

12-WEEK ULTIMATE WEIGHT LOSS PROGRAM

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THE 12-WEEK ULTIMATE WEIGHT LOSS PROGRAM

PROGRAM BREAKDOWN



✓ Products and Services Received	Price	Quantity	Total Price
1 12-Week Weight Loss Supplements	\$1,333.00	1	\$1,333.00
12 Weekly Evaluations	\$60.00	12	\$720.00
12 Sessions of Exercise	\$50.00	12	\$600.00
12 Sauna treatments for detoxification	\$50.00	12	\$600.00
12 Body Wraps	\$85.00	12	\$1,020.00
1 Follow up Evaluation	\$50.00	1	\$50.00
12 Self-Mastery Technology	\$30.00	12	\$360.00
24 Hours a day phone access to the Doctor and Staff			Priceless!
Total Price for Everything You Pay			\$4,683.00

(Form 9-2-2497)

The 12-WEEK ULTIMATE 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!

Determining Your BMI

For adults, over weight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). BMI is used because, for most people, it correlates with their amount of body fat.

- An adult who has a BMI between 25 and 29.9 is considered overweight
- An adult who has a BMI of 30 or higher is considered obese

See the following table for an example:

Height	Weight Range	BMI	Considered
5'9"	124 lbs or less	Below 18.5	Underweight
	125 lbs to 168 lbs	18.5 to 24.9	Healthy Weight
	169 lbs to 202 lbs	25.0 to 29.9	Overweight
	203 lbs or more	30 or higher	Obese

It is important to remember that although BMI correlates with the amount of body fat, BMI does not directly measure body fat. As a result, some people, such as athletes, may have a BMI that identifies them as overweight even though they do not have excess body fat. Other methods of estimating body fat and body fat distribution include measurements of skin fold thickness and waist circumference, calculation of waist-to-hip circumference ratios, and techniques such as ultrasound, computed tomography, and magnetic resonance imaging (MRI).

Obesity in America is Now Higher than Ever!

- 34 percent of U.S. adults are considered overweight, and an additional 31 percent (approximately 60 million) are obese. Combined, approximately 127 million Americans are overweight or obese.
- About 10 percent of children ages 2 through 5, 15.3 percent of children ages 6 to 11, and 15.5 percent of adolescents ages 12 to 19, are obese.
- Americans spend more than \$33 billion a year on weight loss products and services. However, the economic cost of obesity in the United States is about \$117 billion. Healthcare costs of American adults with obesity amount to approximately \$100 billion.

Being overweight or obese increases the risk of: cardiovascular disease (also known as CVD) heart disease, hypertension, stroke, diabetes, many types of cancer, gallbladder disease, infertility, and many other chronic health problems.

A person’s weight is a result of many factors. These factors include environment, family history and genetics, metabolism (the way your body changes food and oxygen into energy), behavior or habits, and others. Certain things, like family history, can’t be changed. However, other things—like a person’s lifestyle habits—can be changed.

Below you will find behavior patterns for optimum weight loss, adapted from Dr. Elson M Haas' book, *Staying Healthy with Nutrition*. (It may be helpful to highlight or write out the important issues for you and work on 1 to 2 per week. Motivation and using your wellness journal are critical!):

- Focus on decreasing caloric intake and increasing expended calories (exercise)
- Eat most foods early in the day for best use of calories
- Drink 1/2 your body's weight in ounces of water daily
- Drink 2 glasses of water 30 minutes before meals to help you with portion control
- Eat slowly and chew food well
- Limit treats and refined foods; avoid chemical foods and sodas completely
- Eat lots of fruits and vegetables (as snacks, too)
- Walk a lot and exercise daily
- Avoid bad fats
- Avoid the use of dairy products
- Minimize salad dressings, cream soups, and meats
- Lessen or avoid alcohol and caffeine, minimize salt intake
- Rotate foods—eat a variety and isolate allergenic foods and avoid them
- Speak with your wellness consultant
- Use smaller plates and portions
- Fill up first on lower-calorie foods, such as salads and soups
- Avoid high-calorie snacks and desserts
- Wait 10—15 minutes before taking seconds—your hunger will decrease
- At restaurants, avoid overeating and take any extra food home
- Take at least 20 to 30 minutes to eat a meal, even snacks
- Eat at only 1 or 2 places in the home
- Sit and relax before eating
- Avoid eating while watching TV, driving, or doing other things
- Shop for food only after eating, not when hungry
- Focus on eating only when truly hungry
- Create a schedule for eating
- Plan meals and food choices ahead, snacks included
- Focus on what you are eating and not what you are avoiding
- Make a list of your “good” or healthy foods, shop for them, and then carry them with you to work or when going out so that you have the right choices
- Put snacks and sweet foods away at home
- Stay out of the kitchen, cupboards, and refrigerator unless preparing food
- Plan activities to occupy your free time when you might snack
- Tell family and friends to support you and not push food
- If you blow it, go right back to your plan, and do not make it an excuse to indulge
- Weigh yourself only once every 1 or 2 weeks
- Learn about food, fats, calories, and so on, so you know what you are doing
- Allow yourself a reward (within reason) once a week without guilt or self-judgment
- Keep a good self-image and positive attitude toward life
- Realize that it is ultimately up to you!

Weight Loss

In the book, *How to Double Your Vital Years*, Dr. Walford shows with hard scientific data from animal studies that by eating a high-nutrient, low-calorie diet (what he calls a high/low diet), animals are found to increase their longevity by 50%. He cites research that he feels is beyond any reasonable doubt showing that a high/low diet significantly extends life span, retards the rate of aging and slows the onset of the major chronic degenerative diseases. Dr. Walford also reports that the maximum life span in some mice in his minimal eating experiments was three to four times greater. Dietary restrictions, imposed even at late stages in the animal's life, greatly extended the life span. Dr. Walford says that he is:

....convinced with a high order of probability that the same kind of diet will produce the same sort of results in humans.

It is time that we reconsider a new cultural definition of health, along with change in what a healthy body is supposed to look like. Imagine a body built on whole, organic, high-quality foods. It will also be of higher quality than body weight built on fast foods or poor-quality foods.

Enzymes for Health and Weight Loss

Enzymes specifically affect our health. For example, a doctor at Tufts Medical School found that in 100% of the cases of obesity he studied, all had lipase deficiencies. The implication was that these people had a decreased ability to assimilate fat properly. The fat ended up being stored as fatty tissue rather than being broken down. Farmers have long known that if you feed pigs raw potatoes they will not gain weight, but if you give them cooked potatoes they will gain weight. Cooked fats are missing lipase and have significantly less biologically active fatty acids. Lipase is the enzyme that naturally occurs in raw fats. The difference in the digestive pattern of the raw versus cooked fat may also be important. The raw fat begins its digestion with its own lipase in the food enzyme stomach under slightly acid conditions. The cooked fat, without its own lipase, doesn't begin a significant digestive transformation until it is in the highly alkaline pH of the small intestine. The predigested raw fats of oils are already beginning the next step in the digestion, while the undigested cooked fats are just starting their digestion. This can alter the cholesterol and is another reason why a high cooked fat intake is so dangerous to our health.

Recommended fat intake according to the Mayo Clinic is 20-35% of your daily calories. (40-70 grams of fat a day if you consume a 2,000 calorie a day diet) Solutions4 recommends that while following the Solutions4 Weight Loss Program, you should calculate a responsible calorie deficit based on your basal metabolic rate (most people require a 500 calorie deficit, never going below 1000 calories). This is important in the breakdown and digestion of fats within the body.

We recommend that these fats come from healthy sources rather than Trans fats or processed saturated fats.

The Solutions4 12-Week Weight Loss and Maintenance Program Is The Healthiest and Most Effective Way To:

- Improve appearance
- Maintain slimness
- Detoxify the body; vital organs, liver, kidneys, blood purification
- Cleanse intestinal tract of old waste material and hard encrustations
- Enhance vitality
- Improve health
- Increase energy
- Never have the need to lose weight again by following sound eating and exercise habits
- Speed up food processing time
- Appease the appetite and help lessen nervous tension
- Reduce calorie intake while enhancing nutrition and stabilizing blood sugar levels
- Achieve a completely safe weight loss of excess fat rather than protein tissue
- Burn up excess fat from around the heart and other vital organs
- Appease the appetite naturally instead of suppressing it chemically
- Provide a broad spectrum of nutritional support with 5 digestive enzymes to assure assimilation
- Lower excess cholesterol and triglycerides in the blood stream
- Get to the root of other weight-related problems
- Reduce the risk of cancer of the colon
- Strengthen the peristaltic action of the bowels

Once weight is off, it is easy to keep it off with sensible nutrition and exercise. That's because the weight loss from Solutions4 is the result of having lost fat instead of lean tissue or water. At the same time, overall health is improved. Instead of just covering up symptoms, the program gets to the root of other "weight related" problems and helps the body to correct them naturally and systematically.

The Solutions4 Weight Loss Program was developed with the help of doctors, nutritionists, and formulators. Solutions4's superior products were created to provide a completely safe weight loss. This is a total program that does not create imbalances, cause ketosis or bring about other health problems. This is all accomplished without the use of amphetamines, chemical diuretics or other harmful drugs. Instead, the program incorporates sound nutrition and utilizes natural products that work together to achieve the goal of weight loss.

How Much and How Fast?

A person can lose as much weight as needed, required, or recommended by your physician. Because not everyone will consume the same number of calories each day, or use them up at the same rate, results will vary. However, the average, completely safe weight loss ranges between 10—30 pounds a month.

Weight should not be lost faster than 1/2 to 1 pound per day. Any faster loss will not be a fat loss, but a loss of water or lean tissue.

According to Richard Passwater, "When you reduce your calorie expenditure, you will lose weight: your body supplies the missing calories by 'burning' its own tissue. Most people assume that all of the missing calories are provided by burning body fat. This is not necessarily so. Your body can convert only a given amount of fat into energy in a day. There are several steps involved in mobilizing body fat and converting it into energy. Each step in the process is controlled by a specific enzyme. Since the body has been adding to its fat reserves, fat-producing enzymes are abundant, but fat-burning enzymes are scarce. The body doesn't waste energy and materials by building enzymes it doesn't use."

"You cannot force your body to burn more fat than it's capable of burning, no matter how little you eat or how great the calorie deficit is. Once our calorie intake has been reduced to the limit for the effective conversion of body fat to energy, any further calorie reduction will only cause your lean (muscle and organ) tissue to be burned."

