

# The 12-WEEK CANDIDA WEIGHT LOSS PROGRAM

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# THE 12-WEEK CANDIDA PROGRAM

## PROGRAM BREAKDOWN



✓	Products and Services Received	Price	Quantity	Total Price
1	<b>12-Week Candida Supplements</b>	\$1,004.00	1	\$1,004.00
12	<b>Weekly Evaluations</b>	\$60.00	12	\$720.00
12	<b>Sessions of Exercise</b>	\$50.00	12	\$600.00
12	<b>Sauna treatments</b> for detoxification	\$50.00	12	\$600.00
12	<b>Body Wraps</b>	\$85.00	12	\$1,020.00
12	<b>Self Mastery Technology (SMT)</b>	\$30.00	12	\$360.00
1	<b>Follow up Evaluation</b>	\$50.00	1	\$50.00
<b>24 Hours a day phone access</b> to the Doctor and Staff				Priceless!
<b>Total Price for Everything</b>				\$4,354.00
<b>You Pay</b>				

(Form 9-2-2997)

## **The 12-WEEK CANDIDA WEIGHT LOSS Program**

Our goal at Club Reduce® is to help the body heal itself naturally. When your body is really healthy, you will arrive at your proper weight.

We want to help educate you on how to live a new and improved lifestyle.

This will not only help you lose the weight you want to lose, but improve every other aspect of your life.

Our doctors have spent over 20 years researching and testing methods with thousands and thousands of patients.

The program you are about to embark upon is a result of all that work.

We seek to provide the most natural ingredients in the highest quality possible, in order to offer the nutrition and building ingredients that the body needs most to reach a level of complete wellness. We follow the preventive health approach, using nutrition and wellness to fight off disease and extra body weight.

We strive to beautify and better the body through researched methods and total programs. These programs are natural, and use the body's own ability to achieve goals of improvement, rather than introducing harmful chemicals, surgery, or addictive drugs.

We want to be a lifetime partner with you in seeking improved health and lifestyle.

We seek constant improvement in our programs, and hope that you will also seek constant improvement in your compliance with a healthy lifestyle.

Our doctors have found that patients who continue to educate themselves on proper nutrition and lifestyle habits achieve great success and maintain that success!

We are honored to partner with you in the new and exciting adventure into improved health!

## WHAT IS CANDIDA?

Candida Albicans is an over-infestation of yeast in the body. It invades the brain and every tissue of the body. Candida grows and lives on what you eat, and makes your body crave what it needs. For this reason, Candida is difficult to get rid of, but it can be eradicated if proper steps are taken.

Candida may occur alone or in combination with fibromyalgia. About 80% of those suffering from fibromyalgia also have Candida. When discussing fibromyalgia, it is important to address the condition of Candida, as the symptoms of both conditions are exactly the same, with the exception of the touch points (hot spots). The lifestyle change programs that these conditions require, however, differ greatly. Both of these syndromes are autoimmune disorders. Take the touch point test to determine if your pain and fatigue may be caused by fibromyalgia. If you suspect fibromyalgia, you must also screen for Candida. We always screen for both syndromes before determining a program. For those with both fibromyalgia and Candida, the Candida must be addressed before the fibromyalgia.

Candida (albicans) is one of many different types of yeast. Yeast cells are able to grow on the surface of all living things and occur virtually everywhere. The fact is, we breathe, eat, and drink them daily. Because they are part of our daily lives, we all have yeast growing in our skin, on other body surfaces and in our intestines. Normally our bodies' defense systems keep the total number of yeast cells under control, and so Candida colonies in our intestinal tract are nothing to worry about. However, poor nutrition or a sluggish or impaired immune system weakens the body's ability to fight off yeast. Stress and environmental pollutants can also play a role in reducing the body's control over Candida. When this happens, yeast colonies grow rapidly and Candida may result.

### Causes of Candida

There are over 900 strains of yeast, and Candida albicans is a major one found in the human body. In some ways it is very much like the yeast used in breads. Scientists are not sure why yeasts are in our bodies or how exactly they function there. The only thing we know for sure is that they help decompose and recycle our bodies when we die. If they multiply too rapidly however, they begin their job prematurely.

- A number of conditions can lead to Candida. Steroid drugs (such as cortisone), hormonal birth control pills and the long-term use of antibiotics (such as those used to control acne or various bacterial infections) can invite the problem. Such antibiotics can reduce the number of beneficial bacteria that normally help to keep the yeast under control. Antibiotics kill not only the bad, but also the good bacteria in the body. Good (or friendly) bacteria work like a police force, keeping the invading yeast from spreading through the body. As long as the body maintains a sufficient number of helpful bacteria to counterbalance the effects of harmful bacteria (or yeast), the body remains healthy.
- Antibiotics kill the weakest link and then the next weakest. Therefore, the strongest bacteria survive and multiply. When an antibiotic or a specific Candida drug (such as Monistat) is used to solve a problem, the yeast and bacteria left become stronger. We have created new strains and a new generation of mutant and very difficult to eradicate virus, bacteria and yeast. The drug companies then create stronger antibiotics and anti-fungals to kill the mutant yeast and bacteria. The more chemical stuffers a person uses, the harder it is and longer it takes for the body to naturally eradicate the Candida. Microbial resistance to antibiotics has become a health crisis. Antibiotic drugs can also suppress immune cell production and diminish the strength of the immune system as a whole.
- Poor nutrition coupled with a sluggish or impaired immune system weakens the body's ability to fight off yeast. Stress and environmental pollutants can also play a significant role in reducing the body's control. When this happens, the yeast colonies multiply rapidly and Candida often results.
- Alcohol, caffeine, stress and aging all destroy friendly bacteria in the system.
- Sugar, gluten and meat encourage harmful bacterial growth in the intestines.

### **Effects of Candida**

- When yeast is in an overabundance, there may be local yeast infections in the mouth (thrush), gastrointestinal tract (gas), vagina (yeast infection), urinary tract (bladder/kidney infection), prostate gland (prostate troubles), skin (hives, rashes), fingernail, or toenail (fungus of the nail bed).
- Too much yeast can cripple the immune system, causing chronic viral and bacterial infection or allergies. Yeast can damage the intestinal wall, allowing food particles and toxins to enter the blood stream. The body then produces antibodies to fight these foreign substances and typical “allergic” reactions may occur, such as eczema and hay fever, along with headache, dizziness, heart palpitations, anxiety, fatigue, and muscle aches.
- There may be changes in the cells that contribute to the Candida condition. Yeast by-products and exhaust are two very toxic substances: ethanol and acetaldehyde. These two toxins in turn alter the ability of our cells in the following ways:
  - a. Red blood cells have difficulty passing into small capillaries. This can cause fatigue, dizziness, muscle aches, or headaches.
  - b. White blood cells have trouble enveloping bacteria and foreign material, thus, the body has trouble fighting infection.
  - c. Sugar has difficulty passing through cells. Insulin cannot do its job properly, causing low blood sugar and often weight gain.
  - d. Thyroid hormones have trouble passing through cells, which causes the metabolism to slow down, often causing low body temperature (cold hands and feet), fatigue and intolerance to cold.
  - e. Minerals have trouble passing through cell walls, causing fluid retention and electrolyte imbalance.
  - f. Cells have difficulty passing messages one to another. This can cause muscle and nerve problems.
  - g. Enzymes are destroyed. Enzymes are the chemical helpers in the body that help to build, break down, and produce energy and heat. Yeast toxins can inactivate or destroy some of the enzymes, and can result in slowing all the functions of the body. Example: enzymes help break down sugar stores to help keep the blood sugar at ideal levels; when yeast overgrowth destroys enzymes, abnormally high or low blood sugar levels may develop.

### **Symptoms of Candida**

- Allergic reaction; congested nose, hives, headache, dizziness, diarrhea, weakness, cramps, arthritis, irritability or depression, increased sensitivities to foods or chemicals.
- Gastrointestinal problems; gas, bloating, abdominal pain, gastritis, gastric ulcer, heartburn, diarrhea, constipation, spastic colon.
- Respiratory problems; frequent sore throat, mouth or canker sores, sinus infection, bronchial infections, chronic cough, asthma.
- Cardiovascular problems; palpitations, rapid pulse rate. (Candida does not directly affect the heart but rather the hormones regulating the system.)
- Genitourinary problems; yeast infections, itching or burning in the vagina or prostate, urinary burning, frequent urination, lack of bladder control, bed wetting, menstrual cramping, PMS.

- Musculoskeletal problems; muscle weakness, night leg pains, muscle stiffness (especially neck and shoulder), slow reaction time, poor coordination, poor motor skills, falling, tendency to drop things. (Yeast impairs cells from receiving nutrients and eliminating waste and also nerve/muscle sending patterns.)
- Skin infection; usually rash type in nature, typically under the breasts, groin area, diaper rash, hives, etc.
- Central nervous system problems; headache, sinus headache, tension headache, migraines, low blood sugar headaches, rapid blood sugar changes.
- High levels of stress hormones can cause anxiety, irritability, moodiness, restlessness, panic attacks, sudden anger, sleep disturbances, poor short term memory, inability to concentrate, fuzzy thinking and confusion.
- Fatigue, which may be caused by impaired metabolism and impaired enzyme production.
- Weight gain may result from an overgrowth of yeast that may cause cravings for sugar, interference with normal hunger, high insulin levels, low metabolism, low energy levels and fatigue.

### **CONVENTIONAL MEDICAL APPROACH TO CANDIDA**

A common scenario is a patient that has recently finished a course of antibiotics or steroid drugs and a short time later ended up with a yeast infection. Drugs that specifically address the fungus or Candida destroy some of the yeast. The yeasts that are not affected by the drugs begin to colonize in vast numbers and become more and more drug-resistant. As the yeast multiplies in its stronger state, toxins are produced that, in turn, attack the body's defense (immune system). These same drugs also destroy the friendly bacteria or flora in the body and, by doing so, eliminate any defense against the new, stronger fungus. When a Candida sufferer is prescribed a symptom-stuffing drug in the form of antibiotics, steroids or anti-fungals, the weakest yeast is eradicated. However, yeast mutates and the strongest survives. For the next outbreak, conventional medicine will prescribe higher and higher doses of antifungal. This makes the yeast stronger and further weakens the immune system. Solving Candida with drugs "stuffs" the immediate discomfort, but causes the yeast to come back with more strength and more symptoms develop almost immediately upon the end of the drug intervention.

### **THE CLUB REDUCE APPROACH TO CANDIDA**

Since Candida and other yeasts are all around us, we can never totally get rid of them, but we can bring them back under control without the use of prescription drugs. To achieve the greatest degree of success, an effective balance of dietary changes, nutritional support, and the increase of friendly bacteria are necessary. The Solutions4 Detoxification and Candida Program will help provide this balance, while teaching you how to keep yeast under control for good.

#### **Detoxification**

Just as is the case with any lifestyle change, a total cleanse of the system is the first step to improved health. Detoxification, along with a Candida Program, help provide nutritional support to strengthen the immune system. A fully functional immune system and a diet that controls the intake of yeast will help reduce the Candida to a non-threatening level. For those with both Candida and fibromyalgia, treatment for Candida must occur first before fibromyalgia can be addressed successfully. In order to start to get well, the first step is to cleanse the body through detoxification. This is a total body-cleansing program, which cleans the liver, bowels, kidneys, and the blood supply. It helps restore the peristaltic action of the colon, and helps to rid the body of mucus, toxins and waste materials that are trapped in the colon (and may have been there for years). Detoxification will help to rid your body of this condition for life

## Implementing FRIENDLY BACTERIA

### ***(Healthy bacteria, good flora, healthy microbes) (SOLUTIONS4 PROBIOTIC BLEND formula)***

The human gastrointestinal tract is home to many types and high numbers of microbes, or bacteria. Microbes live in our skin, in our mouths, in women's vaginal tracts, and throughout our gastrointestinal tract. It is estimated that there are more microbes (bacterial cells) than there are human cells in and on the human body. There is also a very large diversity of the types of bacteria, with over 400 different species being present in humans. Because of the diversity and number, it has become evident that bacteria play an important role in human health. Most of these bacteria are not harmful, and in fact contribute positively to normal growth and development. Some of these bacteria, however, can have negative influences. A healthy balance of the bacteria, favoring beneficial bacteria over potentially harmful bacteria, is essential to the proper functioning of all systems of the body. Friendly bacteria strains can suppress harmful bacteria. They have been shown to improve intestinal tract health by aiding digestion and elimination, alleviating the symptoms of lactose intolerance, improving absorption of minerals and reducing toxins in the bloodstream, and improving immune function.

#### ***Friendly bacteria are needed to:***

- Manufacture and assimilate B vitamin (niacin, biotin, folic acid, riboflavin & B-12)
- Produce digestive enzymes
- Detoxify toxic materials in the body
- Reduce unfriendly bacteria in the body
- Reduce blood pressure
- Reduce cholesterol in the blood
- Balance pH levels in the intestines (acid / alkaline balance)
- Assist in protection from colon irritation, constipation, and diarrhea
- Help with digestion of proteins, carbohydrates and fats
- Produce natural anti-bacterial agents
- Detoxify chemicals added to foods
- Increase assimilation of calcium
- Retard yeast growth (especially Candida)
- Retard Candida infections, herpes
- Help eliminate bad breath, bloating and gas

***What destroys natural friendly bacteria in the system?***

- Antibiotics — kill not only the bad, but also the good bacteria in the body (this includes the antibiotics in meat and dairy products that we consume each day). Even one dose can kill all of the friendly bacteria.
- Steroid Drugs — cortisone, hormonal birth control, laxatives.
- Alcohol — destroys enzymes and lacto bacteria.
- Coffee — destroys friendly bacteria.
- Stress
- Aging
- Anything that weakens the immune system also affects the balance of beneficial and harmful bacteria.

***What encourages harmful bacteria in the intestines?***

- Sugar — any foods containing white sugars and sugar substitutes.
- Gluten — any foods that contain gluten; breads, pastries, etc.
- Meat — feeds the bacillus coli (harmful bacteria) which then overrun the friendly bacteria.
- Any foods that use fermentation or molds in the production process.

***What are the effects of an unhealthy balance of bacteria?***

Some of the most common effects are diarrhea, digestive problems, lactose intolerance, hypertension, cancer, vaginitis, small bowel bacterial overgrowth, kidney stones, elevated blood cholesterol and allergies. The Solutions4 PROBIOTIC formula provides friendly bacteria, and using this formula as part of the Solutions4 Candida Program will help maintain a healthy level of friendly bacteria in the system to allow the body to keep yeasts under control.

**Water**

Water is critical to the treatment of any health condition, including Candida. Every organ of the body requires water. The heart, lungs, skin and circulatory system all depend on water. To calculate your individual need, divide your weight in half. Half of your body weight gives you a good rule of thumb for how many ounces of water your body needs to function on a daily basis. For example, if you weigh 150 pounds, you must be drinking 75 ounces of water each day. Nothing substitutes for water. If you drink enough water each day, you will absolutely feel different. This is not to say that you cannot drink other liquids, but remember the importance of the quantity of water that you drink each day.

# FOOD LIST

## Vegetables

The amount of vegetables consumed on the Solutions4 program is unlimited. Use the list below for successful eating.

- Vegetables may be steamed for four minutes or stir fried over low heat; however, for *best results, ½ of vegetable intake should be raw.*
- Vegetable intake should be twice the amount of fruit intake.
- Use organic whenever possible, frozen is okay, no dried or canned fruits and vegetables.
- Fresh juices made from vegetables are allowed.
- Standard serving size is ½ cup.
- Fresh herbs and spices may be used. Organic dried spices may be used as long as they are not expired or old.

### Vegetables (Always best eaten raw, but if you must cook, lightly steam them)

Artichokes	Cucumber	Pepper, Red
Alfalfa sprouts	Eggplant	Pimentos
Asparagus	Fennel	Radish
Bamboo shoots	Garlic	Rhubarb
Bean sprouts	Green Beans	Rutabaga
Beets	Green Onions	Shallots
Bok Choy	Jicama	Snap Beans (Edible Pods)
Broccoli	Kohlrabi	Snow Peas (Sugar Peas)
Brussels sprouts	Lima Beans	String Beans
Buckwheat sprouts	Leek	Sprouts
Cabbage, Chinese	Mung Bean Sprouts	Sunflower Sprouts
Cabbage, Red	Nori	Tomatillos
Carrots	Okra	Turnips
Cauliflower	Onion	Water Chestnuts
Celery	Parsley	Wheat Grass
Chard	Parsnips	Zucchini
Chives	Peas	
Cilantro	Pepper, Green	

### Lettuce and Greens

Arugula	Dandelion Greens	Oakleaf
Beet Greens	Endive	Radicchio
Belgian endive	Endigia (Red Endive)	Red Leaf
Bib lettuce	Escarole	Romaine
Boston lettuce	Green Leaf	Spinach
Butter Lettuce	Iceberg	Swiss chard
Cress	Kale	Watercress
Collard Greens	Mesclun	
Curly Endive	Mustard Greens	

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**Fruits (Day 23 & On)**

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Apples	Grapes	Pears
Apricots	Guava	Persimmon
Avocados**	Honeydew	Pineapple
Baby Thai Coconut	Kiwi	Plums
Bananas	Lemon**	Pomegranate
Blackberries	Limes**	Raspberries
Blueberries	Mango	Strawberries
Boysenberries	Melons	Tangelos
Cantaloupe	Mulberries	Tangerines
Cherries	Nectarines	Tomatoes**
Dates	Oranges	Watermelon
Figs	Papaya	
Grapefruit	Peaches	

\*\* These fruits permissible from Day 1

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**Lean Meat:**

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(Standard serving size is 3oz. cooked; 2-4 servings per day, with 1-2 of those servings being fish.)	Halibut
Organic Poultry – Free range, antibiotic free and hormone free is best	Mahi Mahi
Chicken	Salmon
Turkey	Sea Bass
Wild Caught Fish (not farm raised)	Sole
Cod	Swordfish
Shellfish	Tilapia
	Trout
	Tuna
	Canned Fish - Water packed tuna

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**Lentils and Rice: (serving size is  $\frac{1}{2}$  cup)**

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(For best results on the Candida program, Lentils are recommended over rice because of the higher protein content of lentils.)

