

DIP-DIET PROTOCOL IMPLEMENTED BY: NAME OF PATIENT:- _____

AGE: _____ SEX: _____ SUFFERINGS FROM YEARS _____

DISEASE / PROBLEMS: _____

| S.NO. | PHASE-1 (MORNING) | PHASE-2 (AFTERNOON) | PHASE-3 (EVENING) | REMARKS |
|--------------|--------------------------|----------------------------|--------------------------|----------------|
| DAY-1 | | | | |
| DAY-2 | | | | |
| DAY-3 | | | | |

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| S.NO. | PHASE-1 (MORNING) | PHASE-2 (AFTERNOON) | PHASE-3 (EVENING) | REMARKS |
|-------|-------------------|---------------------|-------------------|---------|
| DAY-4 | | | | |
| DAY-5 | | | | |

DIP-DIET PROTOCOL IMPLEMENTED BY: NAME OF PATIENT:- _____

AGE: _____ SEX: _____ SUFFERINGS FROM YEARS _____

DISEASE / PROBLEMS: _____

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WEEKEND. DAY-7 (THIS WILL COMPLETE A WEEKS CHART. REPEAT EVERY WEEK IF YOU WISH TO CONTINUE.

WRITE DOWN THE SUMMARY AND PROGRESS OR FAILURE IN YOUR WORDS IN THE FOLLOWING REMAINING PAGE.

MENTION THE RESULTS YOU GOT FROM THIS PROTOCOL:-

END OF THE WEEK – FROM _____ TO _____.