

Ensure Plus Diet Order

This completed diet order may be faxed or mailed to:

Aging & Disability Resource Center
711 N. Bridge Street, Room 118
Chippewa Falls, WI 54729
Fax: 715-738-2589

Customer Information

Name: _____ DOB: _____

Address: _____

Phone Number: _____

1. Indication for usage: _____

2. These supplements are intended for:

[] Meal Replacement.....Cans per day: _____

[] Meal Supplement.....Cans per day: _____

Medical Professional Information

Name: _____ Clinic: _____

Title: []Physician/Physician's Asst []Registered/Certified Dietician []Nurse/Public Health

Address: _____

Phone Number: _____

Signature: _____ Date: _____