The Solutions4 Company encourages a natural and sensible weight loss, offered through a complete product line and 30-Day Weight Loss Program, with the help of professionals who know how the body works.

The Basic Weight Loss Format

The Solutions4 Weight Loss Plan is simple to follow. Up to two meals a day are replaced with the Solutions4 Nutritional Shake. A third regular meal, selected for its low calorie content, is eaten daily. This one meal can be breakfast, lunch or dinner, but should be eaten before 6 o'clock in the evening. And, as with any successful health program, exercise is encouraged.

This easy-to-follow program is based on the fact that to lose weight, you must consume less food and consequently fewer calories. By replacing two of your usual high calorie, low nutrition meals with the Nutritional Shake (which is low in calories, yet high in nutrition) you can eat one well-balanced meal daily and still lose weight.

Each serving of Nutritional Shake in either 8 oz of water, rice or almond milk, or unsweetened fruit juice is much less expensive than each meal it replaces, yet it provides a broad spectrum of nutritional support to keep your energy level up and your caloric intake down. This advanced formula provides high efficiency protein, balanced amino acids, enzymes, fiber, linolenic and linoleic acid, and vitamin and minerals. For variation, ice or fresh fruit may be added.

Our Approach to Weight Loss

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 Program, helps provide nutritional support to strengthen the immune system and lose weight safely.

Detoxification 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 jump start a weight loss program, help the systems of the body to function more efficiently, take away tolerance for abusive substances (such as sugar and caffeine), and improve digestion.

100% Nutrition

Nutrition is essential to health and wellness. 100% nutrition ensures that the organs of the body and the immune system are being strengthened, while getting what they need to function at their full potential. This is attainable by supplementing vitamin and minerals, as well as antioxidants and essential fatty acids.

Implementing Friendly Bacteria *(Healthy bacteria, good flora, healthy microbes)*

The human gastrointestinal tract is home to many types and high numbers of microbes, or bacteria. Because of the diversity and number present in the human body, it has become evident that bacteria play an important role in 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.

Enzymes

Diet and disease have now been linked together. In order to digest enzyme-free foods, the body calls upon digestive organs to work excessively. After a lifetime of overworking our body's vital organs, they wear out. When these organs are no longer performing at their optimal level, food is not digested properly which can lead to diet-related diseases, disorders and death. For example, one form of adult onset diabetes is a result of over-taxation of the pancreas. Supplemental digestive enzymes ease the burden of digestion therefore strengthening your immune system.

Water

Water is critical to the treatment of any health condition, including over toxicity. Every organ of the body requires water. The heart, lungs, skin and circulatory system all depend on water. To determine 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 should be drinking 75 ounces of water each day. Nothing will substitute for water, including; milk, juice, tea, soda etc. 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.

Fitness and Exercise

Exercise is vital to any weight loss program. Do cardiovascular exercises: walking briskly, swimming, treadmill, stairs, biking. Exercise at least three times per week, working up to 30 minutes each time. Get plenty of fresh air and sunshine—they have an excellent anti-depressant effect. Mental exercise is also important. Set aside times daily to relax, unwind, de-stress and allow positive emotional and psychological repair to begin.

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	

Fruits:

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	

Lean Meat:

(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

Lentils and Rice : (serving size is ½ cup)

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

Brown Lentils
Red Lentils
Brown Basmati Rice
Brown Rice
Wild Rice

Dairy:

Organic Eggs or Organic Egg Beaters
Organic Butter – use sparingly

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

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

Nuts and Seeds:

No more than $\frac{1}{4}$ cup of raw nuts or seeds. Make sure to watch caloric intake.

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 Lemon 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

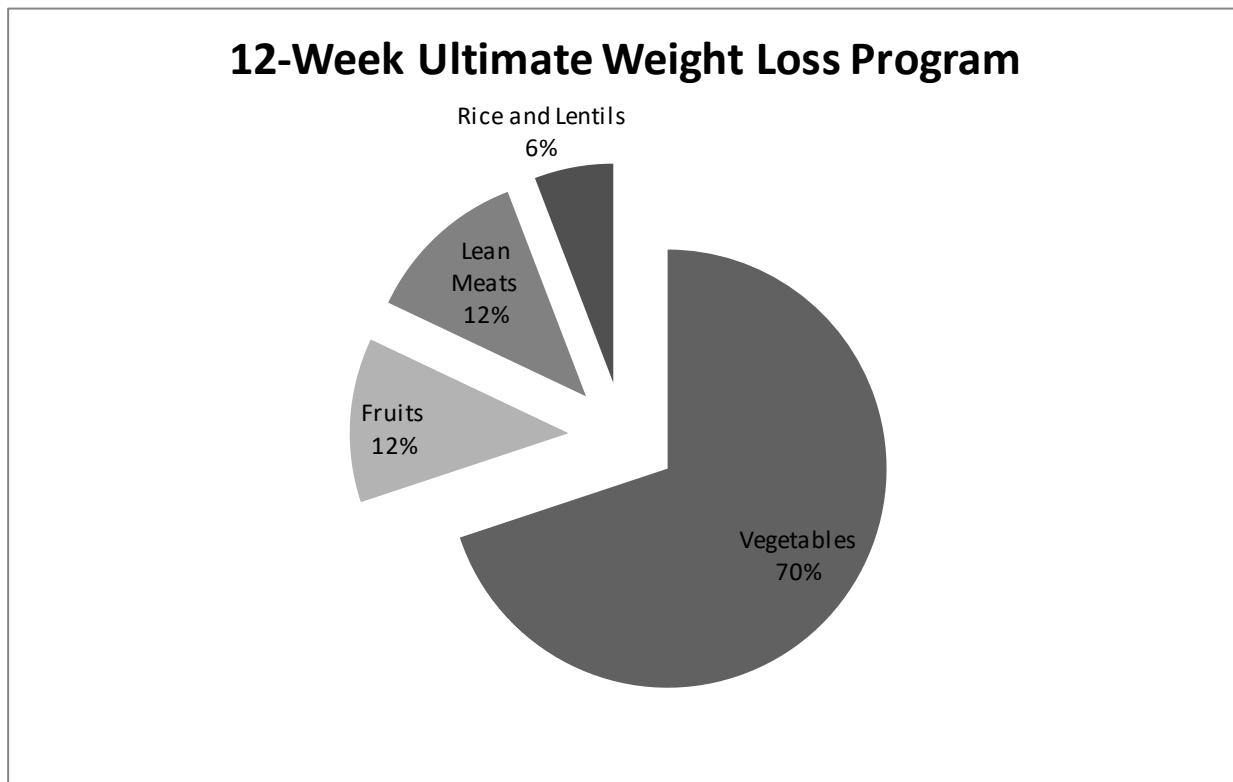
AVOID GROUP:

- 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)
- Meat: Beef, Lamb, Pork, and Veal. No cured, smoked or luncheon meats
- Mixed seasonings and spice rubs like Mrs. Dash etc.
- 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.
- Fungus Foods: mushrooms, blue cheese, 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 Ultimate Weight Loss Program

When not detoxing or just juicing, 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 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:

- Remember that everything you need to live can be found in the produce section.

- Shop two times a week in order to get fresh produce. Most leafy greens have a refrigerator shelf life of 4-5 days.
- 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.
- Wash leafy greens by separating the leaves. Rinse well in order to remove pesticides.
- Keep your refrigerator well stocked with fresh vegetables. This way you will always have what you need for a salad.
- 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.

DETOXIFICATION

The Solutions4 Company and your Health care Practitioner 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.

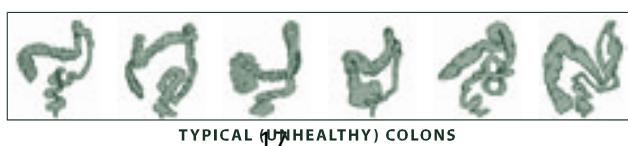
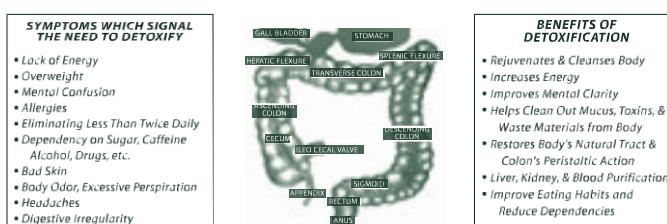
Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program help the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only 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. or water and waste during a 3 day cleanse.)
- Liver, kidneys and blood are putrefied 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.



TYPICAL (UNHEALTHY) COLONS

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 it 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 if it is more 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 the 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, hypoglycemic's can use the program without fear of lowering or raising blood sugar levels.

SUPPLEMENTS INCLUDED IN THE 12-WEEK ULTIMATE WEIGHT LOSS PROGRAM

ANTI CELLULITE LOTION

MAINTAIN 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. VITAL 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 CLEANSE

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

DIGESTIVE ENZYME BLEND

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

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. HEAT draws blood to those areas, helping you get maximum results from every workout.

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.

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

Two 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.

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

New benefits of this vitamin are being discovered every day, but many people, especially those residing in the Northern United States, still do not receive enough vitamin D to reap the wonderful benefits it can provide to their health. To get the recommended amount of vitamin D, experts recommend that one exposes themselves to a reasonable amount of sun exposure, eat foods rich in vitamin D and supplement with a high quality vitamin D supplementation.

How to Take Your Supplements during Your 12-Week Ultimate Weight Loss 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: ___ / ___ / ___

Prep day. Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

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

BREAKFAST:				
			CALORIES	CIRCLE ONE
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
MIDMORNING SNACK:			CALORIES	CIRCLE ONE
				Hungry / Emo.
				Hungry / Emo.
NOON SUPPLEMENTS:				
LUNCH:			CALORIES	CIRCLE ONE
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
MID-AFTERNOON SNACK:			CALORIES	CIRCLE ONE
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
DINNER:			CALORIES	CIRCLE ONE
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
				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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Hours of Sleep received last night ___ hrs		

DAY 2

Date: ___ / ___ / ___

Prep day. Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.
LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.
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"/> Did you apply exercise gel to problem areas before you exercised?	<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 stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Hours of Sleep received last night ____ hrs	

DAY 3 – 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 if necessary- 9 max per day.

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 4 – 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 if necessary- 9 max per day.

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 5 – 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 if necessary-9 max per day.

