

MEALSONWHEELS
OF HAMILTON COUNTY



317-776-7159

Dear Doctor,

Your patient, _____, has requested meal delivery service from Meals on Wheels of Hamilton County, Inc.

Do any steps need to be taken to protect the health or safety of volunteers or staff of the Meals on Wheels of Hamilton County while delivering meals to _____?

Do any steps need to be taken to protect the health and safety of _____ from volunteers or staff who will be delivering meals?

If so, what steps should be taken? _____

Please indicate prescribed diet/ dietary restrictions for patient.

Doctor's Signature

Date

This information must be returned to Meals on Wheels in order for your client to receive meals.

Return by mail to: 395 Westfield Rd. Noblesville, IN 46060
Or FAX to: 317-770-2971