



Your patient resides in our assisted-living community, where Villa Scalabrini offers the dietary plans listed below. Please select the plan you'd like your patient to follow, and sign at the bottom. Thank you for your care.

1 Resident Information

RESIDENT'S NAME

DATE OF ORDER

RESIDENT ROOM #

2 Diet Selection

Check one option below. If selecting 'Altered texture', please specify.

No dietary restrictions

Regular Villa Scalabrini menu.

No added salt

Standard low-sodium preparation.

Controlled / consistent carbohydrate

For diabetic management.

Altered texture

Pureed, mechanical soft, minced, etc. - specify below.

May consume alcoholic beverages

Approval for occasional alcohol.

IF ALTERED TEXTURE, SPECIFY TYPE:

3 Physician Authorization

PHYSICIAN NAME

LICENSE #

PHYSICIAN SIGNATURE

DATE SIGNED

PHYSICIAN ADDRESS & TELEPHONE