

BLOOD TYPE DIET CHART

Use the reference values below as a guide only. Always check the figures against current product information and your own practice protocols.

BLOOD TYPE DIET REFERENCE VALUES

Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Meal: _____	Portion: _____
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Meal: _____	Portion: _____
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Meal: _____	Portion: _____
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Meal: _____	Portion: _____
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Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Meal: _____	Portion: _____
Range / notes: _____	Source and date checked: _____
Approved by: _____	Date approved: _____ dd / mm / yyyy

RECORDING

Date: _____ dd / mm / yyyy Time: _____

Meal: _____ Portion: _____

Recorded by:

Time:

Portion:

Date: dd / mm / yyyy

Meal:

Recorded by:

Time:

Portion:

Date: dd / mm / yyyy

Meal:

Recorded by:

Time:

Portion:

Date: dd / mm / yyyy

Meal:

Recorded by:

Time:

Portion:

Date: dd / mm / yyyy

Meal:

Recorded by:

Time:

Portion:

Date: dd / mm / yyyy

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Portion:

Date: dd / mm / yyyy

Meal:

Recorded by:

Time:

Portion:

Date: dd / mm / yyyy

Meal:

Recorded by:

Time:

Portion:

Date: dd / mm / yyyy

Meal:

Notes