

21-day Fatty Liver Diet Plan

Patient information					
Name:			Date:		
Age:			Physician:		
Diagnosis:			Notes:		
Day	Breakfast	Lunch	Dinner	Snacks	Notes
1					
2					
3					
4					
5					

Day	Breakfast	Lunch	Dinner	Snacks	Notes
6					
7					
8					
9					
10					
11					
12					

Day	Breakfast	Lunch	Dinner	Snacks	Notes
13					
14					
15					
16					
17					
18					
19					

Day	Breakfast	Lunch	Dinner	Snacks	Notes
20					
21					

Doctor's name and signature

Name:

Date:

Signature:

