

**Muhlenberg College
Office of Disability Services**

**Special Dining Services
Medical Provider Documentation Guidelines**

Student Name: _____

Dear Medical Provider,

Please provide the following information regarding the above named student's application for a Special Dining Services Request. The student has been informed that the Special Dining Services Request process requires the treating medical professional to complete an evaluation which documents the medical necessity of the request. **The Medical Provider Report should include information designated by the bulleted items listed below and be written on letterhead.** It is understood that the Medical Provider/Diagnostician is an impartial individual who is not a family member nor in a dual relationship with the student.

- How long has the student been under your care for this condition?
- The accommodations requested through this process must be an integral component of a treatment plan prescribed by a medical professional qualified to treat the particular condition. Are you a medical specialist treating the student for this condition?
- If no, please indicate your medical relationship with the student.
- When was the student's most recent evaluation by you?
- Please list the student's medical diagnosis.
- Has this diagnosis been confirmed by any laboratory or diagnostic criteria? If yes, please list pertinent laboratory and diagnostic studies with dates completed.
- What is the current impact of (or limitations imposed by) the condition?
- Please include treatments, medications, devices or services currently prescribed or used to minimize the impact of the condition.
- What is the expected duration, stability or progression of the condition?
- Please include a clear connection between the recommended Special Dining Services Request and the impact of the condition and a statement of the level of need for (or consequences of not receiving) the request
- If the condition is dietary in nature....
 - Has the student been referred to a Registered Dietitian or nutritionist?
 - Please include **treatment recommendations give a clear description of any recommended** medical nutrition therapy

Please submit the Documentation Report to:

Muhlenberg College Office of Disability Services
2400 Chew Street
Attn: Special Dining Process
2400 Chew Street, Allentown, PA 18104
(484) 664-3825
Fax (484)-664-3697