Brown Lentils  
Red Lentils  
Brown Basmati Rice  
Brown Rice  
Wild Rice

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**Dairy:**

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Organic Eggs or Organic Egg Beaters  
Organic Butter – use sparingly

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**Oils: (Serving size for oils is 1 tbsp, no more than 7 servings per day)**

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Coconut Oil – (A great substitute for Butter!)  
Extra-virgin olive oil  
Flaxseed Oil – (Great for dressings.) Keep refrigerated, do not heat)  
Grape seed oil  
Organic Butter - occasionally

\*Use cold-pressed and unprocessed

#### **Salt and Spices:**

Salt – Real Salt or Celtic Sea Salt

Fresh herbs and spices may be used. Organic dried spices may be used as long as they are not expired or old.

#### **Dressings: (Must be sugar free and vinegar free)**

Annie's Lemmon and Chive Dressing

#### **Broth:**

Low sodium organic vegetable broth

Low sodium organic chicken broth

#### **Nutritional Shakes:**

3 scoops a day except on detox-days

#### **Juices:**

Fresh Vegetable Juices

Coconut Water (raw, from a coconut)

#### **Water:**

Distilled Water (Use during lemonade detox.)

Filtered Water

Pure Water

Spring Water

\*Remember to drink a minimum of half your body weight in ounces

\_\_\_\_\_(body weight)/2=\_\_\_\_ounces of water intake a day

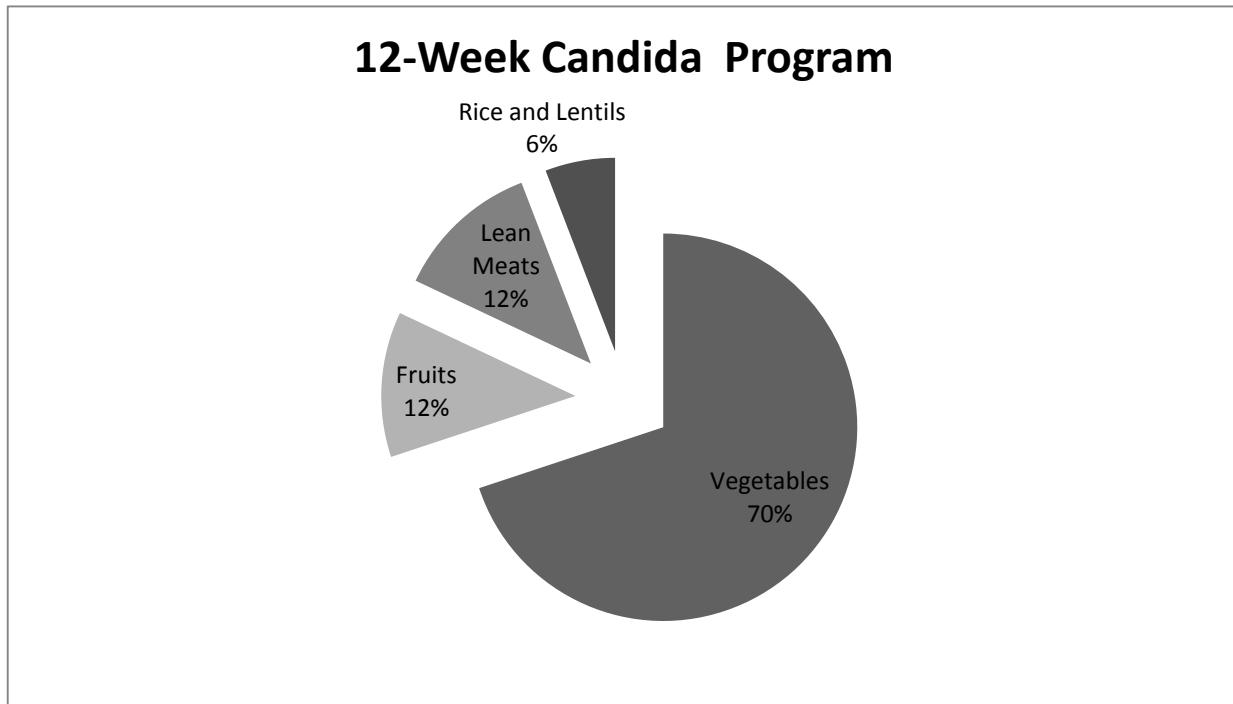
#### **AVOID GROUP:**

- Alcohol, Caffeine, tobacco or other stimulants
- All Coffee and tea (including herbal)
- All Dairy Products– All hard cheese is made from mold. Avoid milk, buttermilk, whipped cream, sour cream, ice cream, etc. (With the exception of organic eggs and organic butter)
- All sugars including: refined sugar, fructose, corn syrup, honey, molasses, date sugar and maple sugar. (Maple syrup is allowed on detox days)
- All fruit juices
- All white flour and white flour products.
- All yeast – contained in pastries, bread, crackers, pastas, yeast breads, pretzels, etc.
- All Grains- Wheat, oats, barley, rye, sorghum, etc (With the exception of Wild or Brown Rice)
- All processed meats- such as bacon, sausage, ham, hot dogs, luncheon meats, corned beef and pastrami.
- Mixed seasonings and spice rubs like Mrs. Dash etc.
- Meat: Beef, Lamb, Pork, and Veal. No cured, smoked or luncheon meats
- All nuts or seeds
- Brewer's yeast, B vitamin made from yeast.

- Processed or Refined Foods: containing Refined White Flour and Refined White Sugar
- MSG or Chemicals
- Starchy Vegetables: Hominy, White Rice, Yams, Potatoes and Dried Beans
- Corn and corn products
- Artificially sweetened drinks and food products.
- All fruits (fresh, canned or dried) until the yeast are abated. Fresh Lemon and Limes may be used in water, or as a substitute for vinegar in salad dressings and recipes.
- Fungus Foods: mushrooms, blue cheese, etc.
- All vinegar and vinegar soaked products or vinegar dressings: pickles, pickle relish, etc.
- Old leftovers. If a food has been in the fridge for more than 3 days, do not eat it. Leftovers may be frozen and consumed at a later date.

## **STRUCTURING YOUR DIET ON THE 12-WEEK CANDIDA PROGRAM**

When not detoxing, your diet should consist mostly of green leafy vegetables. Use the graph below to guide your choices when planning meals. The easiest way to incorporate more greens into your diet is to plan meals around salads. An easy way to get your daily amount of fruit (after day 23) is to have it for breakfast in the morning or to add it to a Nutritional Shake. Rice and lentils are allowed on the program, but use them sparingly. Add your rice or lentils to a green salad to get more greens in the meal.



### **Why should my diet consist mostly of raw green leafy vegetables?**

Foods that require cooking to be consumed probably are not very good nutritionally for humans, even before cooking. By cooking them, we further compromise their nutritional value, because the vitamin, minerals, enzymes, co-enzymes, carbohydrates, proteins, and fats are damaged or destroyed by the heat of cooking. What we get with grains after they have been cooked is the maximum amount of calories with the minimum amount of nutrients.

Salads are central to a raw diet and should be used to structure your meals. Structure your diet by building every meal around salads. Keep the following tips in mind:

1. Remember that everything you need to live can be found in the produce section.
2. Shop two times a week in order to get fresh produce. Most leafy greens have a refrigerator shelf life of 4-5 days.
3. Buy your produce first. It is the most important food. If you are on a budget, shopping for produce will maximize your dollar as you will avoid junk food while you have a cart full of produce.

4. Wash leafy greens by separating the leaves. Rinse well in order to remove pesticides.
5. Keep your refrigerator well stocked with fresh vegetables. This way you will always have what you need for a salad.
6. While shopping, ask, "How will this go with a salad." Try to consider everything as something that will go into a salad or alongside it.

**Successful eating for Candida:**

1. Take Solutions4 Digestive Enzyme Blend Supplements with every meal.
2. Eat a variety of foods in a rainbow of colors.
3. If using salt, use Real Salt or Sea Salt.
4. Eat 5-6 small meals throughout the day. It will keep your metabolism going.
5. Eat last meal of the day before 6 pm.
6. Track calories, Women: 1000-1100 per day, Men: 1200-1300 per day.
7. Go to bed early and get at least 8 hours of sleep.

**Why can't I have fruit for the first 22 days on this program?**

Candida is an over-infestation of yeast in the body. It invades the brain and every tissue of the body. Candida grows and lives on what you eat, and makes your body crave what it needs to survive. For this reason, Candida is difficult to get rid of, but it can be eradicated if proper steps are taken. See the Avoid group on page 12 for additional items in which Candida feeds on.

## DETOXIFICATION

We are committed to your health, vitality and appearance. We continue to research and develop products and programs that offer total body wellness.

Because of the need for individuals to regularly rid their bodies of accumulated toxins and waste materials, Beneficial International, the parent company of Solutions4, has spent many years in the development and perfection of the ultimate detoxification and body cleansing program. Designed with the aid and interaction of physicians, nutritionists, and herbalists, the Solutions4 Detoxification Program has helped thousands of people in their quest for health and vitality.

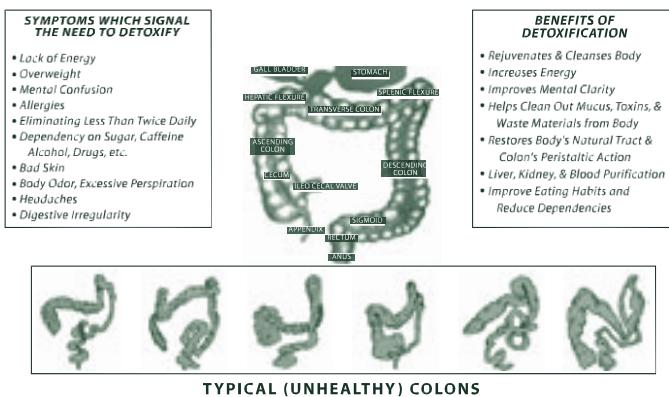
Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program helps the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only restores new energy to the vital organs, but to the entire body as well.

Solutions4 offers one of the original Detoxification Programs. Our natural formulas have been in use since 1979 – long before detoxification was a popular concept. This history gives you confidence that you are using a program that is safe and effective.

Detoxification can be part of a health maintenance and prevention program when used 3 to 4 times per year. Though it is not a “cure-all”, it is a positive way to start addressing many undesirable body conditions, such as allergies, acne, arthritis, skin problems, cellulite, obesity, etc.

### Benefits of Detoxification

- An increase in energy is experienced
- The digestive tract can rid itself of accumulated waste and putrefied bacteria. (Typical loss is between 2-8 lbs. of water and waste during a 3 day cleanse.)
- Liver, kidneys and blood are purified and function more effectively.
- The peristaltic action of the colon is strengthened.
- A mental clarity occurs that is not possible under the constant bombardment of chemicals and food additives.
- Physical dependency on habit-forming substances such as refined sugar, caffeine, nicotine, alcohol and drugs is greatly diminished.
- Bad eating habits are broken. As you come off the program, it is easier to make wiser food choices.
- The stomach has a chance to return to normal size, making it easier to control the quantity of food eaten.



## **HEALING CRISIS**

The body has natural cleansing abilities that help to expel unnecessary or harmful substances. Four eliminative organs of the body are: the bowels, the skin, the lungs, and the kidneys. These systems are in use all the time, working to keep the body clean and healthy.

When an invader enters the body, the natural process is for the body to remove that invader through eliminative organs. This can happen through diarrhea, vomiting, perspiration (fever), coughing, mucus, or nasal discharge. These natural healing abilities are often under used, as the common response to illness or discomfort is to take chemical medications for symptom relief. We suppress the body's natural eliminative processes through anti-diarrhea drugs, antihistamines, fever reducers, antibiotics and others to keep our bodies from cleansing in the natural way. The "stuffing drugs" that we use drive the virus and bacteria back into the tissues where it can remain until the next immune system crash. Immediate symptoms are managed, but long-term health problems are often the result. For instance, a steroid (cortisone) ointment used for a skin condition may clear up immediate symptoms, but later a more serious problem may occur, such as asthma. In turn, bronchodilators may control the asthma, but may cause depression. In the effort to relieve a patient's symptoms, the real causes of the patient's condition have been overlooked. In addition to environmental toxins and the unhealthy foods that we consume, these types of chemical stuffers contribute to our need to detoxify regularly. A cleansing process such as Detoxification takes these substances out of storage and into circulation to be eliminated. This occasionally causes unpleasant symptoms for a short time. The consumption of caffeine, refined sugar, alcohol and other substances also contributes to the effect that is known as a "healing crisis."

During detoxification and the days following, many people experience some of the signs of a healing crisis, which may include: headaches, skin breakouts, bowel sluggishness, diarrhea, fatigue, sweating, frequent urination, congestion, nasal discharge, or body aches. A few may also briefly experience anxiety, irritability or mental depression.

You must understand that your body is going through cleansing and detoxification. It is throwing out poisons using the energy it has saved from the hard-to-digest meals that have been discontinued. This is your body's natural way of cleansing, and is a positive occurrence.

The best way to encourage your body's natural cleansing methods is to not use over the counter drugs to stop the cleansing process. (Prescription medication should NOT be discontinued without a medical doctor's approval). They may make you feel better in the short term, but do so by driving toxins back into the tissues. Drink plenty of water to facilitate the process and get some rest.

The healing crisis generally lasts from just a few hours to a few days. The healthier one's body is to begin with, the fewer symptoms there will be. The more the body has to clean up, the harder and longer the cleansing side effects will be. Symptoms will also be more pronounced if the change in the diet is abrupt, and less so if it is gradual. This is why detoxification preparation days are so important. Each healing crisis is followed by increased vitality and improved wellbeing.

Please be aware that it is just as important for your body to come off detoxification correctly as it is to detoxify. Your body is in a cleansing mode and will continue until clogging foods are reintroduced. As you finish Detoxification, continue taking the herbs until they are gone. Many of the ill-feeling

symptoms that you may have been experiencing will have already begun to disappear. In fact, the three day cleanse is pretty dramatic. You will have lost 2-8 pounds, and will have begun eliminating some of the 5-27 pounds of waste that are being stored in the colon. If you are on medication, ask your prescribing doctor to work with you as you go through this program. Start consuming fresh fruit, salads and vegetables. Some people choose to juice live foods for a few days before eating solid foods, allowing the body more time and energy to heal and gain strength. Slowly work your way back into foods after detoxification. Your body is now clean and will no longer tolerate abuse. A couple of beers will make you drunk, and may become ill after eating pizza, and a candy bar may give you a headache. All these foods are very unhealthy and your clean body is simply more sensitive to toxins.

Contact your Health Care Practitioner for specific questions on Healing Crisis.

Detoxification is a wonderful way to begin a healthy lifestyle. Done 3-4 times per year, the body is stronger, cleanser, and better able to resist illness.

## FREQUENTLY ASKED QUESTIONS ABOUT DETOXIFICATION

*Will the lemon juice mixture cause too much acid for my sensitive stomach?* Although the lemon is an acidic fruit, it turns alkaline as it is digested and aids in attaining a proper pH balance within the body. To further avoid extra acidity, alternate drinking water and the lemonade detox mixture.

*Is detoxification safe?* Absolutely! Body cleansing for health is a concept that has been in use for thousands of years. This type of internal cleanse has been used safely for periods of up to 2 months over the last 30 years. Solutions4 recommends detoxification for 3-10 days only, 3 to 4 times per year. See you Health Care Practitioner for specific directions.

*Can I detoxify if I have hypoglycemia?* Detoxifying is especially beneficial to those with hypoglycemia. Just be sure to use only pure maple syrup in the lemon juice mixture. Honey or other sweeteners will trigger an unhealthy insulin response. Solutions4 APPETITE APPEASER will also help to regulate blood sugar levels.

*How does detoxification affect cellulite?* Cellulite is waste materials trapped in connective tissue and fat cells, and it is very resistant to ordinary dieting and exercise. While Detoxification will not remove cellulite, it does cleanse the intestinal tract and the body's liquid waste system, thereby speeding up the elimination of toxins from the body, which aids in cellulite removal. Improved results can be achieved when done in conjunction with Solutions4 Body Contouring Wraps.

*Will I have energy during this lemon cleanse?* As toxins are expelled from the system, the energy levels rise. It may take a day or two for this effect to occur. If you are not as energetic as you feel you should be, add a little more maple syrup to the lemon juice mixture to raise and maintain your blood sugar level. It is also helpful to make the mixture last throughout the day rather than drinking it all at once. Solutions4 recommends reducing physical activity on detoxification days.

*Why is it important to use distilled water?* Distilled water is pure, which means it has no chemicals or bacteria to interfere with the cleansing process. We recommend continuing to use distilled and /or pure spring water after your cleansing program. Do not use bottled mineral water since it may contain concentrations of heavy metals. Soft water is also a poor choice because of its high sodium content.

*Will I suffer hunger pains during detoxification?* Yes, you might and if you do, simply drink the lemon juice mixture more often. Since this mixture is food already in liquid form, it gets into the bloodstream faster and allays hunger. You might think you are hungry because you aren't chewing food, but with the mixture you are getting the nutrients you need.

*Why is it important to use pure maple syrup?* First, pure maple syrup contains many minerals and vitamin. For this reason, it will provide the body with energy. Second, pure maple syrup is a balanced, natural sweetener and can be used without causing an insulin response. Because of this, hypoglycemics can use the program without fear of lowering or raising blood sugar levels.

## **Final thoughts about Candida**

It's important to totally rid your diet of grains and sugars until the Candida symptoms are relieved. Later on when the Candida has been taken care of, grains can be reintroduced into your diet on a limited basis.

According to research, eliminating grains and sugars from your diet is critical to optimizing your health. Along with sugar, grains pose as a challenge and often unidentified risk.

Most grains break down to sugar very rapidly and can cause the same problems with insulin deregulation.

For some people it will be very important to eat every two hours to avoid symptoms of hypoglycemia. This is usually necessary for several days to several weeks.

Again, foods that can be a cause of yeast infections are grain foods such as, wheat, oats, barley, rye, sorghum, corn, red apples, and peanuts are also universally contaminated with fungus. These foods find their way into our systems from cereals, pastas, breads, potato chips, crackers, peanut butter, cooking oils, etc.

