

Stock and Custom Tray Tickets

To order your stock tray tickets or to create the perfect padded, perforated, or carbonless copied menu slips give us a call at **800-367-4421** or email at yourmenu@fsrfoodservice.com.

B L D

REGULAR / NAS 1 2
 CARDIAC/SODIUM/FAT 1 2
 GI SOFT/LOW RES. 1 2
 MECH SOFT/PUREE 1 2
 CONSISTENT CARB 1 2
 RENAL 1 2
 DYS: MECH ALT/ADV 1 2
 PEDS Age: 1 2

FULL CLEAR

Liquid ___ml NECTAR HONEY
 COFFEE: REGULAR DECAF
 TEA: HOT DECAF
 MILK: SKIM WHOLE 2%
 JUICE: APPLE GRAPE ORANGE
 LEMONADE ICED TEA FRUIT PUNCH
 DESSERT YES NO
 SALAD YES NO ROLL YES NO
 Equal / Splenda / Sweet & Low 1 2
 SUGAR NO 1 2 SALT NO 1 2
 KETCHUP 1 2 PEPPER 1 2
 MUSTARD 1 2 CREAMER 1 2
 RELISH 1 2 MARGARINE 1 2
 MAYO 1 2 JELLY 1 2
 HERB PACK 1 2 SYRUP 1 2

NAME _____ ROOM _____
 DOB/MR# _____

B L D

Regular 1 2	Heart Healthy 1 2
2 Gram Sodium 1 2	Consistent Carb 1 2
Renal 1 2	Renal Con. Carb 1 2
GI Soft / Low Fiber 1 2	Mechanical Soft 1 2
Clear Liquid 1	1 2

Other: _____

Beverages: COFFEE: Regular, Decaf
 HOT TEA: Regular or Decaf
 MILK: Skim, 1%, Whole
 JUICE: Apple, Orange, Cranberry
 BOTTLED WATER, ICED TEA
 DESSERT: _____ Diet
 Chef Special Dessert/Other: _____
 SF, Jelly, Cream Cheese, Light Cream Cheese

Condiments: Sugar
 Sugar Sub: Yel, Blue, Pink
 Cream, No Dairy Cream
 Salt, Pepper, Mrs. Dash
 Margarine, Butter, Syrup
 SF, Syrup, Ketchup, Mustard, Mayo, Light Mayo, Jelly, Light Cream Cheese

Side Tossed Salad: Lite
 Italian, Ranch, French, Balsamic, Caesar
 Soup of the Day/Other: _____
 Chicken Noodle, Tomato Broth: Chicken, Beef, Veg.

Supplement: Van Ch Stirr _____
 Fluid Restrict: _____ml

NAME _____ ROOM _____
 DOB _____ Room# _____ Date _____

B L D

REGULAR / NAS 1 2
 CARDIAC/SODIUM/FAT 1 2
 GI SOFT/LOW RES. 1 2
 MECH SOFT/PUREE 1 2
 CONSISTENT CARB 1 2
 RENAL 1 2
 DYS: MECH ALT/ADV 1 2
 PEDS Age: 1 2

FULL CLEAR

Liquid ___ml NECTAR HONEY
 COFFEE: REGULAR DECAF
 TEA: HOT DECAF
 MILK: SKIM WHOLE 2%
 JUICE: APPLE GRAPE ORANGE
 LEMONADE ICED TEA FRUIT PUNCH
 DESSERT YES NO
 SALAD YES NO ROLL YES NO
 Equal / Splenda / Sweet & Low 1 2
 SUGAR NO 1 2 SALT NO 1 2
 KETCHUP 1 2 PEPPER 1 2
 MUSTARD 1 2 CREAMER 1 2
 RELISH 1 2 MARGARINE 1 2
 MAYO 1 2 JELLY 1 2
 HERB PACK 1 2 SYRUP 1 2

NAME _____ ROOM _____
 DOB/MR# _____

B L D

REGULAR / NAS 1 2
 CARDIAC/SODIUM 1 2
 CONSISTENT CARB 1 2
 RENAL 1 2
 GI SOFT/LOW RES 1 2
 MECH SOFT/MECH ALT 1 2
 CLEAR / FULL / PUREE

Liquid ___ml NECTAR HONEY
 COFFEE SKIM MILK
 DECAF COFFEE 2% MILK
 HOT TEA WHOLE MILK
 DECAF HOT TEA APPLE JUICE
 ICED TEA GRAPE JUICE
 LEMONADE CRANBERRY JUICE
 ORANGE JUICE

