

DIET REQUEST: PLEASE SELECT DIET, SIGN AND FAX BACK

Attention:

Friendship Trays
2401-A Distribution St.
Charlotte, NC 28203

To:
Fax:
Phone:
Date:

From: Annie Cotten
Intake Coordinator
Phone: 704-333-9229
Fax: 704-333-5947

You are receiving this form because either a healthcare professional, family member or the patient his/her self has requested a need for home delivered meals. For services to begin, Friendship Trays must receive a diet order. Please complete this form and return by FAX to (704) 333-5947 as soon as possible. Can't fax back? You can electronically complete the diet order request on our website www.friendshiptrays.org. Thank you.

PATIENTS NAME: _____

DOB: _____

Please check the appropriate diet to indicate patient's dietary needs:

- ADA/NCS/ Diabetic
- Heart/Low Cholesterol
- NAS/ Low Sodium
- Soft
- Regular Diet
- RENAL
- RENAL DIABETIC**

Comments or other restrictions please list below:

NAME: _____

M.D. /NURSE

PRINTED

SIGNATURE