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 6

Date: ___ / ___ / ___

Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons?
(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Hours of Sleep received last night ___ hrs |
|---|---|

DAY 7

Date: ___ / ___ / ___

Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> 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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 8

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 9

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
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DAY 10

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 11

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 12

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 13

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
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DAY 14

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 15

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
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DAY 16

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 17

Date: ___ / ___ / ___

Choose any food from food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 1
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 18

Date: ___ / ___ / ___

Choose any food from food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 19

Date: ___ / ___ / ___

Choose any food from food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 20

Date: ___ / ___ / ___

Choose any food from food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 21

Date: ___ / ___ / ___

Choose any food from food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 22

Date: ___ / ___ / ___

Choose any food from food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 23

Date: ___ / ___ / ___

Choose from food list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 24

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 25

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 26

Date: ___ / ___ / ___

Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		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 SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 27

Date: ___ / ___ / ___

Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 28 – DETOX #2 (Day 1)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!
No nutritional shake.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

- Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.
- 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 29 – DETOX #2 (Day 2)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!
No nutritional shake.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers

- Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.
- 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 30 – DETOX #2 (Day 3)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!
No nutritional shake.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

- Apply ANTI-CELLULITE LOTION after showering to problem areas of the body.
- 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 31

Date: ___ / ___ / ___

Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 32

Date: ___ / ___ / ___

Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appearer: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
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DAY 33

Date: ___ / ___ / ___

Add steamed vegetables and protein, and all foods from approved food list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 34

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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 Cleanser: 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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 35

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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 Cleanser: 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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment:_____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 36

Date: ___ / ___ / ___

Choose all foods from approved food list

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanser: 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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
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DAY 37

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:		
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 38

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 39

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ON
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 40

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> 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 stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Hours of Sleep received last night _____ hrs
<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?	

DAY 41

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 42

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 43

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MIDMORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 44

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 45

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 46

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 47

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 48

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<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"/> Write down any questions you have for your next appointment: _____
<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

DAY 49

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 50

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 51

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 52

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 53

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 54

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 55

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 56

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 57

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
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DAY 58

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 59

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 60

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 61

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 62

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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 stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Hours of Sleep received last night _____ hrs
<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?	

DAY 63

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 64

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 65

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 66

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 67

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 68

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 69

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 70

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 71

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 72

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 73

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 74

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 75

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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 stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Hours of Sleep received last night _____ hrs
<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?	

DAY 76

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	<input type="checkbox"/> (Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 77

Date: ___ / ___ / ___

Choose any food on the approved foods list.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanser: 2
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LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 78

Date: ___ / ___ / ___

Prep day. Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanser: 2
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LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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?
<input type="checkbox"/> Did you take all of your supplements today?	(Circle) HUNGRY OR EMOTIONAL
<input type="checkbox"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz.	<input type="checkbox"/> Hours of Sleep received last night ___ hrs
<input type="checkbox"/> Did you exercise? ___ Min	
<input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?	

DAY 79

Date: ___ / ___ / ___

Prep day. Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Apaiser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Apaiser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanser: 2
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LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

PM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Apaiser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Did you track your calories?	<input type="checkbox"/> If stressed, did you use any relaxation techniques?
<input type="checkbox"/> Did you stay within your Calorie Budget?	
<input type="checkbox"/> Drink ½ your body weight in ounces? ___ oz.	<input type="checkbox"/> Write down any questions you have for your next appointment: _____
<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

DAY 80 – DETOX #3 (Day 1)

Date: ___ / ___ / ___

Notice a change in supplementation and diet today. Today is about cleansing the body!
No nutritional shake.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

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

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!
No nutritional shake.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

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

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!
No nutritional shake.

AM SUPPLEMENTS: Take up to 3 Appetite Appeasers.

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

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 meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Digestive Enzyme: 2	<input type="checkbox"/> Cellulite Cleanser: 2
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LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Hours of Sleep received last night ___ hrs
---	---

DAY 84

Date: ___ / ___ / ___

Eliminate all meat, lentils, and rice. Only consume approved fruits and vegetables.

AM SUPPLEMENTS:

<input type="checkbox"/> Antioxidant: 1	<input type="checkbox"/> Appetite Appeaser: 1	<input type="checkbox"/> Body Purifier: 2	<input type="checkbox"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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

BREAKFAST:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-MORNING SNACK:	CALORIES	CIRCLE ONE
		Hungry / Emo.
		Hungry / Emo.

NOON SUPPLEMENTS:

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

LUNCH:	CALORIES	CIRCLE ONE
		Hungry / Emo.
MID-AFTERNOON SNACK:	CALORIES	CIRCLE ONE
		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"/> Digestive Enzyme: 2
<input type="checkbox"/> Evening Primrose Oil: 3	<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"/> Multivitamin/Multimineral: 1	<input type="checkbox"/> Probiotic Blend: 1	<input type="checkbox"/> Vitamin D: 2
<input type="checkbox"/> Cellulite Cleanser: 2			

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"/> Overall, were you hungry when you ate, or did you eat for emotional reasons? (Circle) HUNGRY OR EMOTIONAL <input type="checkbox"/> If stressed, did you use any relaxation techniques? <input type="checkbox"/> Write down any questions you have for your next appointment: _____ <input type="checkbox"/> Hours of Sleep received last night ___ hrs
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DAY 85 and Beyond

Once someone has gone through an Ultimate 12-Week Weight Loss 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
- 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

Shakes

Chocolate Dream	5 min	Serves 1
▪ 2 scoops Solutions4 Chocolate ▪ 1 cup ice cubes	▪ 1 cup water	
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Fruit Smoothie	5 min	Serves 1
▪ 2 oranges ▪ 1 banana ▪ ½ cup berries ▪ 2 scoops Solutions4 Vanilla		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Pina Colada	5 min	Serves 1
▪ 6 ounces orange juice ▪ 1 cup pineapple ▪ ½ cup fresh Baby Thai coconut water ▪ 2 scoops Solutions4 Orange		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Citrus Berry Splash	5 min	Serves 1
▪ 2 scoops Solutions4 Orange ▪ ½ cup blackberries ▪ ¼ cup blueberries ▪ ½ cup strawberries	▪ ½ banana (optional) ▪ The juice from 2 freshly squeezed oranges ▪ 1-2 cups ice cubes	
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Coconut Chocolate Delight	5 min	Serves 1
▪ 1 banana ▪ Water from a Baby Thai coconut ▪ Meat from a Baby Thai coconut ▪ 2 scoops Solutions4 Chocolate		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Snack Shake	5 min	Serves 1
<ul style="list-style-type: none"> 1 scoop of Chocolate, Vanilla, Strawberry, or Orange Cream Solutions4 Nutritional Shake Ice and water to equal 8 oz. 		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Meal Shake		
<ul style="list-style-type: none"> 2 scoops of Chocolate, Vanilla , Strawberry or Orange Cream Solutions4 Nutritional Shake Ice and water to equal 10 oz. 	5 min	Serves 1
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Strawberry Twist		
<ul style="list-style-type: none"> 1 cup strawberries 1 cup freshly juiced carrots 1 tbsp flaxseed oil ½ banana (optional) 	5 min	Serves 1
<ul style="list-style-type: none"> The juice from 2 freshly squeezed oranges 1-2 cups ice cubes 2 scoops Solutions4 Strawberry or Vanilla 		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Spinach Shake		
<ul style="list-style-type: none"> 1 cup fresh raw spinach 1 tbsp simply sweet ½ banana 1 orange ½ cup fresh pineapple chunks 	5 min	Serves 1
<ul style="list-style-type: none"> 2 scoops Strawberry or Orange Solutions4 Nutritional Shake 		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	
Carrot Lemonade		
<ul style="list-style-type: none"> 4-5 medium carrots 1 mildly tart apple (Fuji or gala work nicely) 	5 min	Serves 1
<ul style="list-style-type: none"> ½ medium lemon 1 small 1.5"-2" wedge red cabbage 1 round of ginger (the size of a quarter) 		
Combine all ingredients in a blender and blend well.		
✓ LOVED IT!	✓ Didn't like it	

Salads

GREEN SALADS

Confetti Salad	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 cup Cooked Brown Rice ▪ 2 cups Chopped Romaine Lettuce ▪ $\frac{1}{2}$ cup tomato, diced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ of an avocado, diced ▪ 2 tbsp Annie's Lemon and Chive Dressing 	
Mix all ingredients and Savor! Mmmm. Tip – This salad is filling! Use it as a Main meal.		
✓ LOVED IT!	✓ Didn't like it	

Garden Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ One head of romaine lettuce tossed ▪ $\frac{1}{2}$ cup Cherry Tomatoes ▪ $\frac{1}{4}$ of an Onion, sliced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup diced Celery ▪ $\frac{1}{4}$ cup shredded Carrots 	
Combine all ingredients with desired amount of dressing.		
✓ LOVED IT!	✓ Didn't like it	

Chicken Salad Wraps	15 min	Serves 4
<ul style="list-style-type: none"> ▪ 2 cups finely chopped cooked chicken ▪ $\frac{1}{2}$ cup finely chopped celery 	<ul style="list-style-type: none"> ▪ 2 hard cooked, chopped eggs ▪ 1 medium onion, chopped 	
1. Moisten with Candida friendly mayonnaise (see pg. 115 for recipe) also obtainable from your health food store.		
2. Serve in Romaine lettuce and make a wrap		
✓ LOVED IT!	✓ Didn't like it	

Fennel and Orange Salad	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 cups raw spinach ▪ 1 small fennel bulb, thinly sliced ▪ 1 orange, peeled and sectioned 	<ul style="list-style-type: none"> ▪ 3 oz cooked chicken, cubed ▪ lemon vinaigrette 	
Combine all ingredients with desired amount of dressing.		
✓ LOVED IT!	✓ Didn't like it	

Green Salad	10 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups mixed lettuce ▪ 4 thin slices of Roma tomato, cucumber or carrot 	<ul style="list-style-type: none"> ▪ 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	

