

Alternative Weekly Meal Plan

Week #: _____



Dieter Name: _____

Week of: _____ to _____

DAY / Date	BM	BREAKFAST	Mid Snack (Optional)	LUNCH	SNACK	DINNER	WATER	OLIVE OIL/SALT	Artif. Sweet	Exercise/Extra IP/E.S.
	<input type="checkbox"/> €	Time- F.G.*- <input type="checkbox"/> Multi-V	Time-	Time- F.G.*-	Time- <input type="checkbox"/> Cal-Mag (2)	Time- F.G.*- <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag (2) <input type="checkbox"/> Omega 3 (2)	8 glasses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil <input type="checkbox"/> 1/4 tsp Sea Salt	4 Max. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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