

Insulin Resistance Diet Plan

| Patient information | | | | | |
|---------------------|-----------|-------|-------|-------|--------|
| Name: | | | | | |
| Date of birth: | | | Sex: | | |
| Day | Breakfast | Snack | Lunch | Snack | Dinner |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

Notes and recommendations