



**Section C- Must be completed by the Physician. Please initial.**

**Food Texture: If the child requires texture modifications, please check one of the following below**

**Cut up or chopped into bite sized pieces**

**Ground**

**Pureed**

**Section I- Must be completed by the Physician. Please initial.**

**Printed Name of Recognized Medical Authority:** \_\_\_\_\_

**Signature of Recognized Medical Authority:** \_\_\_\_\_

**Date:** \_\_\_\_\_