OKLAHOMA DEPARTMENT OF CORRECTIONS

MEDICAL DIET REQUEST

Date: _____ Renewal Date: _____ (at least annually)

Medical Diet (check one):

☐ Mechanical Soft

☐ Diet for Health

☐ Other Medical Diet:

- ☐ Renal Non-Dialysis ☐ Renal Dialysis
- ☐ Low Protein ☐ Clear Liquid ☐ Full Liquid
- ☐ Clinically Verified Food Allergy _____
  - o Source of verification _____
  - o Reviewed by _____

(Food preferences or food intolerance may be addressed through a Request to Staff to Food Services)

Snacks (check one)

☐ PM Diabetic Snack
☐ OB Snack
☐ Hypercaloric Snack
☐ Medication Snack x _____ per day

_____ Date: _____
Qualified HealthCare Professional

_____ _____ Change _____ Cancel
Offender Housing Assignment

Name: _____ DOC #: _____ Diet: _____