AVERAGE:	AVERAGE: DAY/DATE:	NAME: DELIVER TO: DAY/DATE: BR
	BREAKFAST LUNCH BEFORE CARBS AFTER BEFORE CARBS AFTER	TO: PHONE: PHONE: DINNER BREAKFAST LUNCH BEFORE CARBS AFTER BEFORE CARBS AFTER BEFORE
	LUNCH BEFORE CARBS	LUNCH BEFORE CARBS
	DINNER BEFORE	VANDERBILT CE PHONE: DINNER AFTER BEFORE
	CARBS AFTER BS	PHONE: DINNER BEFORE CARBS AFTER BS CAF
	BEDTIME CARBS	BEDTIME R BS CARBS
	2-3 AM:	EMAIL ADDRESS: ME 2-3 AM: EX CARBS
	EXERCISE: MEDS:	EXERCISE: MEDS:
	MEDS:	MEDS: