

NAME: _____

Date of Birth: _____

Simply record everything you are taking in AND the order in which you eat.

SUNDAY :_____:	MONDAY :_____:	TUESDAY :_____:	WEDNESDAY :_____:	THURSDAY :_____:	FRIDAY :_____:	SATURDAY :_____:
BREAKFAST						
LUNCH						
DINNER						
WATER/MISC.						

NO SNACKING, NO SODAS, use the plate diagram according to the Doctors Orders.