

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

Breakfast Ends Daily at 10:00AM

Limited Items are available all day long. Scrambled Eggs, Omelets, Hard-Boiled Eggs, Cereal and Bagels

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**

Up to Five (5) **Sides**

Three (3) **Beverages**

To place your order, please choose:

One (1) **Main Course**

Up to Five (5) **Sides**

Three (3) **Beverages**

1. Dial 8-3463 (8-DINE), or (631) 444-3463 from your cell phone, between the hours of 7am and 7pm.
2. Identify yourself to the Room Service Associate, who will verify your name, room number, and the diet ordered by your physician.
3. Place your order. Your specifically prepared meal will be served to you 60-90 minutes of your request.

SPECIAL / RESTRICTED DIETS

Please note that not all menu items are appropriate for your diet. If you are on a special or restricted diet, our Room Service Associate would be happy to assist you with your meal selection. For your safety, we will accept your menu selections 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!

NAME/ ROOM#: _____



LUNCH & DINNER

DIET: Bariatric Soft

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