

**VERMONT DEPARTMENT OF CORRECTIONS  
SERVICE AGREEMENT FOR MEDICAL/DENTAL DIET - ACCEPTANCE**

**TO THE INMATE:**

**1. The Medical/Dental Diet:**

- This is recommended as a part of your medical/dental treatment plan.
- At this time, you have the right to refuse this treatment.
- In the future, you may cancel this medical/dental diet by completing a Special Diet Cancellation Request form and submitting it to the Food Service Supervisor.


**2. At Meal Service:**

- You are required to follow the procedure as outlined by the food services staff for receiving your medical/dental diet during mealtimes.
- You are responsible for checking your tray for mistakes and reporting this to the Correctional Officer in the dining room or serving your meal immediately.

**3. Reinstatement of the Medical/Dental Diet:**

- If your medical/dental diet has been canceled and you wish to have it reinstated, you must make an appointment to see the qualified health care professional to discuss the reinstatement.
- The qualified health care professional will make the decision whether to reinstate the medical/dental diet.


I, Doe, Janey, 140481, understand the above information provided to me regarding my medical/dental diet. I, Doe, Janey, 140481, *accept* the medical/dental diet and will abide by the stated rules.



DOE, Janey  
Wed Dec 28 2016 14:32:29

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Inmate Signature



MaryJane Ainsworth

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Qualified Health Care Professional Signature