NO SALT NO SUGAR
 DESSERT? YES NO

NAME _____ ROOM _____
 MR# _____

B L D

Diet: _____ Allergies: _____

MAINTICKET

COFFEE: REGULAR DECAF TEA: HOT DECAF HOT CACAO
 MILK: SKIM WHOLE 2% CHOCOLATE MILK
 JUICE: APPLE GRAPE ORANGE CRANBERRY
 ICED TEA FRUIT PUNCH LEMONADE
 HOT / COLD COOK

NAME _____ ROOM _____
 DOB/MR# _____

B L D

REGULAR / NAS 1 2
 CARDIAC/SODIUM 1 2
 CONSISTENT CARB 1 2
 RENAL 1 2
 GI SOFT/LOW RES 1 2
 MECH SOFT/MECH ALT 1 2
 CLEAR / FULL / PUREE

Liquid ___ml NECTAR HONEY
 COFFEE SKIM MILK
 DECAF COFFEE 2% MILK
 HOT TEA WHOLE MILK
 DECAF HOT TEA APPLE JUICE
 ICED TEA GRAPE JUICE
 LEMONADE CRANBERRY JUICE
 ORANGE JUICE

NO SALT NO SUGAR
 DESSERT? YES NO

ALLERGIES **PREFERENCES**

NAME _____ ROOM _____
 MR# _____
Allergy Alert

B L D | **B L D** | **B L D**

REGULAR/NAS 1 2 | REGULAR/NAS 1 2 | REGULAR/NAS 1 2
 DESSERT Yes No | DESSERT Yes No | DESSERT Yes No
 HEART HEALTHY 1 2 | HEART HEALTHY 1 2 | HEART HEALTHY 1 2
 CONSISTENT CARB 1 2 | CONSISTENT CARB 1 2 | CONSISTENT CARB 1 2
 GI SOFT/LOW RES. 1 | GI SOFT/LOW RES. 1 | GI SOFT/LOW RES. 1
 RENAL CON CARB 1 2 | RENAL CON CARB 1 2 | RENAL CON CARB 1 2
 GLUTEN FREE 1 2 | GLUTEN FREE 1 2 | GLUTEN FREE 1 2
 PEDIATRIC/TODDLER 1 2 | PEDIATRIC/TODDLER 1 2 | PEDIATRIC/TODDLER 1 2
 DYSP ADV/MECH SOFT 1 2 | DYSP ADV/MECH SOFT 1 2 | DYSP ADV/MECH SOFT 1 2
 MECH ALTERED 1 | MECH ALTERED 1 | MECH ALTERED 1
 PUREE 1 | PUREE 1 | PUREE 1

FULL CLEAR | **FULL CLEAR** | **FULL CLEAR**

DECAF COFFEE 1% MILK | DECAF COFFEE 1% MILK | DECAF COFFEE 1% MILK
 ICED TEA SKIM MILK | ICED TEA SKIM MILK | ICED TEA SKIM MILK
 LEMONADE WHOLE MILK | LEMONADE WHOLE MILK | LEMONADE WHOLE MILK
 CRANBERRY JUICE APPLE JUICE | CRANBERRY JUICE APPLE JUICE | CRANBERRY JUICE APPLE JUICE
 GRAPE JUICE OJ (Not on Renals) | GRAPE JUICE OJ (Not on Renals) | GRAPE JUICE OJ (Not on Renals)
 HONEY THICK NECTAR THICK | HONEY THICK NECTAR THICK | HONEY THICK NECTAR THICK

ALLERGY: _____ | ALLERGY: _____ | ALLERGY: _____
 SUPPLEMENT: _____ | SUPPLEMENT: _____ | SUPPLEMENT: _____

NAME _____ ROOM _____ | NAME _____ ROOM _____ | NAME _____ ROOM _____
 DOB _____ New PT _____ | DOB _____ New PT _____ | DOB _____ New PT _____

B L D

REGULAR / NAS 1 2
 LOW SODIUM 1 2
 LOW CHOL / LOW FAT 1 2
 CARDIAC 1 2
 GI SOFT / LOW FIBER 1 2
 MECH SOFT 1 2
 CON CARB 1 2
 RENAL 1 2
 RENAL CON CARB 1 2
 VEGETARIAN 1 2
 BARIATRIC LIQ / SOFT 1 2

Puree Full Liquid Clear Liquid
 V / B / C
 Fluid Res _____ml NECTAR HONEY

ENTREE

VEGGIES / SIDES / SOUPS

DESSERTS

PREFERENCES / SUPPLEMENTS

BEVERAGES
 Coffee Decaf Coffee Hot Chocolate Hot Tea
 Decaf Tea Lemonade Sweet Tea Unsweet Tea
 2% Milk Skim Milk Whole Milk Choc Milk
 CR / AP / SR Juice Fruit Punch Orange Juice

NO SALT NO SUGAR

NAME _____ ROOM _____
 DOB/MR# _____

