

MARIO ROXAS, ND

Naturopathic Physician

604 N Fifth Avenue, PO Box 1189, Sandpoint, ID 83864 P: 208.946.0984 F: 208.246.4995 E: AskDrRoxas@gmail.com

Patient Name: _____

Start Date: _____

	Day 1	Day 2	Day 3	Day 4
Breakfast Time of day:				
Notes:				
Lunch Time of day:				
Notes:				
Dinner Time of day:				
Notes:				
Snacks Time(s) of day:				
Notes:				
BM Time(s) of day:				
Notes:				

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Patient Name: _____

Start Date: _____

	Day 5	Day 6	Day 7	Notes
Breakfast Time of day:				
Notes:				
Lunch Time of day:				
Notes:				
Dinner Time of day:				
Notes:				
Snacks Time(s) of day:				
Notes:				
BM Time(s) of day:				
Notes:				