

FORMULA INTAKE

Formula Prescription: _____

New Prescription: _____

Date: _____
 _____ gm Phenyl-Free 1
 _____ gm _____
 water to total _____ oz

Date: _____
 _____ gm Phenyl-Free 1
 _____ gm _____
 water to total _____ oz

Date	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Time	Formula Consumed	Time	Formula Consumed	Time	Formula Consumed	Time	Formula Consumed	Time	Formula Consumed	Time	Formula Consumed	Time	Formula Consumed
Total														

Comments: _____



Cristine M. Trahms Program for Phenylketonuria
 University of Washington - CHDD - Box 357920, Seattle, WA 98195
 (206) 598-1800, Toll Free in Washington State 877-685-3015
<http://depts.washington.edu/pku>