Greek Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups chopped romaine lettuce ▪ 1 Roma tomato, seeded and cut into chunks ▪ $\frac{1}{4}$ cucumber, seeded and cubed 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup thinly sliced red onion ▪ $\frac{1}{4}$ red bell pepper, cut into chunks ▪ 2 tbsp sliced kalamata olives 	
Combine all ingredients with desired amount of dressing.		
✓ LOVED IT!	✓ Didn't like it	
Lemon Herb Dressing	15 min	Serves 1
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup extra-virgin olive oil ▪ $\frac{1}{4}$ cup fresh lemon juice ▪ 1 tsp. dill ▪ 1 tsp. oregano 	<ul style="list-style-type: none"> ▪ 1 tsp. tarragon ▪ 1 clove garlic crushed ▪ Dash of salt ▪ Dash of pepper 	
Place all ingredients in a bowl and toss.		
✓ LOVED IT!	✓ Didn't like it	
Harvest Salad	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 cups of torn red leaf lettuce ▪ $\frac{1}{4}$ apple, sliced ▪ 2 tbsp Vinaigrette 	<ul style="list-style-type: none"> ▪ 1 tbsp chopped pecans ▪ 1 tbsp fresh raspberries 	
<ol style="list-style-type: none"> 1. Place lettuce, apples and vinaigrette into a bowl and toss. 2. Transfer to a plate and sprinkle pecans and raspberries 		
✓ LOVED IT!	✓ Didn't like it	
Mediterranean Salad	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 4 tomatoes ▪ 2 cucumbers ▪ $\frac{1}{2}$ cup chopped black olives ▪ 1 cup chopped fresh parsley 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ chopped basil ▪ $\frac{1}{4}$ cup extra-virgin olive oil ▪ $\frac{1}{2}$ tsp Celtic salt ▪ Juice of 2 lemons 	
Combine all ingredients in bowl and toss well.		
✓ LOVED IT!	✓ Didn't like it	
Nori and Avocado Salad	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 cup Romaine lettuce, chopped ▪ 1 cup Spinach, chopped ▪ $\frac{1}{2}$ cup alfalfa sprouts 	<ul style="list-style-type: none"> ▪ 4 Sheets of Nori ▪ $\frac{1}{2}$ Avocado, diced 	
<ol style="list-style-type: none"> 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! <p>*Substitute $\frac{1}{2}$ cup sliced cucumber for the avocados for a lighter, equally delicious salad!</p>		
✓ LOVED IT!	✓ Didn't like it	

Spring Garden Salad		30 min	Serves 4		
Salad <ul style="list-style-type: none"> ▪ 4 cups chopped Iceberg or Salad Bowl lettuce ▪ 4 cups chopped Butter lettuce ▪ $\frac{1}{2}$ cup chopped tomato ▪ $\frac{1}{2}$ cup black olive ▪ $\frac{1}{2}$ alfalfa sprouts ▪ $\frac{1}{2}$ sunflower sprouts ▪ 1 cup thin broccoli florets, steamed ▪ 1 cup small cauliflower florets, steamed ▪ 1 cup cubed zucchini, sautéed ▪ 1 cup snow peas, blanched and halved ▪ 1 cup petit peas, steamed 		Dressing <ul style="list-style-type: none"> ▪ 5 tbsp extra-virgin olive oil ▪ $2 \frac{1}{2}$ tbsp lemon juice ▪ 2 tbsp dairy-free mayonnaise or Almonnaise ▪ $\frac{1}{2}$ tsp Dijon-style mustard ▪ Dash of Worcestershire sauce ▪ 2 tbsp water ▪ 1 tsp minced onion 			
1. Place lettuce in large bowl 2. Measure dressing ingredients into hand blender container and blend until creamy 3. Add tomato, olives, 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

Asian Chicken Salad		15 min	Serves 1		
<ul style="list-style-type: none"> ▪ 2 cups romaine, chopped ▪ $\frac{1}{2}$ orange, peeled and sectioned ▪ 2 scallions, chopped 		<ul style="list-style-type: none"> ▪ 3 oz cooked chicken, cubed ▪ Asian vinaigrette 			
Combine all ingredients with desired amount of dressing.					
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it					

Apple Chicken Salad		15 min	Serves 1		
<ul style="list-style-type: none"> ▪ 2 cups raw spinach ▪ $\frac{1}{2}$ apple, chopped ▪ 3 oz cooked chicken, cubed 		<ul style="list-style-type: none"> ▪ 2 celery stalks, chopped ▪ balsamic vinaigrette 			
Combine all ingredients with desired amount of dressing.					
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it					

Chicken Salad	20 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 2 cups finely chopped cooked chicken ▪ $\frac{1}{2}$ cup finely chopped celery ▪ 2 hard boiled eggs, chopped 	<ul style="list-style-type: none"> ▪ 1 medium onion, chopped ▪ 1 head romaine lettuce chopped ▪ 1 cup of spinach 	
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.		
✓ LOVED IT!	✓ Didn't like it	

Dressings

Energy Dressing	5 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 garlic clove, minced ▪ 3 tbsp Extra-virgin olive oil 	<ul style="list-style-type: none"> ▪ 1 tbsp lemon juice ▪ $\frac{1}{4}$ tsp sea salt 	
Place all ingredients in bowl and let marinate for 10-15 minutes.		
✓ LOVED IT!	✓ Didn't like it	

Italian Marinade or Dressing	15 min	Serves 4-6
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cups fresh lemon juice ▪ $\frac{1}{4}$ cups water ▪ 1/3 cups extra-virgin olive oil 	<ul style="list-style-type: none"> ▪ 1-2 cloves garlic, peeled and minced ▪ $\frac{1}{4}$ tsp sea salt, optional ▪ 1 tbsp each coarsely chopped oregano and basil 	
Refrigerate in jar 2-4 hours before using. Shake well before using.		
✓ LOVED IT!	✓ Didn't like it	

Garlic Olive Oil Dressing	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 cloves of garlic ▪ 1/8 tsp sea salt 	<ul style="list-style-type: none"> ▪ Juice from half of a freshly squeezed lemon ▪ 1/3 cup flax oil 	
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.		
✓ LOVED IT!	✓ Didn't like it	

Dr. Julie-Ann Holland's Candida Friendly Dressing	15 min	Serves 6-8
<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup Lemon Juice ▪ 1 $\frac{1}{2}$ cups Extra-virgin olive oil 	<ul style="list-style-type: none"> ▪ 2 tbsp Minced Ginger ▪ 1/3 cup Minced Garlic 	
Blend all ingredients until creamy. Keeps for up to five days in refrigerator.		
✓ LOVED IT!	✓ Didn't like it	

CONDIMENTS/DIPS/SPREADS/MARINADES

APPETIZERS

Chunky Guacamole	10 min	Serves 4-6
<ul style="list-style-type: none">▪ 1 medium avocado, peeled, pitted, and grated▪ 2 tbsp fresh squeezed lemon juice▪ 1 large tomato, chopped	<ul style="list-style-type: none">▪ 2-4 green onions, chopped▪ ½ tsp garlic powder▪ Cayenne pepper to taste	
Mash avocado with a fork. Chop the tomato. Add all ingredients and mix well		
✓ LOVED IT!	✓ Didn't like it	
Classic Guacamole	10 min	Serves 8-10
<ul style="list-style-type: none">▪ 2 ripe avocados▪ ¼ tsp garlic powder▪ 1 tbsp fresh lemon juice	<ul style="list-style-type: none">▪ ½ tsp dried oregano▪ ¼ tsp ground cumin▪ Fresh pepper and sea salt to taste	
Throw ingredients in a food processor. Chill, if desired, before serving.		
✓ LOVED IT!	✓ Didn't like it	
Fresh Tomato Salsa	15 min	Serves 2-3
<ul style="list-style-type: none">▪ 3 large Roma tomatoes, peeled▪ 1 tbsp crushed jalapeno peppers▪ 4 green onions, chopped	<ul style="list-style-type: none">▪ 2 tbsp fresh lime juice▪ Pinch of finely chopped red chili peppers	
<ol style="list-style-type: none">1. Chop the tomatoes into small pieces.2. Combine tomatoes with remaining ingredients in a medium sized bowl and stir.3. 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

Candida friendly Mayonnaise	15 min	Serves 6-8
<ul style="list-style-type: none">▪ 6 large egg yolks▪ 2 cups safflower oil▪ ¼ cup lemon juice	<ul style="list-style-type: none">▪ ¼ cup water▪ 1 tsp salt (optional)▪ 1 tsp dry mustard	
<ol style="list-style-type: none">1. Beat Yolks in blender. Drizzle oil into yolks, while beating.2. Add lemon juice, water, salt and mustard; mix.3. Refrigerate in jar until ready to use.		
✓ LOVED IT!	✓ Didn't like it	

Dr. Julie-Ann Holland's Candida Friendly Mayonnaise	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 egg ▪ $\frac{1}{2}$ tsp salt ▪ 1 tbsp Lemon Juice 	<ul style="list-style-type: none"> ▪ 1 tsp. Dry Mustard ▪ 1 cup Oil 	
<ol style="list-style-type: none"> 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"> ▪ 2 leaves fresh basil ▪ Small handful loosely packed parsley leaves ▪ 1 small onion (about 2 ounces) – peeled and cut into 8 pieces ▪ 1 tbsp extra-virgin olive oil 	<ul style="list-style-type: none"> ▪ 3 medium ripe tomatoes (about 18 ounces total) cored and quartered ▪ dash of salt ▪ dash freshly ground black pepper 	
<ol style="list-style-type: none"> 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	
Salsa	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 tomato, chopped ▪ $\frac{1}{2}$ red onion, chopped ▪ 1 jalapeno pepper, seeds removed & chopped ▪ cilantro, chopped 	<ul style="list-style-type: none"> ▪ parsley, chopped ▪ juice of $\frac{1}{2}$ a lime ▪ sea salt & pepper 	
<p>Combine all ingredients and mix together. For best results let refrigerate for 1 hour before Serving.</p>		
✓ LOVED IT!	✓ Didn't like it	

ENTREES

BREAKFAST DISHES

Hearty Oatmeal	10-15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 cup cooked oatmeal ▪ 2 tbsp. Honey 	<ul style="list-style-type: none"> ▪ Dash of cinnamon ▪ Dash of nutmeg 	
Variation: Try adding 1 chopped Banana and 1/4 cup of chopped pecans.		
✓ LOVED IT!	✓ Didn't like it	
Stir-Fried Vegetable Scramble	20 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 2 tbsp butter ▪ 2 tbsp chopped onion ▪ 2 tbsp chopped green pepper 	<ul style="list-style-type: none"> ▪ 1/2 cup fresh chopped tomato ▪ 1 cup cooked vegetables ▪ 2-4 slightly beaten eggs 	
<ol style="list-style-type: none"> 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	
Tasty Omelet	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 2 large eggs ▪ 1 tomato, diced ▪ 1/2 avocado, peeled and diced 	<ul style="list-style-type: none"> ▪ 2 green onion, chopped ▪ 1 tbsp coconut oil 	
<ol style="list-style-type: none"> 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	
Veggie Scramble	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 tbsp coconut oil or real butter ▪ 2 tbsp chopped onion ▪ 2 tbsp chopped green onion 	<ul style="list-style-type: none"> ▪ 1/2 cup chopped tomato ▪ 1 cup cooked vegetables ▪ 2-4 eggs slightly beaten 	
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	

