

# CENTRAL VALLEY CHIROPRACTIC

JAY HOBBS, DC, DACNB



## TUESDAY

Concentrated Protein	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Category 1 Vegetables 4+	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Category 2 Vegetables	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Dairy	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Fruit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Grains	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Legumes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Nuts and Seeds	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Oils	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Meal Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> (or 1 Gr and ½ Conc Pro)

## WEDNESDAY

Concentrated Protein	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Category 1 Vegetables 4+	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Category 2 Vegetables	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Dairy	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Fruit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Grains	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Legumes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Nuts and Seeds	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Oils	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Meal Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> (or 1 Gr and ½ Conc Pro)

## THURSDAY

Concentrated Protein	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Category 1 Vegetables 4+	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Category 2 Vegetables	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Dairy	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Fruit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Grains	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Legumes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Nuts and Seeds	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Oils	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Meal Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> (or 1 Gr and ½ Conc Pro)

## FRIDAY

Concentrated Protein	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Category 1 Vegetables 4+	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Category 2 Vegetables	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Dairy	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Fruit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Grains	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Legumes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Nuts and Seeds	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Oils	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Meal Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> (or 1 Gr and ½ Conc Pro)

## SATURDAY

Concentrated Protein	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Category 1 Vegetables 4+	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Category 2 Vegetables	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Dairy	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Fruit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Grains	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Legumes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Nuts and Seeds	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Oils	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Meal Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> (or 1 Gr and ½ Conc Pro)

## SUNDAY

Concentrated Protein	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Category 1 Vegetables 4+	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Category 2 Vegetables	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Dairy	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Fruit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Grains	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Legumes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Nuts and Seeds	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Oils	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Meal Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> (or 1 Gr and ½ Conc Pro)

Concentrated Protein	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Category 1 Vegetables 4+	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Category 2 Vegetables	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Dairy	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Fruit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Grains	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Legumes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Nuts and Seeds	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Oils	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
Meal Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> (or 1 Gr and ½ Conc Pro)



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