# **Your Weekly Alkaline Diet Plan**

Your full name:	
Age:	
Your current weight:	
Your height:	
Medical History:	
Goals of this diet plan:	

### **MONDAY MEAL PLAN**

Breakfast	Mid-morning Snack	Lunch	Afternoon Snack	Dinner

# **TUESDAY MEAL PLAN**

Breakfast	Mid-morning Snack	Lunch	Afternoon Snack	Dinner

### **WEDNESDAY MEAL PLAN**

Breakfast	Mid-morning Snack	Lunch	Afternoon Snack	Dinner

# THURSDAY MEAL PLAN

Breakfast	Mid-morning Snack	Lunch	Afternoon Snack	Dinner

# FRIDAY MEAL PLAN

Breakfast	Mid-morning Snack	Lunch	Afternoon Snack	Dinner

### **SATURDAY MEAL PLAN**

Breakfast	Mid-morning Snack	Lunch	Afternoon Snack	Dinner

# **SUNDAY MEAL PLAN**

Breakfast	Mid-morning Snack	Lunch	Afternoon Snack	Dinner