SOUPS

American Vegetable Soup		1 hr 10min	Serves 6
▪ 1 tbsp extra-virgin olive oil	▪ 1 tbsp powdered chicken flavored vegetable low-sodium, organic broth		
▪ 2 cups sliced leeks	▪ 1 tbsp miso		
▪ 1 sliced medium red onion	▪ 3 tbsp lemon juice		
▪ 2 carrots, halved and cut 1/8 in rounds	▪ 1 tbsp honey		
▪ 1 medium green cabbage, chopped (8 cups)	▪ 2 peeled and chopped medium tomatoes		
▪ 1 tsp dried thyme	▪ Freshly ground pepper		
▪ 7 cups boiling water			
1. Heat oil, garlic, onion, and thyme and sauté until onion begins to soften (about 2 minutes)			
2. Add carrots, celery, corn, potato, green beans, peas, and cabbage. Sauté and stir for 2 minutes.			
3. Add water and bring to a boil. Stir in powdered vegetable broth, miso, and tomato paste. Cover and bring to boil. Simmer for 35 to 40 minutes			
✓ LOVED IT!	✓ Didn't like it		
Best Chicken Soup		60 min	Serves 2
▪ 8 oz chicken wings	▪ 1 stalk celery, diced		
▪ ½ can (17 ½ oz) organic chicken broth	▪ ¼ tsp sea salt (optional)		
▪ 1 ½ cups water	▪ ½ tsp nutmeg		
▪ ½ medium yellow onion, chopped	▪ ¼ cup lentils		
▪ 1 carrot, peeled and cut into rounds			
Place chicken, broth and water in a pan. Bring to a boil and skim foam. Reduce heat; add vegetables, seasonings and rice. Cover; simmer 40-50 minutes or until chicken is tender. Remove check and save for other use.			
✓ LOVED IT!	✓ Didn't like it		
Cioppino		25 min	Serves 3-4
▪ 3.5 oz white fish, cubed	▪ ¼ onion, thinly sliced		
▪ 1 tomato, chopped	▪ 1 tsp parsley		
▪ 1 tsp tomato paste	▪ 2 tsp Italian spice mix		
▪ 2 cup low-sodium, organic chicken broth	▪ Salt/pepper to taste		
▪ 1 clove garlic, minced	▪ Tabasco		
▪ 1 bay leaf			
Combine broth, onion, whole bay leaf, parsley and spice mix. Bring to a boil. Reduce heat, cover, and simmer for 10-15 min. 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 then top with Tabasco.			
✓ LOVED IT!	✓ Didn't like it		

Creamy Celery Soup	30 min	Serves 4-5
<ul style="list-style-type: none"> ▪ 1 medium onion ▪ 1 medium celery stalk ▪ 1 medium garlic clove ▪ 1 tbsp extra-virgin olive oil ▪ 4 cups chopped vegetables, in $\frac{1}{2}$ to 1 inch pieces 	<ul style="list-style-type: none"> ▪ 5 cups of water ▪ 2 tbsp light miso or 2 vegetable bouillon ▪ 1 $\frac{1}{2}$ tbsp tahini ▪ Freshly ground pepper 	
<ol style="list-style-type: none"> 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 water and bring back to a boil. Stir and reduce heat to medium. Cover and cook for 8-10 minutes. Lift cover and add miso. Stir until miso is dissolved and vegetables are tender. 5. Pour soup into a bowl to cool. Remove $\frac{1}{2}$ cup of broth from soup and stir remaining soup. While soup is cooling, place tahini and $\frac{1}{2}$ cup broth in a blender. Blend to a smooth cream. Set aside. 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 and stir in tahini mixture. Gently reheat soup, taking care not to let it boil and stirring frequently. Add pepper to taste. 		
✓ LOVED IT!	✓ Didn't like it	
Happy Vegetable Soup	15 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 1 small onion ▪ 2 green onions ▪ 2 celery stalks ▪ 2 carrots ▪ 1 zucchini ▪ 1 pressed garlic clove 	<ul style="list-style-type: none"> ▪ 2 green chard leaves ▪ 2 cups broccoli ▪ 1 tbsp extra-virgin olive oil ▪ 6 cups water ▪ 2 vegetable bouillon cubes ▪ $\frac{1}{2}$ cup minced fresh parsley 	
<ol style="list-style-type: none"> 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 water and bouillon cube and 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	
Lemon Chicken Soup	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 oz cooked chicken breast, shredded ▪ 2 cups fresh raw spinach, chopped ▪ 4 asparagus spears, cut 1 inch pieces ▪ 2-3 cups Low-sodium organic chicken broth 	<ul style="list-style-type: none"> ▪ Juice of 1 lemon ▪ $\frac{1}{4}$ tsp lemon zest ▪ 1 tsp dried thyme ▪ sea salt and pepper 	
<p>Combine all ingredients in saucepan and bring to a boil. Cover and simmer 7-10 minutes. Season with salt and pepper.</p>		
✓ LOVED IT!	✓ Didn't like it	

Mexican Chicken Soup	30 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 oz cooked chicken, shredded ▪ 2 garlic cloves, minced ▪ 2-3 tsp Mexican spice mix ▪ 1 tomato, diced 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cups onion, chopped ▪ 2-3 C Low-sodium organic chicken broth ▪ Fresh cilantro, chopped ▪ 1 lime 	

1. Combine garlic, onion, spice mix 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 more 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"> ▪ 6 cups organic vegetable broth ▪ Cooking spray ▪ 2 carrots, peeled and diced ▪ 1 large onion, diced ▪ 1 cup of chopped broccoli ▪ 4 Cloves of garlic, minced ▪ 1/2 cabbage, chopped ▪ 1/2 pound frozen green beans ▪ 2 tbsp tomato paste ▪ 1 tsp dried basil ▪ 1 tsp dried oregano ▪ 1 tsp salt ▪ 1 large zucchini, diced 		

1. Bring the broth to a boil
 2. Spray a Dutch oven with cooking spray 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

Vegetable Rice Soup	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 cups water ▪ 2 tsps chicken flavored low-sodium, organic vegetable broth ▪ 1 carrot, peeled and sliced thin ▪ 1 stalk of celery sliced thin 	<ul style="list-style-type: none"> ▪ 1 ½ cups coarsely chopped chard or cabbage ▪ 2 tsps soy miso ▪ 1 cup cooked basmati or brown rice 	

1. Boil water and broth. Add carrots and celery. Cook at a low boil for 3 minutes.
 2. Add chard (or cabbage) and miso Dissolve miso and cook at a low boil for 2 minutes longer.
 3. Stir in rice and serve

✓ LOVED IT! ✓ Didn't like it

Veggie Chowder	20 min	Serves 4
<ul style="list-style-type: none"> ▪ 2 large tomatoes, peeled, cored and pureed ▪ 1 cup water ▪ 1 medium red bell pepper, diced ▪ 1 medium yellow onion, finely chopped 	<ul style="list-style-type: none"> ▪ 1 garlic clove, minced ▪ 1 tbsp fresh parsley, chopped ▪ 1 tbsp fresh sage, chopped ▪ 1 tbsp fresh thyme, chopped 	
<p>Combine all ingredients in large pan; mix and bring to a boil. Reduce heat and simmer 10-15 minutes or until vegetables are tender.</p>		
✓ LOVED IT!	✓ Didn't like it	

Warm Vegetable Soup	15 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 1 small onion ▪ 2 green onions ▪ 2 celery stalks ▪ 2 carrots ▪ 1 zucchini ▪ 1 garlic clove, pressed 	<ul style="list-style-type: none"> ▪ 2 green chard leaves or kale ▪ 2 cups broccoli florets ▪ 1 tbsp extra-virgin olive oil ▪ 6 cups water ▪ 2 vegetable bouillon cubes or 2 tbsp organic vegetable broth ▪ ½ cup minced fresh parsley 	
<ol style="list-style-type: none"> 1. Cut vegetables into ½ 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. Add water and bouillon cubes 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 for 2 minutes 		
✓ LOVED IT!	✓ Didn't like it	

White Chicken Chili	25 min	Serves 2
<ul style="list-style-type: none"> ▪ 3 oz cooked chicken breast, shredded ▪ ½ cup green bell pepper, chopped ▪ ½ cup onion, chopped ▪ 1 cup Low-sodium organic chicken broth ▪ 2 cloves garlic, minced 	<ul style="list-style-type: none"> ▪ 1/2 tsp cumin ▪ 1/4 tsp dried oregano ▪ 1/4 tsp red pepper flakes ▪ 1/8 tsp ground cloves ▪ Tabasco, to taste 	
<ol style="list-style-type: none"> 1. Combine garlic, onion, bell pepper and ½ cup of 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, except for Tabasco. 4. Bring to a boil, reduce heat, cover and simmer for 10-15 minutes. Top with tabasco. 		
✓ LOVED IT!	✓ Didn't like it	

VEGETABLE DISHES

Beet Greens and Chard	12 min	Serves 2-4
<ul style="list-style-type: none"> ▪ 1 bunch red chard ▪ 1 bunch beet greens ▪ 1 tbsp lemon juice 		
<ol style="list-style-type: none"> 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	
Belgian Endive Delight	25 min	Serves 6
<ul style="list-style-type: none"> ▪ 2-3 tbsp extra-virgin olive oil ▪ 6 Belgian endive, cut in half lengthwise 	<ul style="list-style-type: none"> ▪ 2 to 3 cups water ▪ 3 tbsp lemon juice 	
<ol style="list-style-type: none"> 1. Preheat oven to 375F. 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	
Broccoli Pilaf	15 min	Serves 5-6
<ul style="list-style-type: none"> ▪ 1 tbsp safflower oil ▪ ½ tsp cumin seed ▪ ½ tsp mustard seed ▪ 1 tsp ground coriander ▪ 1 tsp turmeric ▪ Pinch of asafetida ▪ ¼ tsp ground cinnamon ▪ 2 bay leaves 	<ul style="list-style-type: none"> ▪ 1 tsp minced garlic ▪ ½ cup minced onion ▪ 1 bunch broccoli ▪ 1/3 water ▪ 3 cups steamed rice ▪ Juice from small lemon ▪ 2 tbsp chopped cilantro ▪ 1 tsp sea salt 	
<ol style="list-style-type: none"> 1. Cut broccoli into small florets. Peel stems and cut crosswise into 1/3 inch slices 2. Prepare rice. (Measure 1 cup into 2 ¼ 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 (keep 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	

