## **Nutrition Prescription**

$P_{X}$	For:			_	5A Day	
Increase fr	uits during the	e following	g meals:		THE THE	
Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve. Snack	
Increase vo	egetables durin	ng the follo	owing meals:			
Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve. Snack	
Additional	suggestions fo	r improvi	ng health:			
Signature:				Date:		
&			WK TE	LK!		
	Prescription					
$ \mathbf{P}_{\mathbf{X}} $	F				5 Al Day	
	For: uits during the	following	g meals:	-	THE COLOR WAY	
Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve. Snack	
Increase ve	egetables durin	g the follo	owing meals:			
Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve. Snack	
Additional	suggestions fo	r improvi	ng health:			
Signature: _						

