

Patient Name: _____

Dietary Plan: Ketogenic Low Fat

Week Number: _____

Monday		Tuesday		Wednesday	
Breakfast:		Breakfast:		Breakfast:	
Snack:		Snack:		Snack:	
Lunch:		Lunch:		Lunch:	
Snack:		Snack:		Snack:	
Dinner:		Dinner:		Dinner:	

Thursday		Friday		Saturday		Sunday	
Breakfast:		Breakfast:		Breakfast:		Breakfast:	
Snack:		Snack:		Snack:		Snack:	
Lunch:		Lunch:		Lunch:		Lunch:	
Snack:		Snack:		Snack:		Snack:	
Dinner:		Dinner:		Dinner:		Dinner:	