Grains are usually stored in silos for extended periods of time. They can be stored for years before they are ever sold and brought to market for food processing. During this time, they grow mold in these silos. You would assume when they go to process these grains for human consumption they would wash them, but the molds and mycotoxins will enter into the inside of the grain as they try to break them down into dirt. The grains get ground up for processing, and the rest is history. The worst of these grains, as far as mold contamination, are sold for livestock feed and alcohol processing--beer mostly.

During the Candida program it will be very important to completely abstain from all sugar and grains. Complete abstinence resolves the biochemical addiction. If you cheat, you will have to start over.

## **SUPPLEMENTS INCLUDED IN THE 12-WEEK CANDIDA PROGRAM**

### **ANTI CELLULITE LOTION**

ANTI-CELLULITE LOTION should be applied immediately after showering or bathing, on all days in between body wraps. Solutions4's Anti-cellulite lotion may also be used as an everyday circulation lotion as well. Apply to dry skin in a circular motion, treating the problem areas of the hips, buttocks, thighs, upper arms, etc.

### **ANTIOXIDANT**

To successfully lose weight permanently, you must have a strong immune system. Vitals are especially critical in immune re-building. ANTIOXIDANT combines the most effective nutrients used in the fight against free radicals.

### **APPETITE APPEASER**

Helps to appease the appetite naturally and lessens nervous tension while dieting. This blend of 11 natural herbs also works together to assist the body in breaking down and dissipating excess fat from around the heart and other vital organs. It produces the "fat burning" enzymes, and increases energy levels naturally.

### **BODY PURIFIER**

Solutions4's Body Purifier is a combination of 11 herbs that work together to help rid the liver, kidneys, and bowels of accumulated toxins and other waste materials. Helps purify the blood stream and cleanse the lymphatic system.

### **CELLULITE CLEANSER**

Stimulates the circulatory system and the lymphatic system to pick up all stored water retention, toxins and waste materials (main contributors to cellulite) harboring in the connective tissues. It then promotes the elimination function for these unwanted substances.

### **DIGESTIVE ENZYME BLEND**

Helps the body to digest and assimilate all nutrients necessary for proper, healthy, and permanent weight-loss. DIGESTIVE ENZYME BLEND restores natural energy to the body while promoting weight control by heightening absorption of vitamin, minerals and other nutrients from food.

### **EVENING PRIMROSE OIL**

Helps lower fat mass through metabolic increase. Lowers blood cholesterol, alleviates serious skin conditions, lessens arthritic symptoms and relieves PMS. During the weight loss process, EVENING PRIMROSE OIL has been known to be helpful in overcoming plateaus.

### **EXERCISE GEL**

Get the most out of your workout with EXERCISE GEL. When applied before exercising, this innovative gel warms muscles and increases circulation. Typically, fatty tissues have less circulation, making these areas more difficult to target. EXERCISE GEL draws blood to those areas, helping you get maximum results from every workout.

**FIBER BLEND**

This superior source of fiber is essential in the fight against obesity. By speeding up the body's food processing time, the important vitamin, minerals, and other nutrients are absorbed from the food, maximizing efficiency without calories. This formula also helps lower cholesterol levels in the blood, cleanses the intestinal tract, and combats constipation.

**FLAX SEED OIL**

An Organic source of omega-3 and other essential fatty acids, which play a vital role in healthy cell renewal. Regulates cholesterol levels, reduces risk of strokes, cancer and diabetes.

**INTESTINAL CLEANSER**

This formula is a superb combination of 9 herbs that have an extremely beneficial effect on the entire intestinal tract. It is also a bowel tonic and rebuilding formula. It helps improve intestinal absorption of vital nutrients while decreasing the absorption of toxins.

**LIQUID CALCIUM**

Three capsules per day provide 100% of the US RDA of Calcium, offering the balance that the body needs to lose weight safely and permanently, while maintaining healthy body function and strong bone structure. Solutions4 offers a liquid gel capsule to ensure the body's absorption in this soluble form. For best absorption, take with magnesium-rich foods.

**MULTIVITAMIN/MINERAL**

Two capsules per day provide 100% RDA of all essential vitamin and minerals. The only way to lose weight permanently and maintain a well functioning body is to get 100% nutrition in the daily diet.

**NUTRITIONAL SHAKE**

An all-natural, 180-calorie, sugar free balanced meal replacement. Used for healthy weight loss and blood sugar management. This shake easily mixes with water and is available in Chocolate, Vanilla, and Orange Cream, and Strawberry.

**PROBIOTIC BLEND**

This supplement, which provides 10 billion units of friendly bacteria per dose, nutritionally controls acne, encourages a balance of good bacteria in the body, improves immune function and encourages healthy cell renewal.

**VITAMIN D**

Vitamin D3 (Cholecalciferol) offers many health benefits, including bone strengthening, lower risk of disease and infection, and immune boosting. It comes in an easily absorbable liquid gel-cap form.

## **How to Take Your Supplements during Your 5-Week Candida Program**

Your Solutions4 supplements are radically different than any other supplements you have taken before. Solutions4 strives to keep their products as pure as possible – unlike a myriad of supplement companies that can allow for a large percentage of fillers in each bottle.

Due to the purity of the product you are receiving, it is essential you follow proper instruction on how to take your daily supplements.

Here are our recommendations:

- Place all your supplements in bags according to the time of day you will be taking them.
  - AM bag
  - Noon Bag
  - PM Bag
- Always take your supplements with food in your stomach.
  - During Lemonade detox days, take with mixture in your stomach.
- Only take 3-4 supplements at a time and wait 30 minutes before taking more.
- Continue this process until all supplements are gone.
- Finish taking all supplements before 6:00pm.

**DAY 1**

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

Eliminate fruit and choose all foods from food list (pages 9 - 13) EXCEPT fruit. No Supplements.

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.
Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.
		Hungry / Emo.
Dinner:		
		Hungry / Emo.
<b>CALORIES YOU ARE ALLOTTED FOR THE DAY</b>		
<b>TOTAL CALORIES YOU ATE</b>		
✓ = YES x = NO (Check Daily)		
<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz. <input type="checkbox"/> Did you exercise? ____ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?  <input type="checkbox"/> Hours of Sleep received last night ____ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?	

**DAY 2****Date:** \_\_\_ / \_\_\_ / \_\_\_

Eliminate fruit and choose all foods from food list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
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Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	<input type="checkbox"/> next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 3****Date:** \_\_\_/\_\_\_/\_\_\_

Eliminate fruit and choose all foods from food list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
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Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____ hrs	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised	
<input type="checkbox"/> Write down any questions you have for your next appointment: _____	

**DAY 4****Date:** \_\_\_ / \_\_\_ / \_\_\_

Eliminate fruit and choose all foods from food list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**  Appetite Appeaser: 1  Digestive Enzyme: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised <input type="checkbox"/> Hours of Sleep received last night ___ hrs	<input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

**DAY 5**

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

Eliminate fruit and choose all foods from food list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

- Follow nutrition guidelines for the day?
- Did you take all of your supplements today?
- Did you track your calories?
- Did you stay within your Calorie Budget?
- Drink  $\frac{1}{2}$  your body weight in ounces? \_\_\_ oz.
- Did you exercise? \_\_\_ Min
- Did you apply exercise gel to problem areas before you exercised?
- Hours of Sleep received last night \_\_\_ hrs
- Write down any questions you have for

your next appointment: \_\_\_\_\_

- Overall, were you hungry when you ate, or did you eat for emotional reasons?  
(Circle) HUNGRY OR EMOTIONAL
- If for emotional reasons, did you use SMT?
- Did SMT help?  
Rate your stress level today (1=low, 10=high)  
1 2 3 4 5 6 7 8 9 10
- If stressed, did you use any relaxation techniques?

**DAY 6****Date:** \_\_\_/\_\_\_/\_\_\_

Eliminate fruit and choose all foods from food list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES X = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your	

## DAY 7 Prep Day 1

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

Prep day. Eliminate all meat. Only consume approved vegetables and nutritional shake if desired.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	---

## DAY 8 Prep Day 2

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

Prep day. Eliminate all meat. Only consume approved vegetables and nutritional shake if desired.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for	<input type="checkbox"/> your next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	--

## DAY 9 – DETOX #1 (Day 1)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 2       Fiber Blend: 8       Intestinal Cleanser: 2

### 9:00 a.m. to 2:00 p.m.

Lemon Mixture #1

Water Bottle #1

### 2:00 p.m. to 7:00 p.m.

Lemon Mixture #2

Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 2       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES ✗ = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 10 – DETOX #1 (Day 2)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

**AM SUPPLEMENTS:** Take up to 3 Appetite Appeasers.

Body Purifier: 3       Fiber Blend: 8       Intestinal Cleanser: 2

**9:00 a.m. to 2:00 p.m.**

Lemon Mixture #1

Water Bottle #1

**2:00 p.m. to 7:00 p.m.**

Lemon Mixture #2

Water Bottle #2

**PM SUPPLEMENTS:**

Body Purifier: 3       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 11 – DETOX #1 (Day 3)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

Lemon Mixture #1

Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

Lemon Mixture #2

Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 12 – DETOX #1 (day 4)

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

Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

Lemon Mixture #1

Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

Lemon Mixture #2

Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 13 – DETOX #1 (day 5)

Today is about cleansing the body!

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

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

**DAY 14****Date:** \_\_\_ / \_\_\_ / \_\_\_Eliminate all meats, fruits, and cooked foods. Only consume *fresh* vegetables and nutritional shake if desired.**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES X = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your	

**DAY 15****Date:** \_\_\_ / \_\_\_ / \_\_\_Eliminate all meats, fruits, and cooked foods. Only consume *fresh* vegetables and nutritional shake if desired.**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ____ Min	<input type="checkbox"/> Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____ hrs	
<input type="checkbox"/> Write down any questions you have for your	

**DAY 16****Date:** \_\_\_ / \_\_\_ / \_\_\_

Add steamed vegetables, lean meat, and approved protein. Remember: No fruit until day 23.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ____ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____ hrs	
<input type="checkbox"/> Write down any questions you have for your	

**DAY 17****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food from food list (pages 9-12). Remember: No fruit until day 23.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ____ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____ hrs	
<input type="checkbox"/> Write down any questions you have for your	

**DAY 18****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food from food list (pages 9-12). Remember: No fruit until day 23.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ____ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ____ hrs	
<input type="checkbox"/> Write down any questions you have for your	

**DAY 19****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food from food list (pages 9-12). Remember: No fruit until day 23.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
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Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES X = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your	

## DAY 20

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

Choose any food from food list (pages 9-12). Remember: No fruit until day 23.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

**DAY 21****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food from food list (pages 9-12). Remember: No fruit until day 23.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES X = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

**DAY 22****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food from food list (pages 9-12). Remember: No fruit until tomorrow.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES X = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day?	next appointment: _____
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
<input type="checkbox"/> Did you track your calories?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> If for emotional reasons, did you use SMT?
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Did SMT help?
<input type="checkbox"/> Did you exercise? ___ Min	Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Hours of Sleep received last night ___ hrs	
<input type="checkbox"/> Write down any questions you have for your	

## DAY 23

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

Choose from food list (pages 10 – 13). Add only ONE fruit today and eat it alone - not along with something else.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

## DAY 24

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

Choose from food list. Add ONE fruit different from yesterday and eat it alone - not along with something else.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

## DAY 25

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

Choose from food list. Add ONE fruit different from yesterday and eat it alone - not along with something else.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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## DAY 26

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

Choose from food list. Add ONE fruit different from yesterday and eat it alone - not along with something else.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

## DAY 27

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

Choose from food list. Add ONE fruit different from yesterday and eat it alone - not along with something else.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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## DAY 28

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

Choose anything on the approved food (pages 9-12) list including all fruit.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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## DAY 29 Prep Day 1

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

Prep day. Eliminate all meat. Only consume approved vegetables and fruit.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

## DAY 30 Prep Day 2

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

Prep day. Eliminate all meat. Only consume approved vegetables and fruit.

### AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2
---	--

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	---

## DAY 31 – DETOX #2 (Day 1)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 2       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

Lemon Mixture #1

Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

Lemon Mixture #2

Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 2       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 32 – DETOX #2 (Day 2)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 3       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

Lemon Mixture #1

Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

Lemon Mixture #2

Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 3       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 33 – DETOX #2 (Day 3)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

Lemon Mixture #1

Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

Lemon Mixture #2

Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

**DAY 34****Date:** \_\_\_ / \_\_\_ / \_\_\_

Eliminate all meats, fruits, and cooked foods. Only consume approved vegetables and nutritional shake if desired.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES X = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

**DAY 35****Date: \_\_\_ / \_\_\_ / \_\_\_**

Eliminate all meats, fruits, and cooked foods. Only consume approved vegetables and nutritional shake if desired.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 1	<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 3

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	
Lunch:		Calories
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Multivitamin/Multimineral: 1
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Evening Primrose Oil: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Flax Seed Oil: 2
<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Liquid Calcium: 2	<input type="checkbox"/> Probiotic Blend: 3	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES X = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

**DAY 36****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

**DAY 37****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

- Follow nutrition guidelines for the day?
- Did you take all of your supplements today?
- Did you track your calories?
- Did you stay within your Calorie Budget?
- Drink  $\frac{1}{2}$  your body weight in ounces? \_\_\_ oz.
- Did you exercise? \_\_\_ Min
- Did you apply exercise gel to problem areas before you exercised?
- Hours of Sleep received last night \_\_\_ hrs
- Write down any questions you have for your

next appointment: \_\_\_\_\_

- Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL
- If for emotional reasons, did you use SMT?
- Did SMT help? Rate your stress level today (1=low, 10=high)  
1 2 3 4 5 6 7 8 9 10
- If stressed, did you use any relaxation techniques?

**DAY 38****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs <input type="checkbox"/> Write down any questions you have for your	next appointment: _____ <input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	--

**DAY 39****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz. <input type="checkbox"/> Did you exercise? ____ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ____ hrs <input type="checkbox"/> Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 40****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

Appetite Appeaser: 1     Digestive Enzyme: 2     Cellulite Cleanse: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 41****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 42****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 43****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

Appetite Appearer: 1     Digestive Enzyme: 2     Cellulite Cleanse: 2

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz. <input type="checkbox"/> Did you exercise? ____ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ____ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	---

**DAY 44****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 45****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 46****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 47****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 48****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 49****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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## DAY 50

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

Choose any food on the approved foods list (pages 9-12).

### AM SUPPLEMENTS:

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALLOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 51****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 52****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 53****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 54****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 55****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 56****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 57****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 58****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 59****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 60****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 61****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 11-13).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
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Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 62****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 63****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
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Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 64****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.
<b>CALORIES YOU ARE ALOTTED FOR THE DAY</b>		
<b>TOTAL CALORIES YOU ATE</b>		

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 65****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.
CALORIES YOU ARE ALOTTED FOR THE DAY		
TOTAL CALORIES YOU ATE		

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 66****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

Follow nutrition guidelines for the day?  
 Did you take all of your supplements today?  
 Did you track your calories?  
 Did you stay within your Calorie Budget?  
 Drink  $\frac{1}{2}$  your body weight in ounces? \_\_\_ oz.  
 Did you exercise? \_\_\_ Min  
 Did you apply exercise gel to problem areas before you exercised?  
 Hours of Sleep received last night \_\_\_ hrs  
 Write down any questions you have for your next appointment:

Overall, were you hungry when you ate, or did you eat for emotional reasons?  
 (Circle) HUNGRY OR EMOTIONAL  
 If for emotional reasons, did you use SMT?  
 Did SMT help?  
 Rate your stress level today (1=low, 10=high)  
 1 2 3 4 5 6 7 8 9 10  
 If stressed, did you use any relaxation techniques?

**DAY 67****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 68**

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

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 69****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 70****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 71****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 72****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 73****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment:	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 74****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 75****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 76****Date:** \_\_\_ / \_\_\_ / \_\_\_

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz. <input type="checkbox"/> Did you exercise? ____ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ____ hrs Write down any questions you have for your next appointment:	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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**DAY 77**

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

Choose any food on the approved foods list (pages 9-12).

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz. <input type="checkbox"/> Did you exercise? ____ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ____ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
---	---

**DAY 78****Date:** \_\_\_ / \_\_\_ / \_\_\_

Prep day. Eliminate all meat. Only consume approved vegetables and fruit.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
<b>Mid-morning snack:</b>		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
<b>Mid-Afternoon:</b>		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALLOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

✓ = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

## DAY 79

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

Prep day. Eliminate all meat and dairy. Only consume approved vegetables and fruit.

### AM SUPPLEMENTS:

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALLOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment: _____	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

## DAY 80 – DETOX #3 (Day 1)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS:

Take up to 3 Appetite Appeasers.

Body Purifier: 2       Fiber Blend: 8       Intestinal Cleanser: 2

### 9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
  
- Water Bottle #1

### 2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
  
- Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 2       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 81 – DETOX #3 (Day 2)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 3       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

Lemon Mixture #1

Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

Lemon Mixture #2

Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 3       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?

Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 82 – DETOX #3 (Day 3)

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

Notice a change in supplementation and diet today. Today is about cleansing the body!

### AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

#### 9:00 a.m. to 2:00 p.m.

- Lemon Mixture #1
- Water Bottle #1

#### 2:00 p.m. to 7:00 p.m.

- Lemon Mixture #2
- Water Bottle #2

### PM SUPPLEMENTS:

Body Purifier: 4       Fiber Blend: 8       Intestinal Cleanser: 2

✓ = YES x = NO (Check Daily)

- Did you follow the DETOX guidelines?
- Did you take all of your supplements?
- Did you drink half of your body weight in ounces? \_\_\_\_ oz.
- Hours of Sleep received last night \_\_\_\_ hrs
- If stressed, did you use any relaxation techniques?  
Rate your stress level today (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

## DAY 83

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

Eliminate all meats, fruits, and cooked foods. Only consume approved vegetables and nutritional shake if desired.

### AM SUPPLEMENTS:

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanse: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

### NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse: 2
---	--	---

Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

### PM SUPPLEMENTS:

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanser: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

### CALORIES YOU ARE ALOTTED FOR THE DAY

### TOTAL CALORIES YOU ATE

✓ = YES ✗ = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment:	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
--	---

**DAY 84****Date:** \_\_\_ / \_\_\_ / \_\_\_

Eliminate all meats, fruits, and cooked foods. Only consume approved vegetables and nutritional shake if desired.

**AM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanser: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

 Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.

Breakfast:	Calories	Circle One
		Hungry / Emo.
Mid-morning snack:		
		Hungry / Emo.
		Hungry / Emo.