Brown Rice with Herbs	30-60 min	Serves 6
<ul style="list-style-type: none"> <li data-bbox="236 228 1060 234">▪ 1 tbsp extra-virgin olive oil <li data-bbox="236 236 1060 242">▪ $\frac{1}{2}$ cup diced onion <li data-bbox="236 244 1060 253">▪ 1 tsp minced garlic <li data-bbox="236 253 1060 261">▪ 2 cups long grain brown rice <li data-bbox="236 264 1060 299">▪ 4 $\frac{1}{2}$ cups boiling chicken flavored low-sodium, organic vegetable broth <li data-bbox="236 359 1060 367">▪ 2 tsp dried thyme 	<ul style="list-style-type: none"> <li data-bbox="850 228 1060 234">▪ 1 bay leaf <li data-bbox="850 236 1060 242">▪ 1 tsp dried marjoram <li data-bbox="850 244 1060 253">▪ $\frac{1}{2}$ cup minced fresh parsley <li data-bbox="850 253 1060 261">▪ Tabasco sauce to taste <li data-bbox="850 264 1060 270">▪ Ground rock salt <li data-bbox="850 272 1060 278">▪ Freshly ground pepper 	

1. Preheat oven to 375F.
 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. Back for 50 minutes.
 5. Remove from oven. Remove and discard bay leaf.

✓ LOVED IT! ✓ Didn't like it

Bunches of Broccoli	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 bunch of broccoli ▪ 2 T. butter 	<ul style="list-style-type: none"> ▪ Sea salt & cayenne pepper, to taste ▪ 1 t. fresh lemon juice 	

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

Carrot "Stuffing"	20 min	Serves 2-4
<ul style="list-style-type: none"> ▪ 3-5 lbs. Carrots, juiced, save the pulp. ▪ 3 large ripe avocados ▪ 1 head celery ▪ 1 red onion ▪ 2 tomatoes 		

1. Mix the celery and onions in a food processor, or with the champion juicer with the blank in.
 2. Add this to the carrot pulp.
 3. Add diced tomatoes to the mixture.
 4. Mash up 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

Filled Eggplant	30 min	Serves 4-6
<ul style="list-style-type: none"> <li data-bbox="310 1594 1060 1600">▪ 1 medium eggplant, peeled and cubed <li data-bbox="310 1594 1060 1600">▪ 1 tsp sea salt <li data-bbox="310 1594 1060 1600">▪ 8 tsp coconut oil 	<ul style="list-style-type: none"> <li data-bbox="1060 1594 1215 1600">▪ 1 medium green pepper, cored, seeded and chopped <li data-bbox="1060 1594 1215 1600">▪ 3 cloves garlic, chopped 	

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.

French Garlic String Beans	35 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 2 tbsp extra-virgin olive oil ▪ 1 tsp garlic, minced ▪ 4 cups fresh string beans, julienned ▪ $\frac{1}{2}$ tsp dried thyme 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ tsp sea salt ▪ 2 cups water ▪ 1 vegetable bouillon ▪ Squeeze of fresh lemon juice 	
<ol style="list-style-type: none"> 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 vegetable bouillon. 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	
Garlic Green Beans	15 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 2 cups fresh green beans ▪ $\frac{1}{4}$ cup minced onion 	<ul style="list-style-type: none"> ▪ 1 Clove Garlic ▪ 1 tsp extra-virgin olive oil 	
<ol style="list-style-type: none"> 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	
Grilled Asparagus	7-10 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 2 tbsp extra-virgin olive oil ▪ $\frac{1}{2}$ tsp pressed garlic 	<ul style="list-style-type: none"> ▪ 1 pound thin asparagus, trimmed 	
<ol style="list-style-type: none"> 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 and outer layer is crisp 		
✓ LOVED IT!	✓ Didn't like it	
Heavenly Marinated Vegetable	25 min	Serves 4-6
<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ cup extra-virgin olive oil ▪ 2 cups of any combination of: ▪ Broccoli florets ▪ Green or red cabbage, shredded ▪ Cauliflower florets ▪ Onion, sliced 	<ul style="list-style-type: none"> ▪ bell pepper, cored, seeded, and cut in strips ▪ Tomato wedges ▪ 3 cloves garlic, chopped ▪ Sea salt to taste ▪ 2 tbsp chopped fresh parsley ▪ $\frac{1}{2}$ lemon 	
<ol style="list-style-type: none"> 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	

Italian Green Beans	10 min	Serves 4-6
<ul style="list-style-type: none"> ▪ Ground Rock Salt ▪ 1 pound tender young green beans 	<ul style="list-style-type: none"> ▪ 2 tsps lemon juice ▪ 2 tbsp extra virgin olive oil 	

1. Boil water in a large pot. Trim ends off beans and cut them in half.
2. Add pinch of ground rock 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

Italian Zucchini	25 min	Serves 4
<ul style="list-style-type: none"> ▪ 2 large zucchini ▪ 1 tsp minced garlic ▪ 2 tbsp dried basil 	<ul style="list-style-type: none"> ▪ 2 tsps dried oregano ▪ 1 tsp paprika ▪ Freshly ground pepper 	

1. Cut zucchini into thin 1/8 inch strips lengthwise.
2. Combine garlic with extra-virgin olive 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

Layered Zucchini	15 min	Serves 4
<ul style="list-style-type: none"> ▪ 1 lb. zucchini, cut into ½" slices ▪ 1 lb. tomatoes, peeled and diced ▪ 1 tsp oregano ▪ 1 tsp minced onion 	<ul style="list-style-type: none"> ▪ ½ tsp sea salt ▪ ½ tsp garlic powder ▪ ¼ tsp cayenne pepper 	

Combine all ingredients in a saucepan. Simmer until zucchini is tender

LOVED IT! Didn't like it

Lettuce Wraps	20 min	Serves 6-8
<ul style="list-style-type: none"> ▪ 2 very ripe avocados ▪ 3 tomatoes, diced ▪ ½ jalapeno pepper, diced 	<ul style="list-style-type: none"> ▪ 3 cloves fresh garlic, minced ▪ 2 tsp lime juice ▪ 6-8 large romaine lettuce leaves 	

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

Lemon Broccoli	10 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 head of broccoli ▪ 1 tbsp lemon juice, fresh squeezed 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ tsp lemon zest ▪ Salt & pepper 	
<ol style="list-style-type: none"> 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	
Marinated Tomatoes	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tomato, thinly sliced ▪ 3-4 red onion slices ▪ $\frac{1}{2}$ tsp dried basil ▪ $\frac{1}{4}$ tsp dried tarragon 	<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ tsp dried oregano ▪ 2 tbsp red wine vinegar ▪ salt & pepper 	
<ol style="list-style-type: none"> 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	
Melted Tomato & Zucchini Wraps	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tbsp extra-virgin olive oil ▪ $\frac{1}{2}$ cup thinly sliced zucchini rounds ▪ $\frac{1}{2}$ large tomato, chopped 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium yellow onion, finely chopped ▪ Garlic powder, to taste ▪ Basil, to taste ▪ 2 Iceberg Lettuce Leaf 	
<ol style="list-style-type: none"> 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	
Mock "Mashed Potatoes"	10 min	Serves 2-3
<ul style="list-style-type: none"> ▪ 1 Head of Fresh Cauliflower ▪ 1 tbsp organic chicken broth ▪ 1 tbsp minced dried onion 	<ul style="list-style-type: none"> ▪ $\frac{1}{8}$ tsp black pepper ▪ $\frac{1}{4}$ cup water 	
<ol style="list-style-type: none"> 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	

Parsley and Parsnips	18 min	Serves 4-6
<ul style="list-style-type: none"> ▪ 8 medium parsnips, peeled, trimmed and quartered lengthwise ▪ 2 tbsp extra-virgin olive oil 	<ul style="list-style-type: none"> ▪ ¼ cup minced fresh parsley 	
1. Place parsnips in a skillet with water (enough to cover). Boil then simmer covered for 5 minutes or until tender. Drain.		
2. Add extra-virgin olive oil, parsley, and parsnips. Heat and toss		
✓ LOVED IT!	✓ Didn't like it	
Sautéed Brussels	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 5-6 Brussels sprouts ▪ 1 cucumber 	<ul style="list-style-type: none"> ▪ 1 orange pepper ▪ 1/8 cup extra-virgin olive oil 	
Lightly steam Brussels sprouts. Slice cucumber and pepper. Combine sprouts, spinach, pepper and oil. Toss. Add salt/spices to taste.		
✓ LOVED IT!	✓ Didn't like it	
Sautéed Asparagus	20 min	Serves 4
<ul style="list-style-type: none"> ▪ ½ pound asparagus, cut diagonally ▪ 4 cups of water ▪ 1 tbsp coconut oil 	<ul style="list-style-type: none"> ▪ Grated fresh gingerroot, to taste ▪ 1 garlic clove, minced ▪ ½ tsp sea salt, optional 	
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 the asparagus. Sauté, stirring often, until tender.		
✓ LOVED IT!	✓ Didn't like it	
Sautéed Spinach	10 min	Serves 3-4
<ul style="list-style-type: none"> ▪ 2 tbsp. extra-virgin olive oil ▪ ¼ cup sliced onion ▪ 1 – 10 oz package fresh spinach, rinsed and torn 	<ul style="list-style-type: none"> ▪ 1 garlic clove, sliced ▪ Sea salt, to taste 	
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	
Spicy Taco Crunch Wraps	10 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 ripe avocados ▪ 1 large onion ▪ ¼ cup fresh lemon juice 	<ul style="list-style-type: none"> ▪ ¼ c fresh parsley, chopped ▪ 1 ½ tsp sea salt ▪ Romaine or leaf lettuce 	
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 the mixture into a lettuce leaf and wrap! This tastes like a taco!		
✓ LOVED IT!	✓ Didn't like it	

