



OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT

Collaborative solutions for a promising future

415 W. Michigan Ave., Suite 2200 PO
Box 915 Ypsilanti · MI 48197
Phone|734.544-6748
Fax|734.544.6749
Website|www.ewashtenaw.org/oced

Date:

Dear Dr.

Your patient, _____ was found to be at nutritional risk and therefore eligible to receive liquid supplements through the Washtenaw County Senior Nutrition Program. As the physician, we need to know that you are in agreement.

Please complete the information below and mail or fax it back to the following address:

Attn: Marti Lachapell
Senior Nutrition Program/OCED
Fax to (734) 272-4183
415 W. Michigan Ave, Suite 2200
PO Box 915
Ypsilanti, MI 48197

Thank you for your cooperation.

Sincerely,
Marti Lachapell
Human Services Program Specialist

Patient weight: _____ lbs.

Please select one:

[] I recommend that this patient receive Ensure Plus. Amount recommended daily is _____ cans per day.
(2 cans = one meal, total calories: 720)

[] In my opinion, liquid supplements are not necessary for this patient

Comments

Physician's Name (please print)

Physician's Signature

Date

Funding for Senior Nutrition is received from the Area Agency on Aging 1-B, the Michigan Office of Services to the Aging, Washtenaw County, and donations.