**NOON SUPPLEMENTS:**

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanse
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Lunch:	Calories	Circle One
		Hungry / Emo.
Mid-Afternoon:		
		Hungry / Emo.
		Hungry / Emo.

**PM SUPPLEMENTS:**

<input type="checkbox"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Cellulite Cleanser: 2
<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Intestinal Cleanser: 2	<input type="checkbox"/> Fiber Blend: 5	<input type="checkbox"/> Vitamin D: 1

Dinner:	Calories	Circle One
		Hungry / Emo.

**CALORIES YOU ARE ALOTTED FOR THE DAY****TOTAL CALORIES YOU ATE**

V = YES x = NO (Check Daily)

<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> Hours of Sleep received last night ___ hrs Write down any questions you have for your next appointment:	<input type="checkbox"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If for emotional reasons, did you use SMT? <input type="checkbox"/> Did SMT help? Rate your stress level today (1=low, 10=high) 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> If stressed, did you use any relaxation techniques?
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## **DAY 85 and Beyond**

Once someone has gone through a 12-WEEK CANDIDA Program, they should be feeling like a completely new person. A new level of vitality and health will have been reached. Now each person must decide how they will live to maintain this level of wellness, and even improve upon it.

Use the following list to ensure lasting health.

- Body cleansing and detoxification — everyone should detoxify at least four times per year. We still live in a toxic society, and this becomes a cleansing lifestyle.
- Proper food choices — consist of foods that heal the body, rather than foods that destroy health.
- Exercise — at least 40 minutes per day. Alternate weight-bearing and cardiovascular.
- Learn to deal positively with stress.
- Listen to the body. The body will tell you what it needs and what it doesn't need.
- Become educated on how the body works.
- Live a positive, happy, healthy life.
- 100% nutrition — there will always be a need to supplement nutrients, as it is impossible to get complete nutrition by eating food sources as they are in today's world.
- Solutions4 recommends these supplements each day for a healthy body
  - Multivitamin / Multimineral
  - Antioxidant
  - Flax Seed Oil
  - Evening Primrose Oil
  - Vitamin D
  - Liquid Calcium
  - Digestive Enzyme
  - Solutions4 Nutritional Shake
- Eat twice as many veggies as fruits
- Eat a variety of foods and a rainbow of colors
- Fresh and organic produce is always best
- Have one Solutions4 Nutritional shake daily to replace a meal
- Take all recommended supplements – ask about specific supplementation for your particular needs
- If using salt, use Real Salt or Sea Salt
- DRINK WATER: You should be drinking half your weight in ounces – not tap water!
- Get to bed early and get 8 hours of sleep if possible
- No processed foods!
- No MSG and NO CHEMICALS
- 5-6 small meals throughout the day will keep your metabolism going
- Last meal of the day should be eaten before 6 pm
- Track calories, Women: 1000-1100 calories per day, Men: 1200-1300 calories per day

# RECIPES

**Notice: Any recipe with fruit is not permissible until day 23.**

**Do not combine fruit until day 27**

# Shakes

<b>Chocolate Dream</b>	5 min	Serves 1
<ul style="list-style-type: none"><li>▪ 2 scoops Solutions4 Chocolate</li><li>▪ 1 cup ice cubes</li></ul>	<ul style="list-style-type: none"><li>▪ 1 cup water</li></ul>	

Combine all ingredients in a blender and blend well.

✓ LOVED IT! ✓ Didn't like it

<b>Fruit Smoothie (Only after Day 27)</b>	5 min	Serves 1
<ul style="list-style-type: none"><li>▪ 2 oranges</li><li>▪ 1 banana</li><li>▪ <math>\frac{1}{2}</math> cup berries</li><li>▪ 2 scoops Solutions4 Vanilla</li></ul> <p>Combine all ingredients in a blender and blend well.</p> <p><input checked="" type="checkbox"/> LOVED IT!      <input checked="" type="checkbox"/> Didn't like it</p>		

✓ LOVED IT! ✓ Didn't like it

<b>Pina Colada (Only after Day 27)</b>	5 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 6 ounces orange juice</li> <li>▪ 1 cup pineapple</li> <li>▪ <math>\frac{1}{2}</math> cup fresh Baby Thai coconut water</li> <li>▪ 2 scoops Solutions4 Orange</li> </ul>		

Combine all ingredients in a blender and blend well.

✓ LOVED IT! ✓ Didn't like it

<b>Citrus Berry Splash (Only after Day 27)</b>	5 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 scoops Solutions4 Orange</li> <li>▪ <math>\frac{1}{2}</math> cup blackberries</li> <li>▪ <math>\frac{1}{4}</math> cup blueberries</li> <li>▪ <math>\frac{1}{2}</math> cup strawberries</li> <li>▪ <math>\frac{1}{2}</math> banana (optional)</li> <li>▪ The juice from 2 freshly squeezed oranges</li> <li>▪ 1-2 cups ice cubes</li> </ul>		

Combine all ingredients in a blender and blend well.

✓ LOVED IT! ✓ Didn't like it

<b>Coconut Chocolate Delight (Only after Day 27)</b>	5 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 1 banana</li> <li>▪ Water from a Baby Thai coconut</li> <li>▪ Meat from a Baby Thai coconut</li> <li>▪ 2 scoops Solutions4 Chocolate</li> </ul>		

Combine all ingredients in a blender and blend well.

LOVED IT!  Didn't like it

<b>Snack Shake</b>	5 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 1 scoop of Chocolate, Vanilla, Strawberry, or Orange Cream Solutions4 Nutritional Shake</li> <li>▪ Ice and water to equal 8 oz.</li> </ul>		

Combine all ingredients in a blender and blend well.

LOVED IT!  Didn't like it

<b>Meal Shake</b>	5 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 scoops of Chocolate, Vanilla , Strawberry or Orange Cream Solutions4 Nutritional Shake</li> <li>▪ Ice and water to equal 10 oz.</li> </ul>		

Combine all ingredients in a blender and blend well.

LOVED IT!  Didn't like it

## Salads

### GREEN SALADS

<b>Confetti Salad</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 cup Cooked Brown Rice</li> <li>▪ 2 cups Chopped Romaine Lettuce</li> <li>▪ <math>\frac{1}{2}</math> cup tomato, diced</li> <li>▪ <math>\frac{1}{4}</math> of an avocado, diced</li> <li>▪ 2 tbsp Annie's Lemon and Chive Dressing</li> </ul>		

Mix all ingredients and Savor! Mmmm. Tip – This salad is filling! Use it as a Main meal.

LOVED IT!  Didn't like it

<b>Chicken Salad Wraps</b>	15 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 2 cups finely chopped cooked chicken</li> <li>▪ <math>\frac{1}{2}</math> cup finely chopped celery</li> <li>▪ 2 hard cooked, chopped eggs</li> <li>▪ 1 medium onion, chopped</li> </ul>		

1. Moisten with Candida friendly mayonnaise (See page 112) also obtainable from your health food store.
2. Serve in Romaine Lettuce and make a wrap

LOVED IT!  Didn't like it

<b>Green Salad</b>	10 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 cups mixed lettuce</li> <li>▪ 4 thin slices of Roma tomato, cucumber or carrot</li> </ul>	▪ 1 tbsp Choice of Dressing	

Place lettuce and dressing in a bowl and toss. Transfer to plate. Garnish with tomato, cucumber, or carrot.

LOVED IT!  Didn't like it

<b>Greek Salad</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 cups chopped romaine lettuce</li> <li>▪ 1 Roma tomato, seeded and cut into chunks</li> <li>▪ <math>\frac{1}{4}</math> cucumber, seeded and cubed</li> </ul>	▪ $\frac{1}{4}$ cup thinly sliced red onion	▪ $\frac{1}{4}$ red bell pepper, cut into chunks

Combine all ingredients with desired amount of dressing.

LOVED IT!  Didn't like it

<b>Mediterranean Salad</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 4 tomatoes</li> <li>▪ 2 cucumbers</li> <li>▪ 1 cup chopped fresh parsley</li> <li>▪ <math>\frac{1}{2}</math> chopped basil</li> </ul>	▪ $\frac{1}{4}$ cup extra-virgin olive oil	▪ $\frac{1}{2}$ tsp Celtic salt

Combine all ingredients in bowl and toss well.

LOVED IT!  Didn't like it

<b>Mexican Salad</b>	20 min	Serves 2-4
<ul style="list-style-type: none"> <li>• 1 cup peeled, grated jicama</li> <li>• 1 red pepper, chopped</li> </ul>	• $\frac{1}{2}$ cup chopped fresh cilantro	• 1 avocado, pitted, peeled, and chopped

Combine all ingredients in bowl and toss well.

LOVED IT!  Didn't like it

<b>Nori and Avocado Salad</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 Cup Romaine lettuce, chopped</li> <li>▪ 1 Cup Spinach, chopped</li> <li>▪ <math>\frac{1}{2}</math> cup alfalfa sprouts</li> </ul>	▪ 4 Sheets of Nori	▪ $\frac{1}{2}$ Avocado, diced

1. Mix ingredients in a medium salad bowl. Set aside.
2. Place a nori sheet in a frying pan on medium heat. Turn the nori from side to side until it goes from black to bright green. Repeat with other sheets of nori.
3. Cut nori into bite size pieces and add to salad. Toss well and add avocado. Drizzle "Energy Dressing" over the top. Enjoy!

\*Substitute  $\frac{1}{2}$  cup sliced cucumber for the avocados for a lighter, equally delicious salad!

LOVED IT!  Didn't like it

<b>Spring Garden Salad</b>		30 min	Serves 4
<b>Salad</b>		<b>Dressing</b>	
<ul style="list-style-type: none"> <li>▪ 4 cups chopped iceberg lettuce</li> <li>▪ 4 cups chopped Butter Leaf lettuce</li> <li>▪ ½ cup chopped tomato</li> <li>▪ ½ cup alfalfa sprouts</li> <li>▪ ½ cup sunflower sprouts</li> <li>▪ 1 cup thin broccoli florets, steamed</li> <li>▪ 1 cup small cauliflower florets, steamed</li> <li>▪ 1 cup cubed zucchini, sautéed</li> <li>▪ 1 cup snow peas, blanched and halved</li> <li>▪ 1 cup petit peas, steamed</li> </ul>		<ul style="list-style-type: none"> <li>▪ 5 tbsp extra-virgin olive oil</li> <li>▪ 2 ½ tbsp lemon juice</li> <li>▪ 2 tbsp <b>Candida Friendly Mayonnaise</b></li> <li>▪ 1/4 tsp dried mustard powder</li> <li>▪ 2 tbsp water</li> <li>▪ 1 tsp minced onion</li> </ul>	
1. Place lettuce in large bowl 2. Measure dressing ingredients into hand blender container and blend until creamy 3. Add tomato, and sprouts to lettuce. Toss in cooked vegetables. Add dressing and toss well.			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

## CHICKEN SALADS

<b>Chicken Salad</b>	20 min	Serves 2-3	
<ul style="list-style-type: none"> <li>▪ 2 cups finely chopped cooked chicken</li> <li>▪ ½ cup finely chopped celery</li> <li>▪ 2 hard boiled eggs, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 medium onion, chopped</li> <li>▪ 1 head romaine lettuce chopped</li> <li>▪ 1 cup of spinach</li> </ul>		
Combine chicken, celery, eggs and onion. Toss lettuce and spinach, and add Chicken mixture to the top of the salad. Serve with your choice of dressing.			
<input checked="" type="checkbox"/> LOVED IT!		<input checked="" type="checkbox"/> Didn't like it	

# Dressings

<b>Lemon Herb Dressing</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> cup extra-virgin olive oil</li> <li>▪ <math>\frac{1}{4}</math> cup fresh lemon juice</li> <li>▪ 1 tsp dill</li> <li>▪ 1 tsp oregano</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tsp tarragon</li> <li>▪ 1 clove garlic crushed</li> <li>▪ Dash of salt</li> <li>▪ Dash of pepper</li> </ul>	
Place all ingredients in a bowl and toss.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Energy Dressing</b>	5 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 clove garlic, minced</li> <li>▪ 3 tbsp Extra-Virgin Olive Oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tbsp lemon juice</li> <li>▪ <math>\frac{1}{4}</math> teas sea salt</li> </ul>	
Place all ingredients in bowl and let marinate for 10-15 minutes.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Italian Marinade or Dressing</b>	15 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> cup fresh lemon juice</li> <li>▪ <math>\frac{1}{4}</math> cup water</li> <li>▪ 1/3 cup Extra-Virgin Olive Oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1-2 cloves garlic, peeled and minced</li> <li>▪ <math>\frac{1}{4}</math> tsp sea salt, optional</li> <li>▪ 1 tbsp each of fresh coarsely chopped oregano and basil</li> </ul>	
Refrigerate in jar 2-4 hours before using. Shake well before using.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Garlic Olive Oil Dressing</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 2 cloves of garlic</li> <li>▪ 1/8 tsp sea salt</li> </ul>	<ul style="list-style-type: none"> <li>▪ Juice from half of a freshly squeezed lemon</li> <li>▪ 1/3 cup flax oil</li> </ul>	
Mash garlic cloves with Salt. Squeeze lemon juice into the mixture. Taste...if needed; add more salt, garlic, or juice. Add flax oil. Mix all ingredients together and pour over salad.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Dr. Julie-Ann Holland's Candida Friendly Dressing</b>	15 min	Serves 6-8
<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> cup Lemon Juice</li> <li>▪ 1 <math>\frac{1}{2}</math> cups Extra-Virgin Olive Oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 tbsp Minced Ginger</li> <li>▪ 1/3 cup Minced Garlic</li> </ul>	
Blend all ingredients until creamy. Keeps for up to five days in refrigerator.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

## **CONDIMENTS/DIPS/SPREADS/MARINADES**

<b>Chunky Guacamole</b>	10 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ 1 medium avocado, peeled, pitted, and mash</li> <li>▪ 2 tbsp fresh squeezed lemon juice</li> <li>▪ 1 large tomato, chopped</li> <li>▪ 2-4 green onions, chopped</li> <li>▪ <math>\frac{1}{2}</math> tsp garlic powder</li> <li>▪ Cayenne pepper to taste</li> </ul>		

Mash avocado with a fork. Chop the tomato. Add all ingredients and mix well.

✓ LOVED IT!      ✓ Didn't like it

<b>Classic Guacamole</b>	10 min	Serves 8-10
<ul style="list-style-type: none"> <li>▪ 2 ripe avocados</li> <li>▪ <math>\frac{1}{4}</math> tsp garlic powder</li> <li>▪ 1 tbsp fresh lemon juice</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> tsp fresh oregano</li> <li>▪ <math>\frac{1}{4}</math> tsp ground cumin</li> <li>▪ Fresh pepper and sea salt to taste</li> </ul>	

Place ingredients in a food processor and process till your desired smoothness. Chill, if desired, before serving.

✓ LOVED IT! ✓ Didn't like it

<b>Fresh Tomato Salsa</b>	15 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 3 large Roma tomatoes, peeled</li> <li>▪ 1 tbsp crushed jalapeno peppers</li> <li>▪ 4 green onions, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 tbsp fresh lime juice</li> <li>▪ Pinch of finely chopped red chili peppers</li> </ul>	

1. Chop the tomatoes into small pieces.
2. Combine tomatoes with remaining ingredients in a medium sized bowl and stir.
3. Place in bowl, wrap tightly and refrigerate for one day before serving or leave covered at room temperature to allow flavors to blend. May be stored in fridge for up to 2 days.

✓ LOVED IT! ✓ Didn't like it

## CONDIMENTS

<b>Candida friendly Mayonnaise</b>	15 min	Serves 6-8
<ul style="list-style-type: none"> <li>▪ 6 large egg yolks</li> <li>▪ 2 cups extra virgin olive oil</li> <li>▪ <math>\frac{1}{4}</math> cup lemon juice</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> cup water</li> <li>▪ 1 tsp salt (optional)</li> <li>▪ 1 tsp dry mustard</li> </ul>	
<ol style="list-style-type: none"> <li>1. Beat Yolks in blender. Drizzle oil into yolks, while beating.</li> <li>2. Add lemon juice, water, salt and mustard; mix.</li> <li>3. Refrigerate in jar until ready to use.</li> </ol>		

<b>Dr. Julie-Ann Holland's Candida Friendly Mayonnaise</b>	10 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 egg</li> <li>▪ <math>\frac{1}{2}</math> tsp Salt</li> <li>▪ 1 tbsp Lemon Juice</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tsp Dry Mustard</li> <li>▪ 1 Cup extra virgin olive oil</li> </ul>	

1. Blend egg, salt, lemon juice, mustard, and  $\frac{1}{4}$  cup oil in a blender then slowly add the remaining oil.
2. You may add Dill or other spices to taste.
3. Use Sunflower, Safflower, or Canola Oil, they taste better

✓ LOVED IT! ✓ Didn't like it

Homemade Tomato Sauce	25 min	Serves 2-3
<ul style="list-style-type: none"> <li data-bbox="236 623 780 629">▪ 2 leaves fresh basil</li> <li data-bbox="236 629 780 648">▪ Small handful loosely packed parsley leaves</li> <li data-bbox="236 648 780 694">▪ 1 small onion (about 2 ounces) – peeled and cut into 8 pieces</li> <li data-bbox="236 694 780 703">▪ 1 tbsp Extra-Virgin Olive Oil</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="869 623 1369 629">▪ 3 medium ripe tomatoes (about 18 ounces total) cored and quartered</li> <li data-bbox="869 629 1369 648">▪ dash of salt</li> <li data-bbox="869 648 1369 656">▪ dash freshly ground black pepper</li> </ul>	

1. Process the fresh basil and parsley until finely chopped.
2. Add the onion and chop.
3. Transfer into saucepan with the oil and cook, stirring, for 2 minutes.
4. Process the tomatoes until coarsely chopped and add to saucepan.
5. Bring to a boil; reduce heat and cook, partially covered, for 20 minutes, stirring occasionally.
6. Process the mixture all together.
7. Strain the sauce. Add salt, pepper and cook uncovered for 10 minutes more or until thick.

