

**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: \_\_\_\_\_