

Ketogenic Diet Menu for _____

Ratio: _____

Calories per day: _____

One Day Menu

Breakfast ____ o'clock am / pm	Lunch ____ o'clock am / pm	Dinner ____ o'clock am / pm	Snack ____ o'clock am / pm

_____ is allowed a total of _____ mL of fluid per day. This includes the cream he/she takes at meals. The fluid should be evenly distributed throughout the day.

_____ mL at _____ o'clock _____ mL at _____ o'clock _____ mL at _____ o'clock

Please give a vitamin/mineral supplement every _____ day(s).

_____ name of supplement

_____ dose

_____ name of supplement

_____ dose

For emergencies please contact:

Dietitian's Name: _____

Phone Number: _____ Pager Number: _____

Email Address: _____



1-800-365-7354

ZKDM