



Name \_\_\_\_\_

Date \_\_\_\_\_

Current prescription: \_\_\_\_\_ gm Phenyl-Free  
 \_\_\_\_\_ gm *Phenyl-Free 2*  
 \_\_\_\_\_ water

**Directions: Fill in the blanks below. Remember we recommend making the change in formula 5-40 grams at a time (depending on age) and that each step should take about 1 week.**

Step 1	Step 2	Step 3
Date _____  _____ gm Phenyl-Free _____ gm <i>Phenyl-Free 2</i>  Formula supply:	Date _____  _____ gm Phenyl-Free _____ gm <i>Phenyl-Free 2</i>  Formula supply:	Date _____  _____ gm Phenyl-Free _____ gm <i>Phenyl-Free 2</i>  Formula supply:
Step 4	Step 5	Step 6
Date _____  _____ gm Phenyl-Free _____ gm <i>Phenyl-Free 2</i>  Formula supply:	Date _____  _____ gm Phenyl-Free _____ gm <i>Phenyl-Free 2</i>  Formula supply:	Date _____  _____ gm Phenyl-Free _____ gm <i>Phenyl-Free 2</i>  Formula supply:

