

# DIET RECORD

<b>Formula Prescription:</b> _____ gm of Phenyl-Free 1 _____ gm _____ Water to a total of _____ oz	<b>Food Prescription:</b> _____ mg Phe/day
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Date			Date		
Time	Formula or Food	How much I ate	Time	Formula or Food	How much I ate



Cristine M. Trahms Program for Phenylketonuria  
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