



Client Information Form

Please complete page one with your first order, for subsequent orders, start on page two.

If you do not wish to complete this form online at nutrition-dietservices.com/orderform, you may do one of the following:

(1) Fax: Print the package forms, complete and FAX to: (503) 654-3669 OR

(2) Email: Complete the package and email to: services@nutrition-dietservices.com

Name: _____ Date: _____

Company Name (if applicable): _____

Address: _____

City: _____ State/Prov: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ Extension: _____ Fax: _____

Cell Phone: _____ Email: _____

Please use our price list to estimate total cost (all prices in US dollars):

Amount of payment: _____

Form of Payment:

Check (Cheque) enclosed (payment should be in US dollars + payable to Nutrition and Diet Services)

Purchase order number _____

Credit card: VISA MasterCard American Express

Number: _____

Expiration date: _____



Diet or Menu Analysis Order Form

Name: _____ Date: _____

Company Name (if Applicable): _____

What to send:

For Diets: send your diet record for 1-7 days. Include all foods and beverages and amounts eaten each day.
For Menus: Send your menu form clearly identifying (underline) each item to be included in the analysis.

Complete the information below.

Number of Meals and Snacks per Day (select one): Cycle:

3 meals - 2 snacks _____ Number of weeks

2 meals - 2 snacks _____ Number of days/week

1 meal

Diet Variations:

Regular Low Sodium Diabetic Low Cholesterol/Low Fat Renal Other

Describe Food Type and Give Your Standard Portion Size:

Milk:	whole	2%	1%	skim		
Juices:	unsweetened		sweetened			
Fruits (packed style):	fresh		frozen	canned		
Entree (portion size):	breakfast		lunch	dinner		
Vegetables:	fresh	frozen	canned	salted	unsalted	
Dressings:	regular	reduced fat	nonfat	other		
Fats:	butter	stick margarine	soft margarine		oil type	
Breads:	white	wheat	roll _____ ounces		other	

Beverage/Condiments served each meal: _____

Describe any other information we need to know about your menu.

For Menus AND Diets:
Dietary Standard to apply:

RDA Standard: _____ Age Range Male Female

DRI Standard

Nutrients to include in Analysis:

Return:

Two weeks from the date we receive the final piece of requested information.

For assistance with this form please phone (503) 654-3583 from 8AM to 5PM PST Monday - Friday