

DATE: _____

Prescribed daily amount of DOJOLVI: _____

Maximum fasting interval: _____

Daily medical food/formula prescription: _____

Prescribed daily fat intake from food: _____

| | AMOUNT: | TIME TAKEN: | NOTES: |
|--------|---------|-------------|--------|
| DOSE 1 | | | |
| DOSE 2 | | | |
| DOSE 3 | | | |
| DOSE 4 | | | |
| DOSE 5 | | | |
| DOSE 6 | | | |
| DOSE 7 | | | |
| DOSE 8 | | | |

Daily fat intake from food

FOODS:

TOTAL FAT (GRAMS):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DAILY TOTAL:

PROVIDER: _____ PHONE: _____