



TENNESSEE DEPARTMENT OF CORRECTION

**SPECIALTY DIET REQUEST FORM**

INSTITUTION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

POTENTIAL FOOD/DRUG INTERACTION: \_\_\_\_\_

TYPE OF REQUEST:  New  Renewal  Change  Cancel

TYPE OF REQUEST:

Vegan Diet  Vegetarian Diet

DURATION: \_\_\_\_\_ Days START DATE: \_\_\_\_\_ STOP DATE: \_\_\_\_\_

**THIS SPECIAL DIET HAS BEEN EXPLAINED TO ME AND I UNDERSTAND I WILL BE CHARGED THE COST OF ANY MODIFIED MEAL I FAIL TO PICK UP.**

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY DIETARY SERVICES**

DIETARY SERVICES (Comments compliance/noncompliance, i.e., failure to pick up diet, diet refusal, irregular use, etc.):

Diet Compliance/Noncompliance: (Circle Letter to Indicate Noncompliance)

**B** = Breakfast

**L** = Lunch

**D** = Dinner

MONTH \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

MONTH \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

MONTH \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

MONTH \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Authorized Food Service Representative/Title



TENNESSEE DEPARTMENT OF CORRECTION

THERAPEUTIC DIET ORDER

INSTITUTION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

POTENTIAL FOOD/DRUG INTERACTION: \_\_\_\_\_

TYPE OF REQUEST:  New  Renewal  Change  Cancel

TYPE OF DIET:

- Clear Liquid (3 days only)  Full Liquid  Mechanical Soft  Renal (includes HS snack)
 Pureed  Finger Food  Gluten Restricted  Pre dialysis  Post dialysis
 Low-fat/Low Sodium  Bland  Prenatal Diet (includes 3 snacks daily with meals)
 Moderate 2000 Calorie/Carbohydrate (ADA) (includes 3 meals and 1 snack daily)  Non Standard Diet Order (Requires Approval)

DURATION: \_\_\_\_\_ Days START DATE: \_\_\_\_\_ STOP DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

Ordering Provider Signature

THIS SPECIAL DIET HAS BEEN EXPLAINED TO ME AND I UNDERSTAND I WILL BE CHARGED THE COST OF ANY MODIFIED MEAL I FAIL TO PICK UP.

Inmate's Signature

Date

THIS SECTION TO BE COMPLETED BY DIETARY SERVICES

Received: Authorized Food Services Representative/ Title

Date/Time

DIETARY SERVICES (Comments compliance/noncompliance, i.e., failure to pick up diet, diet refusal, irregular use, etc.):

Diet Compliance/Noncompliance: (Circle Letter to Indicate Noncompliance)

B = Breakfast

L = Lunch

D = Dinner

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the first month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the second month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the third month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the fourth month.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Completed: Authorized Food Service Representative/Title