

Name:

**IDEAL WEIGHT**

**FOOD DIARY**

Week of:

Date:					1	2	3	4	5	6	7	8	9	10
<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bedtime Snack</b>	Water (8 oz)										
				Ideal Salt 1/4 tsp.		Oil (1 - 2 tsp)								
				Potassium**		Multi-Vitamin**								
				Cal-Mag**			Omega 3							
				B-Complex		Vitamin D								
Date:					1	2	3	4	5	6	7	8	9	10
<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bedtime Snack</b>	Water (8 oz)										
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				Potassium**		Multi-Vitamin**								
				Cal-Mag**			Omega 3							
				B-Complex		Vitamin D								
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				Cal-Mag**			Omega 3							
				B-Complex		Vitamin D								

For mandatory vitamins, please follow the Phase 1 sheet schedule. For recommended vitamins, use following schedule:  
 (1) Omega 3 with meals, total 2; (1) B-Complex with breakfast or lunch; (2) Anti-Oxidants and Enzymes with Lunch and Dinner;  
 D3 with meal.