Steamed Cabbage		15 min	Serves 2
▪ $\frac{1}{2}$ head of Cabbage, chopped	▪ $\frac{1}{2}$ tsp dry mustard		
▪ juice of $\frac{1}{2}$ lemon	▪ salt & pepper		
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		
Stir Fry		20 min	Serves 2-3
▪ 4 tsp Coconut oil	▪ 1 tbsp minced garlic		
▪ 1 pound vegetables: Broccoli, cauliflower, onions, and green pepper	▪ 1 tsp fresh lemon juice		
<ol style="list-style-type: none"> 1. Heat oil in skillet over low heat. 2. Add garlic and veggies. Cook until tender-crisp. 3. Stir in lemon juice. 4 servings 			
✓ LOVED IT!	✓ Didn't like it		
Stir Fried Cucumbers		15 min	Serves 1
▪ 3 medium cucumbers	▪ 2 garlic cloves, sliced		
▪ 2 tbsp coconut oil			
Peel and halve cucumbers lengthwise; remove seeds. Cut into 1" chunks. In skillet heat oil on low heat. Add cucumbers and garlic			
✓ LOVED IT!	✓ Didn't like it		
Stir Fried Cabbage		15 min	Serves 4
▪ 1 small head cabbage, coarsely shredded			
▪ 3 tbsp coconut oil			
▪ Sea salt to taste			
Heat oil in skillet on low. Add cabbage, stirring until coated. Cook until tender-crisp. Season with salt, if desired			
✓ LOVED IT!	✓ Didn't like it		
Tasty Marinated Vegetables		25 min	Serves 6
▪ 2/3 cup fresh lemon juice	▪ 1 cup cold-pressed extra-virgin olive oil		
▪ 2-4 garlic cloves, chopped	▪ 4 pounds vegetables and/or sprouts		
▪ 2 tsp total dried parsley, basil, dill, celery seed or fennel	▪ $\frac{1}{2}$ tsp sea salt, optional		
<ol style="list-style-type: none"> 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 the mixture and toss. 8. Marinate overnight in refrigerator 			
✓ LOVED IT!	✓ Didn't like it		

Teriyaki Broccoli and Rice	15-20 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 tbsp Extra-virgin olive oil ▪ 4 tbsp Bragg's Liquid Aminos (natural soy sauce alternative) ▪ 2 heads of broccoli, cut in to $\frac{1}{2}$ inch pieces. ▪ 4 cups of Cooked Brown Rice ▪ 1 Garlic Clove, minced 		

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

Tomato Cups	15 min	Serves 6
<ul style="list-style-type: none"> ▪ 6 medium tomatoes ▪ $\frac{1}{2}$ small cucumber ▪ 2 sticks of celery ▪ $\frac{1}{2}$ cup fresh parsley ▪ 1 tbsp fresh mint ▪ 1 clove garlic ▪ 2 tsps kelp ▪ 1 tbsp lemon juice ▪ 1 tbsp extra virgin olive oil ▪ Sea salt to taste 		

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

Vegetable Delight	10 min	Serves 5
<ul style="list-style-type: none"> ▪ 1 cup Swiss chard ▪ 1 cup cauliflower ▪ 1 cup broccoli ▪ 1 cup carrots ▪ 1 cup onions ▪ 4 tsps coconut oil 		

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

Vegetable Stuffed Green Peppers	15 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 Green Pepper ▪ 1-2 cups of cooked vegetables 		

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

Veggie Kabobs	30 min	Serves 6
Marinade		Kabob
<ul style="list-style-type: none"> ▪ 2 tbsp coconut oil ▪ 3 tbsp chopped fresh rosemary ▪ 2 garlic cloves, peeled and crushed ▪ Juice of 2 lemons ▪ 24 cherry or grape tomatoes ▪ 12 wooden skewers 		<ul style="list-style-type: none"> ▪ 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
<ol style="list-style-type: none"> 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 		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it		
Steamed Artichokes	50 min	Serves 4
<ul style="list-style-type: none"> ▪ 4 artichokes ▪ 1 bay leaf ▪ Several slices of lemon 		<ul style="list-style-type: none"> ▪ 6 peppercorns ▪ 1 garlic clove
<ol style="list-style-type: none"> 1. Wash artichokes. 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. 3. Place artichokes on a tray with their leaves down and stems up. 4. Steam for 60 to 7 5. 5 minutes. When an inner leaf is easily removed you know they are done. 6. Cut off the stem of the artichoke. Cut in half lengthwise and remove the fuzzy chokes with a spoon. 7. In a small bowl, combine the oil, lemon juice and garlic. 8. Drain the artichoke and serve with dip on the side 		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it		

CHICKEN

Brussels Sprouts and Chicken Delight	15 min	Serves 1
<ul style="list-style-type: none"> ▪ 1/8 cup extra-virgin olive oil ▪ 5-6 Brussels sprouts ▪ 1-2 cloves garlic, peeled and quartered 		<ul style="list-style-type: none"> ▪ ½ onion, diced ▪ 3-4 ounces of chicken, cubed
Combine all in frying pan. Brown the Brussels sprouts, onion, garlic and chicken. Enjoy.		
<input checked="" type="checkbox"/> LOVED IT! <input checked="" type="checkbox"/> Didn't like it		

Broccoli and Chicken Divine	60 min	Serves 4
<ul style="list-style-type: none"> ▪ 1 – 3 pound chicken ▪ $\frac{1}{4}$ pound broccoli, sliced ▪ $\frac{1}{2}$ cup Candida friendly mayonnaise (see pg. 115) 	<ul style="list-style-type: none"> ▪ 1 medium sweet yellow onion, chopped ▪ 1 tsp garlic powder ▪ Sea salt to taste, optional 	
<ol style="list-style-type: none"> 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. <p>This may be reheated before serving or serve cold.</p>		
✓ LOVED IT!	✓ Didn't like it	
Chicken Cacciatore	1 hr 15 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 pound chicken, chopped ▪ 1 tsp garlic powder, to taste ▪ 1 tbsp chopped fresh oregano 	<ul style="list-style-type: none"> ▪ 1 tbsp chopped fresh basil ▪ 1-8 oz Candida friendly tomato sauce (see Homemade Tomato Sauce pg. 116) 	
<ol style="list-style-type: none"> 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	
Chicken Lettuce Wraps	15 min	Serves 6
<ul style="list-style-type: none"> ▪ 2 stalks celery, finely chopped ▪ 1 tbsp chopped fresh basil ▪ 1 tbsp chopped fresh parsley 	<ul style="list-style-type: none"> ▪ 6 slices cooked chicken (not deli) ▪ 6 Iceberg Lettuce Leaf 	
<p>Mix celery and seasonings. Spread over turkey slices and place on lettuce. Roll each tightly</p>		
✓ LOVED IT!	✓ Didn't like it	
Chicken with Melted Tomato & Zucchini	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 tbsp coconut oil ▪ $\frac{1}{2}$ cup thinly sliced zucchini rounds ▪ $\frac{1}{2}$ large tomato, chopped 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ medium yellow onion, finely chopped ▪ Garlic powder, to taste ▪ Basil, to taste ▪ 2 chicken breasts 	
<ol style="list-style-type: none"> 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	

Easy Chicken & Rice	60 min	Serves 4
<ul style="list-style-type: none"> ▪ 3 pounds of chicken (i.e.; drumsticks, thighs, wings, breasts) ▪ 1 cup brown rice ▪ 2 cups water ▪ Dash of salt 	<ul style="list-style-type: none"> ▪ 2 tbsp butter ▪ 3 tbsp rosemary ▪ 3 tbsp chopped fresh parsley ▪ Optional – onions, celery, green pepper, nuts 	

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

Garlic Ginger Chicken	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 3.5 oz chicken breasts ▪ 1/4 cup Bragg's Liquid Aminos (natural soy sauce alternative) 	<ul style="list-style-type: none"> ▪ 1 tsp minced ginger ▪ 1 clove garlic, minced 	

1. Preheat oven to 400 degrees.
2. Tear off 2 sheets of foil measuring 12 x 18 inches each.
3. Combine soy sauce, ginger and garlic.
4. Place one chicken breast in the center of each sheet of foil wrap.
5. Drizzle the ginger-garlic-soy mixture over the chicken.
6. Bring up the sides of the foil and turn over the top edge twice.
7. Seal the ends, leaving enough room inside the packets for air to circulate.
8. Place on a cookie sheet and cook for 12-15

LOVED IT! Didn't like it

Italian Chicken Kabobs	30 min	Serves 1
<ul style="list-style-type: none"> ▪ 3.5 oz chicken, cut into 1 ½ inch pieces ▪ 1/2 zucchini, cut in chunks ▪ ½ onion, cut into chunks 	<ul style="list-style-type: none"> ▪ 1/4 cup Italian vinaigrette ▪ 1 tbsp Italian spice mix 	

1. Combine all ingredients in a Ziploc baggie and marinade 4-8 hours.
2. Turn once. Skewer alternating meat, zucchini and onion. This may be place on a medium heat grill or baked on a foil lined baking dish at 400 degrees for 12 minutes.
3. Turn halfway between cooking time

LOVED IT! Didn't like it

Lemon Chicken	20 min	Serves 2
<ul style="list-style-type: none"> ▪ 2 3.5 oz chicken breasts ▪ Juice and zest of 1 small lemon ▪ $\frac{1}{2}$ tsp chopped garlic 	<ul style="list-style-type: none"> ▪ 2 tsp Dijon mustard ▪ $\frac{1}{2}$ tsp black pepper 	

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, mustard 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

Orange Teriyaki Chicken Stir-Fry	25 min	Serves 2
<ul style="list-style-type: none"> ▪ 3.5 oz Chicken, thinly sliced ▪ 2 tbsp Bragg's Liquid Aminos (natural soy sauce alternative) ▪ Orange zest ▪ 10-12 asparagus spears, sliced 1 inch pieces 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ cup fresh mushroom, sliced ▪ $\frac{1}{2}$ tsp garlic, minced ▪ 3 tbsp low-sodium, organic chicken broth 	

1. Combine Teriyaki sauce and orange extract and set aside. Add broth, asparagus, mushrooms and garlic to pan.
2. Cook over medium heat for 3-5 minutes.
3. Add chicken and cook for 5 minutes until fully cooked.
4. Stir in Teriyaki sauce mixture and toss until well coated

