

600 Broadway, Suite 300
Kansas City, Missouri 64105-1659

816/474-4240

www.marc.org

Please FAX: 816-630-9550
Ex. Spgs. Senior Center
112 Thompson Ave.
Excelsior Springs, Missouri
64024



PHYSICIAN'S REQUEST
FOR MARC'S HOME DELIVERED MEALS

PATIENT'S NAME _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE # _____ SS# _____ DOB _____

1. My patient will require a home delivered meal as follows:

_____ I am aware that the patient will receive a regular diet even though he/she is diabetic or requires a low sodium diet (if applicable).

_____ Temporarily (3 months or less)

_____ Permanently (6 months to a year)

_____ I prefer that my patient eat and participate in the activities at the senior center. (Will disqualify patient from home delivered meals.)

_____ Due to the special dietary needs of my patient, I prefer that he/she not receive a home delivered meal at this time. (Will disqualify patient from home delivered meals.)

2. Medical condition(s) which necessitate home delivered meals and makes it impossible for the patient to attend a senior center:

PHYSICIAN'S SIGNATURE _____

TYPE/ PRINT PHYSICIAN'S NAME _____

ADDRESS _____

PHONE NUMBER _____ DATE _____

FAX NUMBER _____

PLEASE RETURN THIS FORM TO MARC AT THE ABOVE ADDRESS, ATTN: Denise Bedford

(Rev. 05-07)

Chair Gary Mallory Presiding Commissioner Cass County, Mo.	1st Vice Chair Tom Cooley Commissioner Unified Government of Wyandotte County/ Kansas City, Kan.	2nd Vice Chair Jim Schultz Councilmember Independence, Mo.	Treasurer Dr. Bill Cross Councilmember Gladstone, Mo.	Secretary Marge Vogt Councilmember Olathe, Kan.	Executive Director David A. Warm
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