✓ LOVED IT!      ✓ Didn't like it

<b>Salsa</b>	10 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 2 tomatoes, chopped</li> <li>▪ <math>\frac{1}{2}</math> red onion, chopped</li> <li>▪ 1 jalapeno pepper, seeds removed &amp; chopped</li> <li>▪ cilantro, chopped</li> <li>▪ parsley, chopped</li> <li>▪ juice of <math>\frac{1}{2}</math> a lime</li> <li>▪ sea salt &amp; pepper</li> </ul>		

Combine all ingredients and mix together. For best results let refrigerate for 1 hour before Serving.

✓ LOVED IT! ✓ Didn't like it

# ENTREES

## **BREAKFAST DISHES**

<b>Stir-Fried Vegetable Scramble</b>	20 min	Serves 2-3
<ul style="list-style-type: none"><li>▪ 2 tbsp organic butter</li><li>▪ 2 tbsp chopped onion</li><li>▪ 2 tbsp chopped green pepper</li></ul>	<ul style="list-style-type: none"><li>▪ 1/2 cup fresh chopped tomato</li><li>▪ 1 cup cooked vegetables</li><li>▪ 2-4 slightly beaten eggs</li><li>▪ 1 tbsp extra virgin olive oil</li></ul>	

1. Heat skillet, add oil, onions and green peppers.
2. Stir-fry until tender.
3. Add tomato and other vegetables.
4. Bring to boil, stirring constantly.
5. Add eggs and cook, stirring gently.
6. Serve immediately.

LOVED IT!  Didn't like it

<b>Tasty Omelet</b>	15 min	Serves 1
<ul style="list-style-type: none"><li>▪ 2 large eggs</li><li>▪ 1 tomato, diced</li><li>▪ ½ avocado, peeled and diced</li></ul>	<ul style="list-style-type: none"><li>▪ 2 green onion, chopped</li><li>▪ 1 tbsp coconut oil</li></ul>	

1. Beat eggs.
2. Add tomato, avocado, and onion. Mix.
3. Melt oil in skillet.
4. Add egg mixture; cook over medium heat until bottom is set.
5. Turn half of omelet over on top of other half; cover.
6. Cook at low heat until egg is set

LOVED IT!  Didn't like it

<b>Veggie Scramble</b>	15 min	Serves 2
<ul style="list-style-type: none"><li>▪ 2 tbsp coconut oil or organic butter</li><li>▪ 2 tbsp chopped onion</li><li>▪ 2 tbsp chopped green onion</li></ul>	<ul style="list-style-type: none"><li>▪ ½ cup chopped tomato</li><li>▪ 1 cup cooked vegetables</li><li>▪ 2-4 eggs slightly beaten</li></ul>	

Heat skillet, add oil, onions and green peppers. Stir fry until tender. Add tomato and other vegetables.

Bring to boil, stir constantly. Add eggs and cook gently

LOVED IT!  Didn't like it

<b>Berry Salad (Only after Day 27)</b>	5-10 min	Serves 1
<ul style="list-style-type: none"><li>▪ 1 cup sliced strawberries, stems removed</li><li>▪ 2 peeled bananas, sliced</li></ul>	<ul style="list-style-type: none"><li>▪ 1 cup blueberries</li></ul>	

Combine all ingredients in a bowl and serve.

LOVED IT!  Didn't like it

# SOUPS

<b>American Vegetable Soup</b> <ul style="list-style-type: none"> <li>▪ 1 tbsp Extra-Virgin Olive Oil</li> <li>▪ 2 cups sliced leeks</li> <li>▪ 1 sliced medium red onion</li> <li>▪ 2 carrots, halved and cut 1/8 in rounds</li> <li>▪ 1 medium green cabbage, chopped (8 cups)</li> <li>▪ 1 tsp fresh thyme</li> <li>▪ 7 cups boiling water</li> </ul>	1 hr 10min   Serves 6
<ol style="list-style-type: none"> <li>1. Heat oil, garlic, onion, and thyme and sauté until onion begins to soften (about 2 minutes)</li> <li>2. Add carrots, celery, green beans, peas, and cabbage. Sauté and stir for 2 minutes.</li> <li>3. Add water and bring to a boil. Stir in broth and tomato paste. Cover and bring to boil. Simmer for 35 to 40 minutes.</li> </ol>	
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it
<b>Best Chicken Soup</b> <ul style="list-style-type: none"> <li>▪ 8 oz chicken wings</li> <li>▪ ½ can (17 ½ oz ) natural chicken broth (no MSG)</li> <li>▪ 1 ½ cup water</li> <li>▪ ½ medium yellow onion, chopped</li> <li>▪ 1 carrot, peeled and cut into rounds</li> </ul>	60 min   Serves 2
<p>Place chicken, broth and water in a pan. Bring to a boil and skim foam. Reduce heat; add vegetables, seasonings and lentils. Cover; simmer 40-50 minutes or until chicken is tender. Remove check and save for other use.</p>	
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it
<b>Cioppino</b> <ul style="list-style-type: none"> <li>▪ 3.5 oz white fish, cubed</li> <li>▪ 1 tomato, chopped</li> <li>▪ 1 tsp tomato paste</li> <li>▪ 2 cup all natural chicken broth (no MSG)</li> <li>▪ 1 clove garlic, minced</li> <li>▪ 1 bay leaf</li> </ul>	25 min   Serves 3-4
<p>Combine broth, onion, whole bay leaf and herbs mixture. Bring to a boil. Reduce heat, cover, and simmer for 10-15 minutes. Add fish, tomato paste and chopped tomato then return to boil. Reduce Heat, cover, and simmer 5-7 min. Remove bay leaf. Season with salt and pepper.</p>	
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it

<b>Creamy Celery Soup</b>	30 min	Serves 4-5
<ul style="list-style-type: none"> <li>▪ 1 medium onion</li> <li>▪ 1 medium celery stalk</li> <li>▪ 1 medium garlic clove</li> <li>▪ 1 tbsp Extra-Virgin Olive Oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ 5 cups low-sodium, organic vegetable broth</li> <li>▪ Freshly ground pepper</li> <li>▪ 4 cups chopped vegetables, in <math>\frac{1}{2}</math> to 1 inch pieces</li> </ul>	

1. Boil water
2. Chop onion and celery. Slice garlic into thin strips.
3. Heat oil, onion, garlic, and celery in a separate pot. Cook and stir for 1 minute on medium heat. Add vegetables and continue to cook for 1 minute.
4. Add boiling broth and bring back to a boil. Stir and reduce heat to medium. Cover and cook for 8-10 minutes. Simmer until vegetables are tender.
5. Pour soup into a bowl to cool.
6. Place  $\frac{3}{4}$  of soup in blender and liquefy to a cream. Pour into original soup pot. Place remaining one-quarter of unblended soup in blender. Pulse-blend for 2 to 3 seconds, allowing mixture to remain lumpy and textured. Pour it into creamed portion in the original soup pot.
7. Place soup over medium heat. Gently reheat soup, taking care not to let it boil and stirring frequently. Add pepper to taste.

✓ LOVED IT! ✓ Didn't like it

<b>Happy Vegetable Soup</b>	15 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 1 small onion</li> <li>▪ 2 green onions</li> <li>▪ 2 celery stalks</li> <li>▪ 2 carrots</li> <li>▪ 1 zucchini</li> <li>▪ 1 pressed garlic clove</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 green chard leaves</li> <li>▪ 2 cups broccoli</li> <li>▪ 1 tbsp Extra-Virgin Olive Oil</li> <li>▪ 6 cups low-sodium, organic vegetable broth</li> <li>▪ <math>\frac{1}{2}</math> cup minced fresh parsley</li> </ul>	

1. Cut vegetables (except chard and broccoli) into  $\frac{1}{2}$  inch pieces.
2. Coarsely chop chard and cut broccoli into thin florets.
3. Sauté onion, green onion, celery, carrots, zucchini, and garlic in oil. Add hot broth and bring to a boil. Simmer for 5 minutes (covered)
4. Stir in parsley. Remove pot from heat and cover for two minutes

✓ LOVED IT! ✓ Didn't like it

<b>Mexican Chicken Soup</b>	30 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 3 oz cooked chicken, shredded</li> <li>▪ 2 cloves garlic, minced</li> <li>▪ <math>\frac{1}{2}</math> - 1 tsp. ground cayenne pepper</li> <li>▪ 1 tsp. ground cumin</li> <li>▪ 1 tsp. ground coriander</li> <li>▪ <math>\frac{1}{4}</math> cup onion, chopped</li> <li>▪ 2-3 cup low-sodium, organic chicken broth</li> <li>▪ Fresh cilantro, chopped</li> <li>▪ 1 lime</li> <li>▪ 1 tomato, diced</li> </ul>		

1. Combine garlic, onion, spices and broth in pot.
2. Bring to a boil, reduce heat and simmer for 10 minutes.
3. Add tomato and chicken and simmer 10 minutes.
4. Add Cilantro and continue to simmer 5 minutes.
5. Top with a squeeze of lime.

✓ LOVED IT! ✓ Didn't like it

Vegetable Garden Soup	20 min	Serves 8
<ul style="list-style-type: none"> <li>▪ 6 cups low-sodium, organic vegetable broth</li> <li>▪ <math>\frac{1}{2}</math> tsp Extra-Virgin Olive Oil</li> <li>▪ 2 carrots, peeled and diced</li> <li>▪ 1 large onion, diced</li> <li>▪ 1 cup of chopped broccoli</li> <li>▪ 4 Cloves of garlic, minced</li> <li>▪ 1/2 pound frozen green beans</li> <li>▪ 2 tbsp tomato paste</li> <li>▪ 1 tsp fresh basil</li> <li>▪ 1 tsp fresh oregano</li> <li>▪ 1 tsp sea salt</li> <li>▪ 1 large zucchini, diced</li> <li>▪ <math>\frac{1}{2}</math> cabbage, chopped</li> </ul>		

1. Bring the broth to a boil
2. Put Extra-Virgin Olive Oil in Dutch oven and heat on MEDIUM HIGH.
3. Add the carrots, onion and garlic and cook for about 5 minutes.
4. Add all the remaining ingredients EXCEPT the zucchini and bring to a boil.
5. Cover, reduce the heat to MEDIUM and simmer for about 15 minutes or until the beans are tender.
6. Add the zucchini and cook until the zucchini is tender.

✓ LOVED IT! ✓ Didn't like it

<b>Vegetable Rice Soup</b>	10 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 3 cups low-sodium, organic vegetable broth</li> <li>▪ 1 carrot, peeled and sliced thin</li> <li>▪ 1 stalk of celery sliced thin</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 ½ cups coarsely chopped chard or cabbage</li> <li>▪ 1 cup cooked brown rice</li> </ul>	

1. Boil water and broth. Add carrots and celery. Cook at a low boil for 3 minutes.
2. Add chard (or cabbage). Cook at a low boil for 2 minutes longer.
3. Stir in rice and serve.

✓ LOVED IT! ✓ Didn't like it

<b>Veggie Chowder</b>	20 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 2 large tomatoes, peeled, cored and pureed</li> <li>▪ 1 cup water</li> <li>▪ 1 medium red bell pepper, diced</li> <li>▪ 1 medium yellow onion, finely chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 garlic clove, minced</li> <li>▪ 1 tbsp fresh parsley, chopped</li> <li>▪ 1 tbsp fresh sage, chopped</li> <li>▪ 1 tbsp fresh thyme, chopped</li> </ul>	

Combine all ingredients in large pan; mix and bring to a boil. Reduce heat and simmer 10-15 minutes or until vegetables are tender.

✓ LOVED IT! ✓ Didn't like it

<b>Broccoli and Rice</b>	15-20 min	Serves 4
<ul style="list-style-type: none"> <li>3 tbsp Extra Virgin Olive Oil</li> <li>4 tbsp Bragg's Liquid Aminos (natural soy sauce alternative)</li> </ul>	<ul style="list-style-type: none"> <li>2 heads of broccoli, cut in to <math>\frac{1}{2}</math> inch pieces.</li> <li>4 cups of Cooked Brown Rice</li> <li>1 Garlic Clove, minced</li> </ul>	

1. Heat Oil, Bragg's and Garlic in frying pan over medium heat.
2. Add broccoli and sauté until broccoli is at desired texture.
3. Put sauce and rice over rice and serve. This dish can be made as a vegetable side dish without the rice.

✓ LOVED IT! ✓ Didn't like it

<b>Warm Vegetable Soup</b>	15 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 1 small onion</li> <li>▪ 2 green onions</li> <li>▪ 2 celery stalks</li> <li>▪ 2 carrots</li> <li>▪ 1 zucchini</li> <li>▪ 1 garlic clove, pressed</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 green chard leaves or kale</li> <li>▪ 2 cups broccoli florets</li> <li>▪ 1 tbsp Extra-Virgin Olive Oil</li> <li>▪ 6 cups low-sodium, organic vegetable broth</li> <li>▪ <math>\frac{1}{2}</math> cup minced fresh parsley</li> </ul>	

1. Cut vegetables into  $\frac{1}{2}$  inch pieces except for chard and broccoli. Chop chard and broccoli into thin pieces.
2. Sauté onion, green onions, celery, carrots, zucchini, and garlic in oil in a large pot. Broth and bring to a boil. Simmer and cover for 5 minutes.
3. Add chard and broccoli to pot. Return to a boil and simmer for 5 minutes.
4. Stir in parsley. Cover and remove pot from heat and let stand for at least 2 minutes

✓ LOVED IT! ✓ Didn't like it

<b>White Chicken Chili</b>	25 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 3 oz cooked chicken breast, shredded</li> <li>▪ ½ cup green bell pepper, chopped</li> <li>▪ ½ cup onion, chopped</li> <li>▪ 1 cup low-sodium, organic chicken broth</li> <li>▪ 2 cloves garlic, minced</li> <li>▪ 1/2 tsp cumin</li> <li>▪ 1/4 tsp fresh oregano</li> <li>▪ 1/4 tsp red pepper flakes</li> <li>▪ 1/8 tsp ground cloves</li> <li>▪ Pepper to taste</li> </ul>		

1. Combine garlic, onion, bell pepper and  $\frac{1}{2}$  cup broth to pot and bring to a boil, reduce heat to medium and cook for 5-7 minutes, until vegetables are tender.
2. Add the remaining broth, if needed.
3. Add all other ingredients to pot.
4. Bring to a boil, reduce heat, cover and simmer for 10-15 minutes.

✓ LOVED IT! ✓ Didn't like it

## VEGETABLE DISHES

<b>Beet Greens and Chard</b>	12 min	Serves 2-4
<ul style="list-style-type: none"> <li>▪ 1 bunch red chard</li> <li>▪ 1 bunch beet greens</li> </ul>		

- 1 tbsp lemon juice

1. Wash and coarsely chop greens.
2. Place in a covered pan over low heat and cook for 10 minutes. Occasionally stirring.
3. Sprinkle lemon juice and toss.

✓ LOVED IT!      ✓ Didn't like it.

<b>Belgian Endive Delight</b>	25 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 2-3 tbsp Extra-Virgin Olive Oil</li> <li>▪ 6 Belgian endive, cut in half lengthwise</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 to 3 cups water</li> <li>▪ 3 tbsp lemon juice</li> </ul>	
1. Preheat oven to 375 degrees F. Heat oil in a large skillet.		
2. Add endive and brown on both sides.		
3. Add water to come halfway up endive.		
4. Add lemon juice, cover, and place in oven for 20 minutes (or until liquid is absorbed).		
✓ LOVED IT!	✓ Didn't like it	

<b>Broccoli Pilaf</b>	15 min	Serves 5-6
<ul style="list-style-type: none"> <li>▪ 1 tbsp Extra-Virgin Olive Oil</li> <li>▪ <math>\frac{1}{2}</math> tsp cumin</li> <li>▪ <math>\frac{1}{2}</math> tsp mustard</li> <li>▪ 1 tsp ground coriander</li> <li>▪ 1 tsp turmeric</li> <li>▪ <math>\frac{1}{4}</math> tsp ground cinnamon</li> <li>▪ 2 bay leaves</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tsp minced garlic</li> <li>▪ <math>\frac{1}{2}</math> cup minced onion</li> <li>▪ 1 bunch broccoli</li> <li>▪ 1/3 water</li> <li>▪ 3 cups brown rice</li> <li>▪ Juice from small lemon</li> <li>▪ 2 tbsp chopped, fresh cilantro</li> <li>▪ 1 tsp sea salt</li> </ul>	
1. Cut broccoli into small florets. Peel stems and cut crosswise into 1/3 inch slices		
2. Prepare rice. (Measure 1 cup into 2 $\frac{1}{4}$ cups boiling water. Add 1 tsp Extra-Virgin Olive Oil. Cook covered over low heat for 40 minutes. Remove from heat and sit for 10 minutes before lifting cover)		
3. While rice cooks, heat oil in large skillet with lid. Add cumin and mustard seed. Sizzle the seeds briefly. Stir in the coriander, turmeric, asafetida, cinnamon and bay leaves.		
4. Add garlic and onion. Cook mixture and stir until the onion is soft and begins to brown. Add broccoli and cook for 5 minutes (continue stirring) over medium heat.		
5. Add water, cover, and steam the mixture over medium low for 5 minutes or until the broccoli is tender.		
6. Stir in the rice and cook until mixture is hot. Stir in lemon juice and salt. Mix well.		
✓ LOVED IT!	✓ Didn't like it	

<b>Brown Rice with Herbs</b>	30-60 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 1 tbsp Extra-Virgin Olive Oil</li> <li>▪ <math>\frac{1}{2}</math> cup diced onion</li> <li>▪ 1 tsp minced garlic</li> <li>▪ 2 cups long grain brown rice</li> <li>▪ 4 <math>\frac{1}{2}</math> cups boiling low-sodium organic vegetable broth</li> <li>▪ 2 tsp fresh thyme</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 bay leaf</li> <li>▪ <math>\frac{1}{2}</math> cup minced fresh parsley</li> <li>▪ sea salt to taste</li> <li>▪ Freshly ground pepper to taste</li> </ul>	
1. Preheat oven to 375°F.		
2. Heat oil in heavy sauce pan. Add onion and garlic. Sauté for 2 minutes.		
3. Stir in rice. Add boiling broth and remaining ingredients. Bring to a boil and cover.		
4. When rice is boiling, cover with a circle of oiled parchment and place on center rack in oven.		
5. Bake for 50 minutes.		
6. Remove from oven. Remove and discard bay leaf.		
✓ LOVED IT!	✓ Didn't like it	

<b>Bunches of Broccoli</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 1 bunch of broccoli</li> <li>▪ 2 tbsp organic butter</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sea salt &amp; cayenne pepper, to taste</li> <li>▪ 1 tsp fresh lemon juice</li> </ul>	

Steam broccoli tops until tender crisp. Drain. Melt butter in skillet over low heat. When butter begins to brown, add lemon juice, salt and pepper. Pour over hot broccoli. 3-4 servings

✓ LOVED IT! ✓ Didn't like it

<b>Carrot Stuffing</b>	20 min	Serves 2-4
<ul style="list-style-type: none"> <li>▪ 3-5 lbs. Carrots, juiced, save the pulp.</li> <li>▪ 3 large ripe avocados</li> <li>▪ 1 medium head of celery</li> <li>▪ 1 red onion</li> <li>▪ 2 tomatoes</li> </ul>		

1. Mix the celery and onions in a food processor or with the champion juicer with the blade in.
2. Add this to the carrot pulp.
3. Add diced tomatoes to the mixture.
4. Mash 3 large ripe avocados.
5. Add and mix thoroughly.
6. Mix up and eat! (You may want to add a little bit of the carrot juice back to the mix for extra moistness and sweetness)

This can be eaten alone, added to a salad, placed on lettuce leaves, stuffed in a pepper, etc.

