

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					

6					
7					
8					
9					
10					
11					
12					

13					
14					
15					
16					
17					
18					
19					

20					
21					

Doctor's Signature
Name:
Date: