

TODAY'S DATE __/__/__



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, _____

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 Val/Protein from Food:
_____ milligrams/grams

How much did you eat today?

Breakfast:
_____ Val/Pro

Snack:
_____ Val/Pro


Lunch:
_____ Val/Pro

Snack:
_____ Val/Pro

Dinner:
_____ Val/Pro

Snack:
_____ Val/Pro

Important Reminder: Drink your formula!

Put an X through each  when you drink your

formula!



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.