✓ LOVED IT! ✓ Didn't like it

<b>Filled Eggplant</b>	30 min	Serves 4-6
<ul style="list-style-type: none"> <li>1 medium eggplant, peeled and cubed</li> <li>1 tsp sea salt</li> <li>8 tsp coconut oil</li> </ul>	<ul style="list-style-type: none"> <li>1 medium green pepper, cored, seeded and chopped</li> <li>2 cloves garlic, chopped</li> </ul>	

Cover eggplant in water, add the sea salt and soak for 20 minutes. Drain. Coat heated skillet in oil. Add eggplant, pepper and garlic. Cover and reduce heat to low. Cook until tender, 6-7 minutes.

✓ LOVED IT! ✓ Didn't like it.

<b>French Garlic String Beans</b>	35 min	Serves 4-6
<ul style="list-style-type: none"> <li>2 tbsp Extra-Virgin Olive Oil</li> <li>1 tsp garlic, minced</li> <li>4 cups fresh string beans, julienned</li> <li>½ tsp dried thyme</li> </ul>	<ul style="list-style-type: none"> <li>½ tsp sea salt</li> <li>2 cups water</li> <li>3 tbsp low-sodium organic chicken broth</li> <li>Squeeze of fresh lemon juice</li> </ul>	

1. Heat oil in a large saucepan.
2. Add garlic and beans and sauté on high to sear beans, stirring frequently so they don't burn.
3. Add thyme, salt and pepper to taste.
4. Add water and broth.
5. Bring to a boil, cover tightly, reduce heat to medium-low, and simmer for 20-30 minutes.
6. Squeeze lemon juice on top and toss well.

✓ LOVED IT! ✓ Didn't like it

<b>Garlic Green Beans</b>	15 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 2 cups fresh green beans</li> <li>▪ <math>\frac{1}{4}</math> cup minced onion</li> <li>▪ 1 Clove Garlic</li> <li>▪ 1 tsp Extra-Virgin Olive Oil</li> </ul>		

1. Combine Extra-Virgin Olive Oil and garlic in saucepan over medium heat
2. Combine all ingredients in saucepan sauté over med heat until green beans are tender.

LOVED IT!       Didn't like it

<b>Grilled Asparagus</b>	7-10 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 2 tbsp Extra-Virgin Olive Oil</li> <li>▪ <math>\frac{1}{2}</math> tsp pressed garlic</li> <li>▪ 1 pound thin asparagus, trimmed</li> </ul>		

1. Preheat oven to broil or heat grill to medium.
2. Combine oil and garlic in a small bowl.
3. Place asparagus on grill or broiler rack and brush with garlic flavored oil. Grill for 4 to 5 minutes. Brush and turn occasionally.
4. Asparagus is ready when outer layer is crisp.

LOVED IT!       Didn't like it

<b>Heavenly Marinated Vegetable</b>	25 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> cup Extra-Virgin Olive Oil</li> <li>▪ 2 cups of any combination of:</li> <li>▪ Broccoli florets</li> <li>▪ Green or red cabbage, shredded</li> <li>▪ Cauliflower florets</li> <li>▪ Onion, sliced</li> <li>▪ Any color bell pepper, cored, seeded, and cut into strips</li> <li>▪ Tomato wedges</li> <li>▪ 3 cloves garlic, chopped</li> <li>▪ Sea salt to taste</li> <li>▪ 2 tbsp chopped fresh parsley</li> <li>▪ <math>\frac{1}{4}</math> cup lemon juice</li> </ul>		

1. Heat the oil in a large skillet over low heat.
2. Add the vegetables and garlic and sea salt.
3. Stirring often until vegetables are tender-crisp.
4. Stir in parsley. Cook 1-2 minutes more.
5. Squeeze lemon juice over vegetables before serving

LOVED IT!       Didn't like it

<b>Italian Green Beans</b>	10 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ 1 pinch of Sea Salt</li> <li>▪ 1 pound tender young green beans</li> <li>▪ 2 tsp lemon juice</li> <li>▪ 2 tbsp extra virgin Extra-Virgin Olive Oil</li> </ul>		

1. Boil water in a large pot. Trim ends off beans and cut them in half.
2. Add pinch of sea salt to water. Add beans. Boil for 3 minutes until bright green and tender. Drain and place in ice water. Drain and pat dry.
3. Place green beans in a bowl. Sprinkle lemon juice and toss. Add Extra-Virgin Olive Oil and toss again. Serve chilled or at room temperate

LOVED IT!       Didn't like it

<b>Italian Zucchini</b>	25 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 2 large zucchini</li> <li>▪ 1 tsp minced garlic</li> <li>▪ 2 tbsp dried basil</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 tsp fresh oregano</li> <li>▪ 1 tsp paprika</li> <li>▪ Freshly ground pepper</li> </ul>	
1. Cut zucchini into thin 1/8 inch strips lengthwise.		
2. Combine garlic with oil in small bowl and add half of mixture to a large skillet with half the zucchini.		
3. Season with herbs and paprika and sauté over medium heat.		
4. Rotate with tongs until zucchini is bright green. Remove from skillet.		
5. Repeat process with remaining ingredients. Transfer zucchini to dish and season with pepper		
✓ LOVED IT!	✓ Didn't like it	

<b>Layered Zucchini</b>	15 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 1 lb. zucchini, cut into ½" slices</li> <li>▪ 1 lb. tomatoes, peeled and diced</li> <li>▪ 1 tsp oregano</li> <li>▪ 1 tsp minced onion</li> </ul>	<ul style="list-style-type: none"> <li>▪ ½ tsp sea salt</li> <li>▪ ½ tsp garlic powder</li> <li>▪ ¼ tsp cayenne pepper</li> </ul>	
Combine all in saucepan. Simmer until zucchini is tender		
✓ LOVED IT!	✓ Didn't like it	

<b>Lettuce Wraps</b>	20 min	Serves 6-8
<ul style="list-style-type: none"> <li>▪ 2 very ripe avocados</li> <li>▪ 3 tomatoes, diced</li> <li>▪ ½ jalapeno pepper, diced</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 cloves fresh garlic, minced</li> <li>▪ 2 tsp lime juice</li> <li>▪ 6-8 large romaine lettuce leaves</li> </ul>	
1. In a medium bowl mash the avocado.		
2. Add remaining ingredients and stir until well mixed.		
3. Spread 2-3 tbsp of the mixture onto lettuce leaves and wrap		
✓ LOVED IT!	✓ Didn't like it	

<b>Lemon Broccoli</b>	10 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 head of broccoli</li> <li>▪ 1 tbsp lemon juice, fresh squeezed</li> </ul>	<ul style="list-style-type: none"> <li>▪ ¼ tsp lemon zest</li> <li>▪ Salt &amp; pepper</li> </ul>	
1. Cook broccoli in microwave according to package instructions.		
2. Combine lemon juice and zest.		
3. Pour over heated broccoli.		
✓ LOVED IT!	✓ Didn't like it	

<b>Marinated Tomatoes</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 tomato, thinly sliced</li> <li>▪ 3-4 red onion slices</li> <li>▪ <math>\frac{1}{2}</math> tsp fresh basil</li> <li>▪ <math>\frac{1}{4}</math> tsp fresh tarragon</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> tsp fresh oregano</li> <li>▪ 2 tbsp lemon</li> <li>▪ salt &amp; pepper</li> </ul>	

1. Place tomato and onion slices in a shallow dish, slightly overlapping each other.
2. Combine remaining ingredients in a separate bowl and pour over vegetables.
3. For best flavor results refrigerate for

several hours

✓ LOVED IT!

✓ Didn't like it

<b>Melted Tomato &amp; Zucchini Wraps</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 tbsp Extra-Virgin Olive Oil</li> <li>▪ <math>\frac{1}{2}</math> cup thinly sliced zucchini rounds</li> <li>▪ <math>\frac{1}{2}</math> large tomato, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> medium yellow onion, finely chopped</li> <li>▪ Garlic powder, to taste</li> <li>▪ Fresh basil, to taste</li> <li>▪ 2 Butter Leaf Lettuce Leaf</li> </ul>	

1. Preheat oven to 350 degrees F.
2. Heat oil in skillet.
3. Add vegetables and seasonings; sauté until tender.
4. Spoon vegetables on cakes; cover dish with foil. Bake 10 minutes. Let cool and place in lettuce leafs

✓ LOVED IT!

✓ Didn't like it

<b>Mock “Mashed Potatoes”</b>	10 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 1 Head of Fresh Cauliflower</li> <li>▪ 1 tbsp low-sodium organic chicken broth</li> <li>▪ 1 tbsp minced dried onion</li> </ul> <p>1. Steam Cauliflower until tender.</p>	<ul style="list-style-type: none"> <li>▪ 1/8 tsp black pepper</li> <li>▪ <math>\frac{1}{4}</math> cup water</li> </ul>	

1. Steam Cauliflower until tender.
2. Combine all ingredients in saucepan and cook on medium heat for 5-7 minutes, stirring frequently.
3. Remove from heat and mash with potato masher for chunkier texture or puree in a food processor for smoother texture

✓ LOVED IT!

✓ Didn't like it

<b>Parsley and Parsnips</b>	18 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ 8 medium parsnips, peeled, trimmed and quartered lengthwise</li> <li>▪ <math>\frac{1}{4}</math> cup minced fresh parsley</li> <li>▪ 2 tbsp Extra-Virgin Olive Oil</li> </ul> <p>1. Place parsnips in a skillet with water (enough to cover). Boil then simmer covered for 5 minutes or</p>		

1. Place parsnips in a skillet with water (enough to cover). Boil then simmer covered for 5 minutes or until tender. Drain.
2. Add oil, parsley, and parsnips. Heat and toss

✓ LOVED IT!

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<b>Sautéed Brussels</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 5-6 Brussels sprouts</li> <li>▪ 1 cucumber</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 orange pepper</li> <li>▪ 1/8 cup Extra-Virgin Olive Oil</li> </ul>	

1. Lightly steam Brussels sprouts.
2. Slice cucumber and pepper.
3. Combine sprouts, spinach, pepper and oil.
4. Toss.
5. Add salt/spices to taste.

LOVED IT!  Didn't like it

<b>Sautéed Asparagus</b>	20 min	Serves 4
<ul style="list-style-type: none"> <li>▪ ½ pound asparagus, cut diagonally</li> <li>▪ 4 cups of water</li> <li>▪ 1 tbsp coconut oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ Grated fresh gingerroot, to taste</li> <li>▪ 1 garlic clove, minced</li> <li>▪ ½ tsp sea salt, optional</li> </ul>	

1. Cover asparagus with water in pan. Bring to boil, reduce heat and cook 5 minutes. Drain.
2. Heat oil in large skillet. Add seasonings and asparagus. Sauté, stirring often, until tender.

LOVED IT!  Didn't like it

<b>Sautéed Spinach</b>	10 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 2 tbsp Extra-Virgin Olive Oil</li> <li>▪ ¼ cup sliced onion</li> <li>▪ 1 – 10 oz package fresh spinach, rinsed and torn</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 clove garlic, sliced</li> <li>▪ Sea salt, to taste</li> </ul>	

Coat skillet with oil and heat to low heat. Add spinach and garlic, stirring often until spinach is wilted. Season with salt.

LOVED IT!  Didn't like it

<b>Spicy Taco Crunch Wraps</b>	10 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 3 ripe avocados</li> <li>▪ 1 large onion</li> <li>▪ ¼ cup fresh lemon juice</li> </ul>	<ul style="list-style-type: none"> <li>▪ ¼ cup fresh parsley, chopped</li> <li>▪ 1 ½ tsp sea salt</li> <li>▪ Romaine or leaf lettuce</li> </ul>	

1. Cut the avocado into chunks, and pour lemon juice over it.
2. Chop onion in a food processor, and then add the rest of the ingredients and process until smooth.
3. Spoon into a lettuce leaf and wrap! This tastes like a taco!

LOVED IT!  Didn't like it

<b>Steamed Cabbage</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ ½ head of Cabbage, chopped</li> <li>▪ juice of ½ lemon</li> </ul>	<ul style="list-style-type: none"> <li>▪ ½ tsp dry mustard</li> <li>▪ salt &amp; pepper</li> </ul>	

Steam cabbage for 5-10 minutes, until slightly tender. Combine mustard and lemon juice. Pour mixture over warm cabbage and season with salt and pepper

LOVED IT!  Didn't like it

<b>Stir Fry</b>	20 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 4 tsp Coconut oil</li> <li>▪ 1 pound vegetables: Broccoli, cauliflower, onions, and green pepper</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tbsp minced garlic</li> <li>▪ 1 tsp fresh lemon juice</li> </ul>	
1. Heat oil in skillet over low heat.		
2. Add garlic and veggies. Cook until tender-crisp.		
3. Stir in lemon juice. 4 servings		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

<b>Stir Fried Cucumbers</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 3 medium cucumbers</li> <li>▪ 2 tbsp coconut oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 garlic cloves, sliced</li> </ul>	
Peel and halve cucumbers lengthwise; remove seeds. Cut into 1" chunks. In skillet heat oil on low heat.		
Add cucumbers and garlic		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

<b>Stir Fried Cabbage</b>	15 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 1 small head cabbage, coarsely shredded</li> <li>▪ 3 tbsp coconut oil</li> <li>▪ Sea salt to taste</li> </ul>		
Heat oil in skillet on low. Add cabbage, stirring until coated. Cook until tender-crisp. Season with salt, if desired		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it		

<b>Tasty Marinated Vegetables</b>	25 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 2/3 cup fresh lemon juice</li> <li>▪ 2-4 garlic cloves, chopped</li> <li>▪ 2 tsp total fresh parsley, basil, dill, celery seed or fennel</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 cup extra virgin olive oil</li> <li>▪ 4 pounds vegetables and/or sprouts</li> <li>▪ ½ tsp sea salt, optional</li> </ul>	
1. Combine lemon juice, garlic and herbs. Simmer 5 minutes. Cover and set aside.		
2. Add oil when cooled to lukewarm.		
3. Cut vegetables in 1-2" pieces.		
4. Steam vegetables such as cauliflower, broccoli or green beans first.		
5. Toss all ingredients together.		
6. Add green onion if desired.		
7. Pour marinade over and toss.		
8. Marinate overnight in refrigerator		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

<b>Tomato Cups</b>	15 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 6 medium tomatoes</li> <li>▪ <math>\frac{1}{2}</math> small cucumber</li> <li>▪ 2 sticks of celery</li> <li>▪ <math>\frac{1}{2}</math> cup fresh parsley</li> <li>▪ 1 tbsp fresh mint</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 clove fresh garlic</li> <li>▪ 2 tsps kelp</li> <li>▪ 1 tbsp lemon juice</li> <li>▪ 1 tbsp extra virgin olive oil</li> <li>▪ Sea salt to taste</li> </ul>	

Cut tomatoes in half, scoop out the center and add tomato guts to the other ingredients. Finely chop all the ingredients, mix well and fill tomato halves

LOVED IT!  Didn't like it

<b>Vegetable Delight</b>	10 min	Serves 5
<ul style="list-style-type: none"> <li>▪ 1 cup Swiss chard</li> <li>▪ 1 cup cauliflower</li> <li>▪ 1 cup broccoli</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 cup carrots</li> <li>▪ 1 cup onions</li> <li>▪ 4 tsp coconut oil</li> </ul>	

1. Steam Swiss chard, cauliflower, broccoli, carrots, and onions until tender-crisp (about 3 minutes).
2. Coat skillet with oil and add vegetables. Stir fry about 3 minutes.

LOVED IT!  Didn't like it

<b>Vegetable Stuffed Green Peppers</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 Green Pepper</li> <li>▪ 1-2 Cups of cooked vegetables</li> </ul>		

1. Cut peppers in half, remove stem and seeds.
2. In saucepan over low heat in 1 inch water cook covered until tender.
3. Drain. Fill the green pepper with drained combination of cooked vegetables of your choice

LOVED IT!  Didn't like it

<b>Veggie Kabobs</b>	30 min	Serves 6
<u><b>Marinade</b></u> 2 tbsp coconut oil 3 tbsp chopped fresh rosemary 2 garlic cloves, peeled and crushed Juice of 2 lemons	<u><b>Kabob</b></u> 1 red bell pepper, seeded and cut into 2" cubes 1 yellow pepper, seeded and cut into 2" cubes 1 green pepper, seeded and cut into 2" cubes 1 onion cut into 2" cubes 24 cherry or grape tomatoes 12 wooden skewers	

1. Mix marinade. Add vegetables, turning to coat all sides.
2. Refrigerate 1 hour.
3. Divide the vegetables among 12 skewers and grill for 3 – 5 minutes, brushing on extra marinade and turning

LOVED IT!  Didn't like it

<b>Wonderful Steamed Artichokes</b>	50 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 4 artichokes</li> <li>▪ 1 bay leaf</li> <li>▪ Several slices of lemon</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6 peppercorns</li> <li>▪ 1 garlic clove</li> </ul>	
<ol style="list-style-type: none"> <li>1. Wash artichokes.</li> <li>2. Put water in a steaming pot. Add bay leaf, lemon slices, peppercorns, and garlic. Put a steamer tray over the water and bring to a boil.</li> <li>3. Place artichokes on a tray with their leaves down and stems up.</li> <li>4. Steam for 30 to 45 minutes. When an inner leaf is easily removed you know they are done.</li> <li>5. Cut off the stem of the artichoke. Cut in half lengthwise and remove the fuzzy chokes with a spoon.</li> <li>6. Rub the cut sides with the lemon wedge.</li> <li>7. Place in medium saucepan and add water. Bring to a boil. Cover and reduce the heat to low and cook until tender. (25-30 minutes)</li> <li>8. In a small bowl, combine the oil, lemon juice and garlic.</li> <li>9. Drain the artichoke and serve with dip on the side.</li> </ol>		

✓ LOVED IT!

