

NAME: _____

Date: _____

DO NOT ADD TO THIS PROTOCOL ANY SUPPLEMENTS OR HOMEOPATHICS THAT ARE NOT RECOMMENDED

	Substance	Dose	Brkfst	Lunch	Suppr	Bed	Notes	Route

DOSING SCHEDULE- Brkfst. Lunch. Supper. Bedtime:
B = Before D = During A = After
H = Homeopathic FS = Fullscript
Rx = Pharmaceutical prescription

ROUTE:
S = rub on the skin - forearm, navel, or forehead
T = dissolve under the tongue
M = in mouth with a splash of water if needed