

MEAL PLAN

Patient name : File Ip Number:.....

Mode of Payment:.....

DOA:..... DOD:

Ward: Bed Number:.....

Diagnosis:.....

	7:30 am	10:30 am	12:40 pm	3:30 pm	6:00 pm	9:00 pm
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						

DIABETIC PLATE

CABORHYDRATES



PROTEIN



VEGETABLES

