

Food Service Medical Request

The holder of this card has undergone gastric bypass surgery that reduces the size of their stomach and reduces the portion sizes they can eat. Please allow them to purchase a smaller serving or order from the child/senior menu. *Thank you!*

www.FreePrintableMedicalForms.com

For More Information:

Surgery: _____ Date: _____
Doctor: _____
Hospital: _____
Website: _____

www.FreePrintableMedicalForms.com

Food Service Medical Request

The holder of this card has undergone gastric bypass surgery that reduces the size of their stomach and reduces the portion sizes they can eat. Please allow them to purchase a smaller serving or order from the child/senior menu. *Thank you!*

www.FreePrintableMedicalForms.com

For More Information:

Surgery: _____ Date: _____
Doctor: _____
Hospital: _____
Website: _____

www.FreePrintableMedicalForms.com

Food Service Medical Request

The holder of this card has undergone gastric bypass surgery that reduces the size of their stomach and reduces the portion sizes they can eat. Please allow them to purchase a smaller serving or order from the child/senior menu. *Thank you!*

www.FreePrintableMedicalForms.com

For More Information:

Surgery: _____ Date: _____
Doctor: _____
Hospital: _____
Website: _____

www.FreePrintableMedicalForms.com