



## PRESCRIPTION

Name: \_\_\_\_\_

Your next appointment is:

Date: \_\_\_\_\_

\_\_\_\_\_

| Supplement/Herbal Formulation | Morning | Lunch | Dinner | Bedtime | Other |
|-------------------------------|---------|-------|--------|---------|-------|
|                               |         |       |        |         |       |
|                               |         |       |        |         |       |
|                               |         |       |        |         |       |
|                               |         |       |        |         |       |
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## RECOMMENDATIONS:

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