

# 7-Day Meal Plan for Kidney Disease

Patient name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Medical history (if needed):

Physician's name:

Date	Breakfast	Lunch	Dinner	Snack	Notes