Daily Food Log

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Nutrition4Life

NYS Licensed Nutritionists | ADA Registered Dietitians

Name: ……..……..…….. **Day and Date:** ……...……...

Time	Amount	Type of Food Eaten

Medical Nutrition Therapy Services by **Nutrition4Life**

Midtown
57 West 57th Street
Suite 2404
New York, NY 10107
Tel (212) 245-0575
Fax (212) 245-6131

Downtown
42 Broadway
Suite 1530
New York, NY 10004
Tel (212) 482-2400
Fax (212) 482-0228

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