

Week #: _____

WEEKLY MEAL PLAN

Dieter Name: _____

Week of: _____ to _____

DATE	BM	BREAKFAST	LUNCH	DINNER	SNACK	WATER	OLIVE OIL & SALT	Exercise/ Extra IP / Electro-Slim
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3 (2)	Time: Cal-Mag(2) <input type="checkbox"/>	8 glasses minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3 (2)	Time: Cal-Mag(2) <input type="checkbox"/>	8 glasses minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3(2)	Time: Cal-Mag(2): <input type="checkbox"/>	8 glasses minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3 (2)	Time: Cal-Mag(2): <input type="checkbox"/>	8 glasses minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3 (2)	Time: Cal-Mag(2): <input type="checkbox"/>	8 glasses minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3 (2)	Time: Cal-Mag(2): <input type="checkbox"/>	8 glasses minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3 (2)	Time: Cal-Mag(2): <input type="checkbox"/>	8 glasses minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	
	<input type="checkbox"/>	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Pot Citrate	Time:	Time: <input type="checkbox"/> Multi-V <input type="checkbox"/> Cal-Mag(2) <input type="checkbox"/> Omega3 (2)	Time: Cal-Mag(2): <input type="checkbox"/>	8 glasses Minimum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1-2 tsp Olive Oil daily <input type="checkbox"/> 1/4 tsp Sea Salt daily	