

TODAY'S DATE \_\_/\_\_/\_\_



## Your Diet Record:

Current Prescription:

\_\_\_\_\_ grams of \_\_\_\_\_  
(NAME OF MEDICAL FOOD OR FORMULA)

\_\_\_\_\_ grams of \_\_\_\_\_  
(NAME OF MEDICAL FOOD OR FORMULA)

\_\_\_\_\_ grams of \_\_\_\_\_  
(NAME OF MEDICAL FOOD OR FORMULA)

Total Volume: \_\_\_\_\_ ounces

Total Lys/Protein from Food:  
\_\_\_\_\_ milligrams/grams

**IN CASE OF  
EMERGENCY: DIAL 911**

My address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



My Favorite  
"FREE" foods:

Apples, Carrots, Celery, Cucumber  
Slices, Jolly Ranchers, Popsicles,  
Hunt's Lemon Pudding, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_




"NO" Foods  
for me

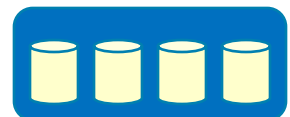
Regular cheese, cow's milk,  
meat, diet drinks, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Reminder: Drink  
your formula!**

Put an X through each  
 when you drink your

formula!



## How much did you eat today?

Breakfast:  
\_\_\_\_ Lys/Pro

Lunch:  
\_\_\_\_ Lys/Pro

Dinner:  
\_\_\_\_ Lys/Pro

Snack:  
\_\_\_\_ Lys/Pro

Snack:  
\_\_\_\_ Lys/Pro

Snack:  
\_\_\_\_ Lys/Pro

If your child has been unable to complete his/her prescription  
or if they have a fever, DO NOT DRAW LEVELS, please call  
your RD.