✓ Didn't like it

# CHICKEN

<b>Brussels Sprouts and Chicken Delight</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 1/8 cup Extra-Virgin Olive Oil</li> <li>▪ 5-6 Brussels sprouts</li> <li>▪ 1-2 cloves garlic, peeled and quartered</li> <li>▪ ½ onion, diced</li> <li>▪ 3-4 ounces of chicken, cubed</li> </ul>		

Combine all in frying pan. Brown the Brussels sprouts, onion, garlic and chicken. Enjoy.

✓ LOVED IT! ✓ Didn't like it.

<b>Broccoli and Chicken Divine</b>	60 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 1 – 3 pound chicken</li> <li>▪ <math>\frac{1}{4}</math> pound broccoli, sliced</li> <li>▪ <math>\frac{1}{2}</math> cup Candida friendly mayonnaise (see pg 112)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 medium sweet yellow onion, chopped</li> <li>▪ 1 tsp garlic powder</li> <li>▪ Sea salt to taste, optional</li> </ul>	

1. Cover chicken with water in pan. Boil uncovered; reduce heat and cover. Simmer 40 minutes or until tender; cool.
2. Remove bones and skin. Cut into small cubes.
3. Cook broccoli separately until tender; drain, cool and chop.
4. Mix chicken, broccoli, mayonnaise, onion and seasonings in bowl.

This may be reheated before serving or serve cold.

✓ LOVED IT! ✓ Didn't like it

<b>Chicken Cacciatore</b>	1 hr 15 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 3 pound chicken, chopped</li> <li>▪ 1 tsp garlic powder, to taste</li> <li>▪ 1 tbsp chopped fresh oregano</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tbsp chopped fresh basil</li> <li>▪ 1-8 oz Candida friendly tomato sauce (see Homemade Tomato Sauce Recipe)</li> </ul>	

1. Preheat oven to 375 degrees F.
2. Place chicken pieces, skin side up, in a greased baking pan. Sprinkle with 1/3 seasonings.
3. Bake 30 minutes; turn and season with 1/3 seasonings.
4. Bake 20 minutes longer.
5. Pour half of the tomato sauce over chicken. Sprinkle with remainder of seasonings.
6. Turn and cover with rest of tomato sauce. Bake 10-15 minutes more.

✓ LOVED IT! ✓ Didn't like it

<b>Chicken Lettuce Wraps</b>	15 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 2 stalks celery, finely chopped</li> <li>▪ 1 tbsp chopped fresh basil</li> <li>▪ 1 tbsp chopped fresh parsley</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6 slices cooked chicken (not deli)</li> <li>▪ 6 Iceberg Lettuce Leaf</li> </ul>	

Mix celery and seasonings. Spread over turkey slices and place on lettuce. Roll each tightly

✓ LOVED IT! ✓ Didn't like it

<b>Chicken with Melted Tomato &amp; Zucchini</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 tbsp coconut oil</li> <li>▪ <math>\frac{1}{2}</math> cup thinly sliced zucchini rounds</li> <li>▪ <math>\frac{1}{2}</math> large tomato, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> medium yellow onion, finely chopped</li> <li>▪ Garlic, to taste</li> <li>▪ Basil, to taste</li> <li>▪ 2 chicken breasts</li> </ul>	

1. Preheat oven to 350 degrees F. Heat oil in skillet.
2. Add vegetables and seasonings; sauté until tender.
3. Place lightly grilled chicken breasts in a baking pan.
4. Spoon vegetables on zucchini rounds; cover dish with foil. Bake 10 minutes

✓ LOVED IT!      ✓ Didn't like it

<b>Easy Chicken &amp; Rice</b>	60 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 3 pounds frying chicken pieces</li> <li>▪ 1 cup brown rice</li> <li>▪ 2 cups water</li> <li>▪ Dash of salt</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 tbsp organic butter</li> <li>▪ 3 tbsp rosemary</li> <li>▪ 3 tbsp chopped fresh parsley</li> <li>▪ Optional – onions, celery, green pepper</li> </ul>	

1. Place rice, water, salt, butter and parsley in a 4-quart casserole dish.
2. Stir and bring to a boil.
3. Salt chicken and lay on top of rice.
4. Lower heat to simmer; cover tightly and cook 45-60 minutes until water is absorbed and chicken is tender.

✓ LOVED IT! ✓ Didn't like it

<b>Lemon Chicken</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 2 3.5 oz chicken breasts</li> <li>▪ Juice and zest of 1 small lemon</li> <li>▪ <math>\frac{1}{2}</math> tsp chopped garlic</li> <li>▪ 2 tsp dried powder mustard</li> <li>▪ 1/2 tsp black pepper</li> </ul>		

1. Preheat oven to 400 degrees.
2. Tear off 2 sheets of foil measuring 12 x 18 inches each.
3. Combine lemon juice, zest, garlic, dried mustard powder and pepper.
4. Place one chicken breast in the center of each sheet of foil wrap.
5. Drizzle the lemon mixture over the chicken.
6. Bring up the sides of the foil and turn over the top edge twice. Seal the ends, leaving enough room inside the packets for air to circulate.
7. Place on a cookie sheet and cook for 12-15.

✓ LOVED IT! ✓ Didn't like it

<b>Citrus Ginger Chicken Stir-Fry</b>	25 min	Serves 2
<ul style="list-style-type: none"> <li>3.5 oz Chicken, thinly sliced</li> <li>1/2 tbsp fresh grated ginger</li> <li>Lemon or Lime juice to taste</li> <li>10-12 asparagus spears, sliced 1 inch pieces</li> </ul>	<ul style="list-style-type: none"> <li>½ cup red bell pepper, sliced</li> <li>½ tsp garlic, minced</li> <li>3 tbsp low-sodium, organic chicken broth</li> </ul>	
<ol style="list-style-type: none"> <li>Combine ginger, lime juice and broth into a pan. Add asparagus, red bell peppers and Garlic to pan.</li> <li>Cook covered over medium heat for 5-8 minutes or until asparagus is mostly cooked.</li> <li>Add chicken and cook for 5 minutes until chicken is fully cooked.</li> <li>Add a pinch of salt or more lime juice, if needed.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

<b>Picnic Lettuce Wraps</b>	20 min	Serves 4
<ul style="list-style-type: none"> <li>¼ pound cooked chicken or tuna</li> <li>1 stalk celery, chopped</li> <li>1 tsp chopped fresh dill weed</li> <li>1 tsp chopped fresh basil</li> </ul>	<ul style="list-style-type: none"> <li>½ tsp garlic powder</li> <li>2 tbsp Candida friendly mayonnaise</li> <li>1 tomato, sliced</li> <li>4 Iceberg Lettuce Leaf</li> </ul>	
<ol style="list-style-type: none"> <li>Preheat oven to 350 degrees F.</li> <li>Blend tuna, celery, seasonings and mayonnaise.</li> <li>Place tomato slice on each leaf; place in baking pan. Top with tuna mixture. Cover with foil, bake 10 minutes</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

## DESSERTS

<b>Banana Papaya Pudding (Only after Day 27)</b>	5 min	Serves 2
<ul style="list-style-type: none"><li>▪ 1 banana</li><li>▪ 1 papaya</li></ul>		

1. Cut papaya in half and remove seeds.
2. Remove inside meat and place meat with bananas in blender.
3. Blend till smooth

LOVED IT!  Didn't like it

<b>Banana Ice Cream (Only after Day 27)</b>	5 min	Serves 2
<ul style="list-style-type: none"><li>▪ 2-3 Frozen Bananas (freeze without peel)</li></ul>		

Blend frozen bananas in food processor until very smooth. Bananas may look gritty but keep blending till smooth.

LOVED IT!  Didn't like it

<b>Juice Pops (Only after Day 27)</b>	5 min	Serves 6
<ul style="list-style-type: none"><li>▪ 4 Oranges</li><li>▪ 2 cups Berries</li></ul>		

1. Blend berries and oranges until smooth.
2. Pour mixture in Popsicle holders or ice cube trays.
3. Insert Popsicle sticks and freeze in freezer.

LOVED IT!  Didn't like it

## DETOX MIXTURE

<b>Detox Mixture</b>	5 min	Serves 1
<ul style="list-style-type: none"><li>▪ 1 ½ cups fresh lemon juice</li><li>▪ 2 quarts Distilled Water</li><li>▪ 1/3 cup pure maple syrup (for women) Or</li><li>▪ ½ cup pure maple syrup (for men)</li></ul>		

LOVED IT!  Didn't like it

## CALORIE INDEX

Vegetables	Serving Size	Calories
		Raw
<b>Artichokes</b>	½ Cup	30
<b>Alfalfa sprouts</b>	½ Cup	28
<b>Asparagus</b>	1 Cup	27
<b>Avocados</b>	¼ cup	96
<b>Bamboo shoots</b>	1 Cup	41
<b>Bean sprouts</b>	1 Cup	53
<b>Beets</b>	1 Cup	58
<b>Bok choy</b>	½ Head	50
<b>Broccoli</b>	1 Cup	30
<b>Brussels sprouts</b>	1 Cup	38
<b>Buckwheat sprouts</b>	1 Cups	583
<b>Cabbage, Chinese</b>	1 Cup Shredded	9
<b>Cabbage, Red</b>	1 Cup Shredded	28
<b>Carrots</b>	1 Cup Chopped	52
<b>Cauliflower</b>	1 Cup	25
<b>Celery</b>	1 Cup Diced	19
<b>Chard, Swiss</b>	1 Cup	7
<b>Chives</b>	1 Tbsp Chopped	1
<b>Cucumber</b>	1 Cup	16
<b>Eggplant</b>	1 Cup Cubes	20
<b>Fennel, Bulb</b>	1 Cup	27
<b>Garlic</b>	1 Clove	4
<b>Green Beans</b>	1 Cup	40
<b>Green Onions</b>	1 Cup Chopped	32
<b>Jicama</b>	1 Cup	46
<b>Kohlrabi</b>	1 Cup	36
<b>Lima Beans</b>	1 Cup	176
<b>Leek</b>	1 Cup	54
<b>Mung Bean Sprouts</b>	1 Cup	31
<b>Okra</b>	1 Cup	31
<b>Onion</b>	1 Cup	64
<b>Parsley</b>	1 Cup	22
<b>Parsnips</b>	½ Cup	100
<b>Pepper, Green</b>	1 Cup	30
<b>Pepper, Red</b>	1 Cup	48
<b>Pimentos</b>	2 Tbsp	80
<b>Radish</b>	1 Cup	19
<b>Rhubarb</b>	1 Cup	26
<b>Rutabaga</b>	1 Cup	50
<b>Shallots</b>	½ Cup	60
<b>Snap Beans (Edible Pods)</b>	1 Cup	34
<b>Snow Peas (Sugar Peas)</b>	1 Cup	41
<b>String Beans</b>	½ Cup	30

<b>Sprouts</b>	1 Cup	56
<b>Tomatillo</b>	½ Cup	21
<b>Tomatoes</b>	1	15
<b>Turnips</b>	1 Cup	36
<b>Water Chestnuts</b>	1 Cup	80
<b>Wheat Grass</b>	100 ml	14
<b>Zucchini</b>	1 Cup	20

<b>Greens</b>	<b>Serving Size</b>	<b>Raw</b>
<b>Arugula</b>	½ Cup	3
<b>Beet Greens</b>	1 Cup	8
<b>Belgian endive</b>	1	15
<b>Bib lettuce</b>	1 Cup	7
<b>Boston lettuce</b>	1 ½ Cup	15
<b>Butter Lettuce</b>	1 Cup	7
<b>Cress</b>	1 Cup	16
<b>Collard Greens</b>	1 Cup	11
<b>Curly Endive</b>	½ Cup	4
<b>Dandelion Greens</b>	1 Cup	25
<b>Endive</b>	½ Cups	4
<b>Endigia (Red Endive)</b>	½ Cup	4
<b>Escarole</b>	1 ½ Cup	15
<b>Green Leaf</b>	1 ½ Cup	15
<b>Iceberg</b>	1 Cup	8
<b>Kale</b>	1 Cup	34
<b>Mesclun</b>	1 Cup	10
<b>Mustard Greens</b>	1 Cup	15
<b>Oakleaf</b>	½ Cup	4
<b>Radicchio</b>	1 Cup	9
<b>Red Leaf</b>	1 ½ Cup	15
<b>Romaine</b>	½ Cup	5
<b>Spinach</b>	1 Cup	7
<b>Swiss chard</b>	1 Cup	7
<b>Watercress</b>	1 Cup	4

<b>Fruit</b>	<b>Serving Size</b>	<b>Raw</b>
<b>Apples (medium)</b>	1 Cup	65
<b>Apricots</b>	1 Cup	74
<b>Bananas</b>	1 Cup	200
<b>Blackberries</b>	1 Cup	62
<b>Blueberries</b>	1 Cup	83
<b>Boysenberries</b>	1 Cup	66
<b>Cantaloupe</b>	1 Cup	60
<b>Cherries</b>	1 Cup	90
<b>Coconut Meat</b>	1 Cup	283

<b>Dates</b>	1	35
<b>Figs</b>	1	47
<b>Grapefruit</b>	1 Cup	97
<b>Grapes</b>	1 Cup	62
<b>Guava</b>	1	45
<b>Honeydew</b>	1 Cup	64
<b>Kiwi</b>	1 Cup	108
<b>Lemon</b>	1 Cup	61
<b>Limes</b>	1	20
<b>Mango</b>	1	130
<b>Melons</b>	1	60
<b>Mulberries</b>	1 Cup	80
<b>Nectarines</b>	1	70
<b>Oranges</b>	1 Cup	80
<b>Papaya</b>	½ Cup	70
<b>Peaches</b>	1 Cup	66
<b>Pears</b>	1 Cup	96
<b>Persimmon</b>	1	32
<b>Pineapple</b>	1 Cup	78
<b>Plums</b>	1 Cup	76
<b>Pomegranate</b>	1	105
<b>Raspberries</b>	1 Cup	64
<b>Strawberries</b>	1 Cup	49
<b>Tangelos</b>	1	60
<b>Tangerines</b>	1 Cup	80
<b>Watermelon</b>	1	46

Lean Meat	Serving Size	Cooked
<b>Organic Poultry- Free range, antibiotic free and hormone free is best</b>		
Chicken	½ Cup	200
Turkey	½ Cup	190
<b>Wild Caught Fish (not farm raised)</b>		
Cod	½ Cup	113
Halibut	½ Cup	158
Mahi Mahi	½ Cup	120
Salmon	½ Cup	206
Sea Bass	½ Cup	140
Sole	½ Cup	133
Swordfish	½ Cup	173
Tilapia	1 Cup	93
Trout	½ Cup	170
Tuna	½ Cup	133
<b>Canned Fish- Water packed tuna</b>	½ Cup	133

Lentils and Rice	Serving Size	Cooked
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<b>Brown Lentils</b>	1 Cup	232
<b>Red Lentils</b>	½ Cup	340
<b>Brown Basmati Rice</b>	½ Cup	300
<b>Brown Rice</b>	1 Cup	218
<b>Wild Rice</b>	1 Cup	166

<b>Dairy</b>		
<b>Organic Free-range eggs</b>	1	70
<b>Organic butter</b>	1 Tbsp	100 (Raw)

<b>Oils</b>		<b>Raw</b>
<b>Coconut Oil- (A great substitute for Butter)</b>	1 Tbsp	125
<b>Extra-virgin olive oil</b>	1 Tbsp	120
<b>Flaxseed Oil- (Great for dressings. Keep refrigeration, do no heat)</b>	1 Tbsp	130
<b>Grape seed oil</b>	1 Tbsp	120

# SHOPPING LIST

## Vegetables

*Fresh or frozen only, organic if possible*

Artichokes  
Alfalfa sprouts  
Asparagus  
Bean sprouts  
Beets  
Bok Choy  
Broccoli  
Brussels sprouts  
Cabbage, Chinese  
Cabbage, Red  
Carrots  
Cauliflower  
Celery  
Cucumber  
Eggplant  
Garlic  
Green Beans  
Green Onions  
Lima Beans  
Leek  
Onion  
Parsley  
Parsnips  
Pepper, Green  
Pepper, Red  
Snap Beans (Edible Pods)  
Snow Peas (Sugar Peas)  
String Beans  
Sprouts  
Zucchini

## Greens

Arugula  
Boston lettuce  
Butter Lettuce  
Collard Greens  
Green Leaf  
Iceberg  
Kale  
Mesclun  
Radicchio

Red Leaf

Romaine  
Spinach  
Swiss chard  
Watercress

## Fruits (Beginning Day 23)

Avocados\*\*  
Apples  
Apricots  
Bananas  
Blackberries  
Blueberries  
Boysenberries  
Cantaloupe  
Cherries  
Dates  
Grapefruit  
Grapes  
Honeydew  
Kiwi  
Lemon\*\*  
Limes\*\*  
Mango  
Melons  
Nectarines  
Oranges  
Papaya  
Peaches  
Pears  
Persimmon  
Pineapple  
Plums  
Raspberries  
Strawberries  
Tangerines  
Tomatoes\*\*  
Watermelon

## Lean Meats

Organic Poultry – Free range, antibiotic free and hormone free is best  
Chicken

Turkey  
Wild Caught Fish (not farm raised)  
Cod  
Halibut  
Mahi Mahi

Salmon  
Sea Bass  
Sole  
Swordfish  
Tilapia  
Trout  
Tuna  
Canned Fish - Water packed tuna

## Lentils / Rice

Brown Lentils  
Red Lentils  
Brown Basmati Rice  
Brown Rice  
Wild Rice

## Dairy

Organic Free Range Eggs  
Organic Butter

## Oils

Coconut Oil  
Flaxseed Oil  
Grape seed Oil  
Extra Virgin Olive Oil

## Condiments

Real Sea Salt  
Fresh Spices and seasonings  
Fresh Basil/ oregano etc.

