



GUEST LABEL

FOOD SERVICES REQUISITION

**PIERCY RESPITE HOTEL
Hillside Seniors Health Centre**

Arrival Date: _____ Departure Date: _____

Allergies /Food Drug Interaction: _____

Allergy and Sensitivity Document Attached Yes No

DIET TYPE:

ADAPTIVE DEVICES NEEDED

- REGULAR
- MINCED
- FULL MINCED
- PUREED
- THIN FLUID
- DIABETIC
- LACTOSE INTOLERANT
- SEMI-THICK (fluid)
- VEGETARIAN
- OTHER describe _____
- Plate Guard
- Divided Plate
- Other: _____

- THICK (fluid)
- CARDIAC HEALTH

Likes: _____

Dislikes: _____

Additional Comments:

Completed by: _____

Date: _____

Copy to Marquise

Original in Guest Binder