunch & Dinner)** Three (3) **Beverages** 

- 1. Dial8 -DINE(extension8-3463)betweenthehoursof 7 am and 7 pm.
- 2. Identify yourself to the Room Service Associate, who will verify yourname, roomnumber, and the diet ordered by your physician.
- 3. Place your order. Yourspecially prepared meal will be served to you within 60 minutes of your request.

The Department of Food and Nutrition is here to provide you with excellent service. Feel free to let your Room Service Associateknowhowwecanhelpmeetyourfoodserviceneeds.

#### SPECIAL / RESTRICTED DIETS

Please note that not all menuitems are appropriate for all diets. If you are on a special or restricted diet, our Room Service Associate will assist you with your meals elections.

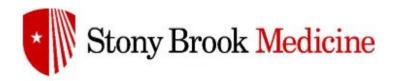
For your safety, we will accept your menu selections only after your physician has entered your diet order.

#### We Need Your Feedback!

If you receive a patient satisfaction survey in the mail, please fill it out and return it. Your opinion counts!

9/23

NAME: \_\_\_\_\_ DATE/ROOM#:\_\_\_\_\_



# LUNCH & DINNER

#### MAIN COURSE

Baked Salmon: Served with Breadcrumbs, Garlic & Lemon Homemade Meatloaf with Gravy Cottage Cheese & Soft Fruit Plate Scrambled Eggs Scrambled Eggs with Swiss Cheese

**FRUIT:** Applesauce | Banana | Mandarin Oranges

**YOGURT:** Lite : Strawberry | Peach | Vanilla | Plain

**BROTH:** Chicken | Beef | Vegetable

**CEREAL:** Oatmeal | Cream of Wheat

**CRACKERS:** Oyster Crackers | Saltine Crackers (Unsalted)

**DESSERT:** 

Diet Strawberry Gelatin | Diet Orange Gelatin | Diet Vanilla Pudding Diet Rice Pudding | No Sugar Added Lemon Fruit Ice Graham Crackers

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