

21-Day Fatty Liver Diet Plan

PATIENT INFORMATION

Name: _____ Date: _____ dd / mm / yyyy

Age: _____ Physician: _____

Diagnosis: _____

Notes:

Day 1 Breakfast:

Day 1 Lunch:

Day 1 Dinner:

Day 1 Snacks:

Day 1 Notes:

DOCTOR'S SIGNATURE

Doctor's Signature