

LSS Meals



Order Form

For office use only

Date Received: _____

Date Shipped: _____

Date _____

First Name _____ Last Name _____

Street Address _____

City, State & Zip Code _____

Phone _____ Email _____

Please select a total of 14 delicious and nutritious home cooked meals for your shipment.

You can choose an assortment of different meals, or request several of the same meal if you prefer.

Meals include side dishes, bread, margarine and dessert.

I would like the Sample Pack, an assortment of 14 meals.

MEAL	Qty.	MEAL	Qty.
Breakfast Muffin: Egg & Cheese		Asian Chicken	
Breakfast Muffin: Turkey Sausage, Egg & Cheese		Baked Chicken	
Cheese Omelet & Waffles		Chicken Breast with Cream Sauce	
Cheese Omelet & Potatoes		Chicken Chow Mein	
Cranberry Almond Oatmeal, Omelet, Sausage		Chicken Marinara	
Maple Walnut Granola & Scrambled Eggs		Chicken with Cranberry Sauce	
Scrambled Eggs with Cheese		Creamy Chicken Lasagna	
Beef & Bean Chili		Honey Glazed Chicken	
Beef Stroganoff		Oven Crispy Chicken	
Hearty Beef Stew		Oven Roasted Turkey	
Hearty Lasagna		Oven Fried Fish	
Home Style Meatloaf		Parmesan Baked Fish	
Pepper Steak		Salmon Loaf	
Rigatoni with Beef		Roasted Pork Loin	
Salisbury Steak		BBQ Pork Loin	
Spaghetti with Marinara Meat Sauce		Cheese Tortellini with Cream Sauce	
Swedish Meatballs		Vegetable Lasagna	
Teriyaki Beef			

Vegetarian Controlled sodium in meal tray contents (Less than 600 mg.)

Do you require a diabetic diet? Yes No

Payment Type

Medica Community Companion Benefit

Check # _____

Credit Card – Payment must be made by calling **800.488.4146**.

Please return this form:

- email to **meals@lssmn.org** or fax to **877.565.3171**
- mail to LSS Meals, 715 11th St. N. Suite #401C, Moorhead MN 56560
- to your Community Companion

You can expect your meals to arrive within 3 to 4 business days after your order is placed.

Questions:

Call us toll-free at **800.488.4146** during office hours

Monday through Friday, 8:00 a.m. - 4:30 p.m.