## Beverages

Distilled water (during detox)  
Spring Water  
Pure Water

**\*\* These fruits are permissible from Day 1 \*\***

## EXAMPLE MENU

Excluding detox days.

### BREAKFAST

Veggie Scramble

OR

Chocolate Dream Shake

### LUNCH

Confetti Salad

OR

Mediterranean Salad

### DINNER

Happy Vegetable Soup

OR

Stir Fry

## EXAMPLE MENU (Starting Day 23)

Excluding detox days.

### BREAKFAST

Bowl of sliced fruit with squeeze of lemon

OR

Fruit Smoothie

### LUNCH

Garden Salad with Energy Dressing

Sliced Apple

OR

Creamy Celery Soup

### DINNER

Mock "Mashed Potatoes"

OR

Spicy Taco Crunch Wraps

# Week One

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast: - Tasty Omelet	Breakfast: - Veggie Scramble	Breakfast: - Tasty Omelet	Breakfast: - Chocolate Dream	Breakfast: - Meal Shake	Breakfast: - Veggie Scramble	Breakfast: - Meal Shake
Snack: -Snack Shake	Snack: -	Snack: - Snack Shake	Snack: -	Snack: - Snack Shake	Snack: -	Snack: -
Lunch: - Lettuce Wraps -(Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Broccoli Pilaf -(Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Picnic Lettuce Wraps - (Add protein if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Melted Tomato & Zucchini Wraps -NO MEAT today
Snack: -	Snack: - Snack Shake	Snack: -	Snack: - Snack Shake	Snack: -	Snack: - Snack Shake	Snack: - Snack Shake
Dinner: - Steamed Artichokes -Any Salad -(Add protein if wanted)	Dinner: - Sautéed Brussels -Any Salad -(Add protein if wanted)	Dinner: - Veggie Chowder -Any Salad -(Add protein if wanted)	Dinner: - Best Chicken Soup -Any Salad	Dinner: - Broccoli and Chicken Divine -Any Salad	Dinner: - Chicken Cacciator -Any Salad	Dinner: - Bunches of Broccoli -Any Salad -NO MEAT today If recipe calls for meat, simply don't put it in
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: -Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly

## Week Two

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Breakfast: - Chocolate Dream	Breakfast: NO FOOD TODAY	Breakfast: - Meal Shake				
Make Detox Mixture	Make Detox Mixture	Make Detox Mixture	Make Detox Mixture	Make Detox Mixture	Make Detox Mixture	
Snack: - Fresh Veggies dipped in salsa	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: - Snack Shake
Lunch: - Lettuce Wraps with Guacamole -No Meat today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Lettuce Wraps with variety of fresh veggies with Italian Marinade or Dressing -No Meat or anything frozen, just FRESH
Snack: - Snack Shake	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: -----	Snack: -Fresh Veggies dipped in mashed avocados
Dinner: - Stir Fry -Any Salad - NO MEAT today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: - Spicy Taco Crunch - Lettuce Wraps -NO MEAT, Only Fresh
Other: -Can replace a meal with the NUTRITIONAL SHAKE	Other: -----	Other: -----	Other: -----	Other: -----	Other: -----	Other: -Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

## Week Three

Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Breakfast: - Chocolate Dream	Breakfast: -Tasty Omelet	Breakfast: - Veggie Scramble	Breakfast: - Chocolate Dream	Breakfast: - Meal Shake	Breakfast: -Veggie Scramble	Breakfast: -Meal Shake
Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa
Lunch: - Lettuce Wraps with variety of fresh veggies Dressing -NO MEAT or anything frozen, just FRESH	Lunch: - Chicken Salad	Lunch: - Any Salad with Fresh Tomato Salsa -(Add protein if wanted)	Lunch: - Mediterranean Salad -(Add fish if wanted)	Lunch: - Any Salad with Guacamole -(Add protein if wanted)	Lunch: - Veggie Kabobs -(Add fish if wanted)	Lunch: - Lettuce Wraps with Italian Marinade or Dressing - (Add Chicken if wanted)
Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in salsa	Snack: - Snack Shake
Dinner: - Vegetable Stuffed Green Peppers -Any Salad -No Meat, Only Fresh Vegetables	Dinner: - Sautéed Asparagus -Any Salad -(Add protein if wanted)	Dinner: - Sautéed Spinach -Any Salad -(Add Chicken if wanted)	Dinner: - Veggie Kabobs -Any Salad -(Add Chicken if wanted)	Dinner: - Vegetable Delight -Any Salad -(Add fish if wanted)	Dinner: - Marinated Vegetables -Any Salad -(Add fish if wanted)	Dinner: - Heavenly Marinated Vegetables -Any Salad -(Add fish if wanted)
Other: -Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

## Week Four

Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Breakfast: -Tasty Omelet	Breakfast: - Veggie Scramble	Breakfast: - Chocolate Dream	Breakfast: - Meal Shake	Breakfast: -Veggie Scramble	Breakfast: -Tasty Omelet	Breakfast: - Chocolate Dream
Snack: - Snack Shake	Snack: - Apple	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	Snack: - Fresh Strawberries	Snack: - Snack Shake
Lunch: - Lettuce Wraps -(Add fish if wanted) - (Add protein if wanted)	Lunch: - Any Salad with Garlic Olive Oil Dressing - (Add protein if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Lettuce Wraps with Fresh Tomato Salsa -(Add fish if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Melted Tomato & Zucchini Wraps - (Add fish if wanted)	Lunch: - Green Salad with Guacamole - (Add protein if wanted)
Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa	Snack: - Grapes	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa
Dinner: - Tomato Cups -Any Salad & Zucchini -(Add fish if wanted) - (Add Chicken if wanted)	Dinner: - Melted Tomato - Any Salad & Zucchini - Any Salad - (Add Chicken if wanted)	Dinner: - Layered Zucchini - Any Salad - (Add fish if wanted)	Dinner: - Stir Fried Cucumbers - Any Salad - Any Salad - Add Chicken	Dinner: - Stir Fried Cabbage - Any Salad - (Add protein if wanted)	Dinner: - Carrot Stuffing - Any Salad - Add Chicken	Dinner: - Filled Eggplant - Any Salad - (Add fish if wanted)
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly

## Week Five

Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Breakfast: -Citrus Berry Splash	Breakfast: -Meal Shake	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	Breakfast: -Meal Shake	Breakfast: -Tasty Omelet
Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa				Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados
Lunch: - Green Salad with Guacamole -NO MEAT Today	Lunch: - Lettuce Wrap -NO MEAT Today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Confetti Salad - NO MEAT or anything frozen	Lunch: - Green Salad veggies - NO MEAT or anything frozen
Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	-----	-----	-----	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake
Dinner: - Sautéed Brussels -Any Salad -No Meat today	Dinner: - Vegetable Stuffed Green Peppers -No Meat today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: - Tomato Cups -Any Salad -No Meat	Dinner: - Spicy Taco Crunch -Any Salad -No Meat
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: -----	Other: -----	Other: -----	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Veggie Scramble	Breakfast: -Citrus Berry Splash	Breakfast: - Tasty Omelet	Breakfast: -Veggie Scramble	Breakfast: - Meal Shake
Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake
Lunch: - Chicken Salad	Lunch: - Confetti Salad	Lunch: - Mediterranean Salad -(Add protein if wanted)	Lunch: - Green Salad with Garlic Olive Oil Dressing -(Add fish if wanted)	Lunch: - Veggie Kabobs -(Add fish if wanted)	Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Lettuce Wraps - Add Chicken
Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in Salsa	Snack: - Snack Shake	Snack: - Fresh Veggies dipped in mashed avocados
Dinner: - Steamed Artichokes -Any Salad	Dinner: - Veggie Chowder -Any Salad -(Add protein if wanted)	Dinner: - Best Chicken Soup -Any Salad	Dinner: - Broccoli and Chicken Divine -Any Salad	Dinner: - Chicken Cacciatore -Any Salad	Dinner: -Bunches of Broccoli -Any Salad	Dinner: - Stir Fry -Any Salad -(Add Fish if wanted)
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

## Week Seven

Day 43	Day 44	Day 45	Day 46	Day 47	Day 48	Day 49
Breakfast: -Chocolate Dream	Breakfast: - Meal Shake	Breakfast: - Chocolate Dream	Breakfast: -Tasty Omelet	Breakfast: -Meal Shake	Breakfast: - Chocolate Dream	Breakfast: Meal Shake
Snack: -Tomatoes	Snack: -Carrots	Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Red Pepper	Snack: -Berries
Lunch: - Carrot Stuffing - (Add Fish if wanted) - (Add protein if wanted)	Lunch: - Green Salad with Garlic Olive Oil Dressing - (Add protein if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Green Salad with Garlic Olive Oil Dressing - (Add protein if wanted)	Lunch: - Veggie Kabobs - (Add protein if wanted)	Lunch: - Confetti Salad - (Add protein if wanted)	Lunch: - Lettuce Wraps - (Add protein if wanted)
Snack: -Broccoli	Snack: -Figs	Snack: -Cauliflower	Snack: -Orange	Snack: - Cucumber	Snack: -Grapes	Snack: -Broccoli
Dinner: -Stir Fried Cucumbers -Any Salad -(Add protein if wanted)	Dinner: -Layered Zucchini -Any Salad -(Add protein if wanted)	Dinner: -Stir Fried Cabbage -Any Salad -(Add protein if wanted)	Dinner: -Filled Eggplant -Any Salad -(Add protein if wanted)	Dinner: - Veggie Chowder -Any Salad -(Add protein if wanted)	Dinner: -Veggie Kabob -Any Salad -(Add protein if wanted)	Dinner: -Spicy Taco Crunch -Any Salad -(Add protein if wanted)
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

## Week Eight

Day 50	Day 51	Day 52	Day 53	Day 54	Day 55	Day 56
Breakfast: -Chocolate Dream	Breakfast: -Tasty Omelet	Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Meal Shake	Breakfast: -Veggie Scramble	Breakfast: Meal Shake
Snack: -Radishes	Snack: -Tropical Fruit	Snack: -Fresh Strawberries	Snack: - Red Pepper	Snack: -Orchard Fruit	Snack: -Radishes	Snack: -Berries
Lunch: - Confetti Salad -(Add protein if wanted)	Lunch: - Veggie Kabobs -(Add protein if wanted)	Lunch: - Green Salad with Fresh Fruit Toppers -No Meat or anything frozen, just FRESH vegetables	Lunch: - Confetti Salad -No Meat or anything frozen, just FRESH vegetables	Lunch: -Melted Tomato Zucchini Wraps (Add protein if wanted)	Lunch: - Lettuce Wraps -(Add Fish if wanted)	Lunch: - Chicken Salad Wraps
Snack: -Pomegranate	Snack: -Cucumber	Snack: -Cucumbers	Snack: -Fresh Pear	Snack: -Cucumber	Snack: -Melon	Snack: -Broccoli
Dinner: -Vegetable Delight -Any Salad (Add Fish if wanted)	Dinner: -Tomato Cups -Any Salad (Add Fish if wanted)	Dinner: -Carrot Stuffing -Any Salad -No Meat, Just FRESH	Dinner: -Stir Fry -Any Salad -No Meat, just Fresh	Dinner: -Spicy Taco Crunch -Any Salad (Add Chicken if wanted)	Dinner: - Sautéed Asparagus -Any Salad (Add Chicken If wanted)	Dinner: -Layered Zucchini -Any Salad (Add Fish if wanted)
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

# Week Nine

Day 57	Day 58	Day 59	Day 60	Day 61	Day 62	Day 63
Breakfast: -Chocolate Dream	Breakfast: - Chocolate Dream	Breakfast: - Meal Shake	Breakfast: -Meal Shake	Breakfast: -Veggie Scramble	Breakfast: -Citrus Berry Splash	Breakfast: -Tasty Omelet
Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Berries	Snack: -Radishes	Snack: -Tropical Fruit
Lunch: - Veggie Kabobs - (Add Chicken if wanted)	Lunch: - Lettuce Wraps - (Add Fish if wanted)	Lunch: - Veggie Kabobs - (Add protein if wanted)	Lunch: - Green Salad with Garlic Olive Oil Dressing - (Add Chicken if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Confetti Salad - (Add Fish if wanted)	Lunch: - Lettuce Wraps - (Add Chicken if wanted)
Snack: -Cauliflower	Snack: -Avocado	Snack: - Cucumber	Snack: -Tomatoes	Snack: -Cucumber	Snack: -Grapes	Snack: -Carrots
Dinner: -Marinated Vegetable -Any Salad -(Add Fish if wanted)	Dinner: -Melted Tomato and Zucchini -Any Salad -(Add Chicken if wanted)	Dinner: -Sautéed Spinach -Any Salad -(Add Chicken if wanted)	Dinner: -Stir Fried Cucumbers -Any Salad -(Add Fish if wanted)	Dinner: -Marinated Vegetable -Any Salad -(Add Chicken if wanted)	Dinner: -Vegetable Stuffed Green Peppers -Any Salad -(Add Chicken if wanted)	Dinner: -Veggie Kabob -Any Salad -(Add Chicken if wanted)
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

# Week Ten

Day 64	Day 65	Day 66	Day 67	Day 68	Day 69	Day 70
Breakfast: -Chocolate Dream	Breakfast: -Pina Colada Shake	Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Meal Shake	Breakfast: -Stir-Fried Vegetable Scramble	Breakfast: Meal Shake
Snack: -Carrots	Snack: -Tomatoes	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Topical Fruit	Snack: -Radishes
Lunch: - Green Salad with Italian Dressing -(Add Fish if wanted)	Lunch: - Veggie Kabobs - (Add Chicken if wanted)	Lunch: - Confetti Salad -(Add Fish if wanted)	Lunch: - Banana Papaya Pudding - (Add protein if wanted)	Lunch: - Green Salad with Fruit Toppers -(Add Chicken if wanted)	Lunch: - Lettuce Wraps -(Add Fish if wanted)	Lunch: - Confetti Salad -(Add Chicken if wanted)
Snack: -Tropical Fruit	Snack: -Cauliflower	Snack: -Orchard Fruit	Snack: - Cucumber	Snack: -Berries	Snack: -Cucumber	Snack: -Avocado
Dinner: -Tomato Cups -Any Salad -Add Fish	Dinner: - Veggie Chowder -Any Salad -Add Fish	Dinner: -Marinated Vegetable -Any Salad -Add Fish	Dinner: -Sautéed Spinach -Any Salad -Add Chicken	Dinner: -Vegetable Stuffed Green Peppers -Any Salad -Add Fish	Dinner: -Marinated Vegetables -Any Salad -Add Chicken	Dinner: -Melted Tomato and Zucchini -Any Salad -Add Protein
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

# Week Eleven

Day 71	Day 72	Day 73	Day 74	Day 75	Day 76	Day 77
Breakfast: -Chocolate Dream	Breakfast: -Veggie Scramble	Breakfast: - Chocolate Dream	Breakfast: -Citrus Berry Splash	Breakfast: -Meal Shake	Breakfast: -Tasty Omelet	Breakfast: Meal Shake
Snack: -Tomatoes	Snack: -Carrots	Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Red Pepper	Snack: -Berries
Lunch: - Carrot Stuffing -(Add Fish if wanted)	Lunch: - Green Salad (Add protein if wanted)	Lunch: - Chicken Salad Wraps	Lunch: - Confetti Salad (Add Fish if wanted)	Lunch: - Veggie Kabobs (Add protein if wanted)	Lunch: - Green Salad with Fruit Toppers -Add Fish	Lunch: - Lettuce Wraps -Add Fish
Snack: -Broccoli	Snack: -Figs	Snack: -Cauliflower	Snack: -Orange	Snack: - Cucumber	Snack: -Grapes	Snack: -Broccoli
Dinner: -Stir Fried Cucumbers -Any Salad (Add Chicken if wanted)	Dinner: -Layered Zucchini -Any Salad (Add Fish if wanted)	Dinner: -Stir Fried Cabbage -Any Salad (Add Fish if wanted)	Dinner: -Filled Eggplant -Any Salad (Add Chicken if wanted)	Dinner: - Veggie Chowder -Any Salad (Add Chicken if wanted)	Dinner: -Veggie Kabob -Any Salad (Add Chicken if wanted)	Dinner: -Spicy Taco Crunch -Any Salad (Add Chicken if wanted)
Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE	Other: - Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.

# Week Twelve

Day 78	Day 79	Day 80	Day 81	Day 82	Day 83	Day 84
Breakfast: -Meal Shake	Breakfast: -Tasty Omelet	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	NO FOOD TODAY Make Detox Mixture	Breakfast: Citrus Berry Splash	Breakfast: -Veggie Scramble
Snack: -Fresh Carrots	Snack: -Fresh Pear	Snack: -----	Snack: -----	Snack: -----	Snack: - Fresh Apple	Snack: - Fresh Veggies
Lunch: -Lettuce Wraps -No Meat today	Lunch: - Steamed Artichokes -No Meat today	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: - Confetti Salad with variety of fresh veggies -No Meat or anything frozen, just FRESH foods	Lunch: - Green Salad with variety of fresh veggies -No Meat or anything frozen, just FRESH foods
Snack: - Fresh Apple	Snack: - Fresh Broccoli	Snack: -----	Snack: -----	Snack: -----	Snack: -Fresh Veggies dipped in mashed avocados	Snack: -Fresh Peach
Dinner: - Sautéed Brussels -No Meat today If recipe calls for meat, simply don't put it in	Dinner: -Steamed Artichokes -No Meat today	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -Spicy Taco Crunch - Confetti Salad	Dinner: -Tomato Cups - Green Salad
Other: -Can replace a meal with the NUTRITIONAL SHAKE	Other: -Can replace a meal with the NUTRITIONAL SHAKE	Other: -----	Other: -----	Other: -----	Other: -Can replace a meal with the NUTRITIONAL SHAKE	Other: -Can replace a meal with the NUTRITIONAL SHAKE

\*Please note that you will still have to add your calories and adjust quantity accordingly.