

**VERMONT DEPARTMENT OF CORRECTIONS
SPECIAL DIET CANCELLATION REQUEST**

I request that my medical or dental diet be cancelled immediately. I understand that refusal of my medical/dental diet may lead to adverse health consequences. I also understand that I may submit a Healthcare Request Form (Sick Slip) to speak with a member of the health care team about a medical/dental diet.

I request that my religious or alternative diet be cancelled immediately.

INMATE NAME: _____ **DATE:** _____
(*print*)

INMATE DATE OF BIRTH: _____

FACILITY: _____ **UNIT:** _____