✓ LOVED IT! ✓ Didn't like it

Picnic Lettuce Wraps	20 min	Serves 4
<ul style="list-style-type: none"> ▪ $\frac{1}{4}$ pound cooked chicken or tuna ▪ 1 stalk celery, chopped ▪ 1 tsp chopped fresh dill weed ▪ 1 tsp chopped fresh basil 	<ul style="list-style-type: none"> ▪ $\frac{1}{2}$ tsp garlic powder ▪ 2 tbsp Candida friendly mayonnaise ▪ 1 tomato, sliced ▪ 4 Iceberg Lettuce Leaf 	

1. Preheat oven to 350 degrees F.
2. Blend tuna, celery, seasonings and mayonnaise.
3. Place tomato slice on each leaf; place in baking pan. Top with tuna mixture. Cover with foil, bake 10 minutes

✓ LOVED IT! ✓ Didn't like it

DESSERTS

Banana Papaya Pudding	5 min	Serves 2
<ul style="list-style-type: none"> ▪ 1 banana ▪ 1 papaya 		
<ol style="list-style-type: none"> 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	
Banana Ice Cream	5 min	Serves 2
<ul style="list-style-type: none"> ▪ 2-3 Frozen Bananas (freeze without peel) <p>Blend frozen bananas in food processor until very smooth. Bananas may look gritty but keep blending till smooth.</p>		
✓ LOVED IT!	✓ Didn't like it	
Juice Pops	5 min	Serves 6
<ul style="list-style-type: none"> ▪ 4 Oranges ▪ 2 cups Berries 		
<ol style="list-style-type: none"> 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	
Strawberry Pie	20 min	Serves 6-8
<ul style="list-style-type: none"> ▪ 2 cups Almonds ▪ $\frac{1}{2}$ cup Honey ▪ 2 baskets of Strawberries ▪ Topping: 	<ul style="list-style-type: none"> ▪ 1 cup Cashews ▪ 2 tbsp Coconut Butter ▪ $\frac{1}{4}$ cup Honey 	
<p>Process Almonds with Honey. Spread into a pie dish and top with Strawberries. Blend topping ingredients and pour over p</p>		
✓ LOVED IT!	✓ Didn't like it	

DETOX MIXTURE

Detox Mixture	5 min	Serves 1
<ul style="list-style-type: none"> ▪ 1 $\frac{1}{2}$ cups fresh lemon juice ▪ 2 quarts Distilled Water ▪ 1/3 cup pure maple syrup (for women) Or ▪ $\frac{1}{2}$ cup pure maple syrup (for men) 		
✓ LOVED IT!	✓ Didn't like it	

CALORIE INDEX

Vegetables	Serving Size	Calories
		Raw
Artichokes	½ Cup	30
Alfalfa sprouts	½ Cup	28
Asparagus	1 Cup	27
Avocados	¼ cup	96
Bamboo shoots	1 Cup	41
Bean sprouts	1 Cup	53
Beets	1 Cup	58
Bok choy	½ Head	50
Broccoli	1 Cup	30
Brussels sprouts	1 Cup	38
Buckwheat sprouts	1 Cups	583
Cabbage, Chinese	1 Cup Shredded	9
Cabbage, Red	1 Cup Shredded	28
Carrots	1 Cup Chopped	52
Cauliflower	1 Cup	25
Celery	1 Cup Diced	19
Chard, Swiss	1 Cup	7
Chives	1 Tbsp Chopped	1
Cucumber	1 Cup	16
Eggplant	1 Cup Cubes	20
Fennel, Bulb	1 Cup	27
Garlic	1 Clove	4
Green Beans	1 Cup	40
Green Onions	1 Cup Chopped	32
Jicama	1 Cup	46
Kohlrabi	1 Cup	36
Lima Beans	1 Cup	176
Leek	1 Cup	54
Mung Bean Sprouts	1 Cup	31
Okra	1 Cup	31
Onion	1 Cup	64
Parsley	1 Cup	22
Parsnips	½ Cup	100
Pepper, Green	1 Cup	30
Pepper, Red	1 Cup	48
Pimentos	2 Tbsp	80
Radish	1 Cup	19
Rhubarb	1 Cup	26
Rutabaga	1 Cup	50
Shallots	½ Cup	60
Snap Beans (Edible Pods)	1 Cup	34
Snow Peas (Sugar Peas)	1 Cup	41
String Beans	½ Cup	30

Sprouts	1 Cup	56
Tomatillo	½ Cup	21
Tomatoes	1	15
Turnips	1 Cup	36
Water Chestnuts	1 Cup	80
Wheat Grass	100 ml	14
Zucchini	1 Cup	20

Greens	Serving Size	Raw
Arugula	½ Cup	3
Beet Greens	1 Cup	8
Belgian endive	1	15
Bib lettuce	1 Cup	7
Boston lettuce	1 ½ Cup	15
Butter Lettuce	1 Cup	7
Cress	1 Cup	16
Collard Greens	1 Cup	11
Curly Endive	½ Cup	4
Dandelion Greens	1 Cup	25
Endive	½ Cups	4
Endigia (Red Endive)	½ Cup	4
Escarole	1 ½ Cup	15
Green Leaf	1 ½ Cup	15
Iceberg	1 Cup	8
Kale	1 Cup	34
Mesclun	1 Cup	10
Mustard Greens	1 Cup	15
Oakleaf	½ Cup	4
Radicchio	1 Cup	9
Red Leaf	1 ½ Cup	15
Romaine	½ Cup	5
Spinach	1 Cup	7
Swiss chard	1 Cup	7
Watercress	1 Cup	4

Fruit	Serving Size	Raw
Apples (medium)	1 Cup	65
Apricots	1 Cup	74
Bananas	1 Cup	200
Blackberries	1 Cup	62
Blueberries	1 Cup	83
Boysenberries	1 Cup	66
Cantaloupe	1 Cup	60
Cherries	1 Cup	90
Coconut Meat	1 Cup	283

Dates	1	35
Figs	1	47
Grapefruit	1 Cup	97
Grapes	1 Cup	62
Guava	1	45
Honeydew	1 Cup	64
Kiwi	1 Cup	108
Lemon	1 Cup	61
Limes	1	20
Mango	1	130
Melons	1	60
Mulberries	1 Cup	80
Nectarines	1	70
Oranges	1 Cup	80
Papaya	½ Cup	70
Peaches	1 Cup	66
Pears	1 Cup	96
Persimmon	1	32
Pineapple	1 Cup	78
Plums	1 Cup	76
Pomegranate	1	105
Raspberries	1 Cup	64
Strawberries	1 Cup	49
Tangelos	1	60
Tangerines	1 Cup	80
Watermelon	1	46

Lean Meat	Serving Size	Cooked
Organic Poultry- Free range, antibiotic free and hormone free is best		
Chicken	½ Cup	200
Turkey	½ Cup	190
Wild Caught Fish (not farm raised)		
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
Canned Fish- Water packed tuna	½ Cup	133

Lentils and Rice	Serving Size	Cooked
Brown Lentils	1 Cup	232
Red Lentils	½ Cup	340
Brown Basmati Rice	½ Cup	300
Brown Rice	1 Cup	218
Wild Rice	1 Cup	166

Dairy		
Organic Free-range eggs	1	70
Organic butter	1 Tbsp	100 (Raw)

Oils		Raw
Coconut Oil- (A great substitute for Butter)	1 Tbsp	125
Extra-virgin olive oil	1 Tbsp	120
Flaxseed Oil- (Great for dressings. Keep refrigeration, do no heat)	1 Tbsp	130
Grape seed oil	1 Tbsp	120
Bragg's Liquid Aminos (natural soy sauce alternative)	1 Tbsp	0

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

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.
Bragg's Liquid Aminos

Beverages

Distilled water (during detox)
Spring Water
Pure Water
Vegetable Juice

Raw Nuts & Seeds

EXAMPLE MENU

Excluding detox days.

BREAKFAST

Bowl of sliced fruit with squeeze of lemon
Banana
OR
Morning Energizer
Sliced Pineapple

LUNCH

Garden Salad with Garlic Olive Oil Dressing
Sliced Apple
OR
Lettuce Wrap with Fresh Mango Salsa
Orange slices

DINNER

Garden Salad
Sautéed Mushrooms
OR
Spicy Taco Crunch Wrap
Tomato Cups

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast: -Strawberry Twist -No Supplements	Breakfast: -Creamy Shake -No Supplements	NO FOOD TODAY -Lemon Juice -Detox Mixture -Detox group #1	NO FOOD TODAY -Lemon Juice -Detox Mixture -Detox group #2	NO FOOD TODAY -Lemon Juice -Detox Mixture -Detox group #3	Breakfast: -Creamy Shake -AM Supplements	Breakfast: -Tropical Shake -AM Supplements
Snack: -Apple	Snack: -Snack Shake	Snack: -----	Snack: -----	Snack: -----	Snack: -Snack Shake	Snack: -Honeydew Melon
Lunch: - Garden Salad -Italian Dressing	Lunch: -Greek Salad -Garlic Olive Oil Dressing	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -Greek Salad - Apple Cider Vinaigrette	Lunch: -Harvest Salad - Italian Dressing
Snack: -Snack Shake	Snack: -Apricot	Snack: -----	Snack: -----	Snack: -----	Snack: - Grapes -PM Supplements	Snack: -Snack Shake -PM Supplements
Dinner: -Spicy Taco Crunch Wrap -OR a Salad	Dinner: -Steamed Artichokes -OR a Salad	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -Sautéed Spinach -OR a Salad	Dinner: -Vegetable Delight -OR a Salad

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Breakfast: -Peach Shake -AM Supplements	Breakfast: -Strawberry -Twist AM Supplements	Breakfast: -Creamy Shake -AM Supplements	Breakfast: -Tropical Shake -AM Supplements	Breakfast: -Peach Shake -AM Supplements	Breakfast: -Strawberry Twist -AM Supplements	Breakfast: -Creamy Shake -AM Supplements
Snack: -Snack Shake	Snack: -Kiwis	Snack: -Snack Shake	Snack: -Mangos	Snack: -Snack Shake	Snack: -Nectarines	Snack: -Snack Shake
Lunch: -Strawberry Salad - Garlic Olive Oil Dressing	Lunch: -Garden Salad - Apple Cider Vinaigrette	Lunch: -Greek Salad - Italian Dressing	Lunch: -Harvest Salad - Garlic Olive Oil Dressing	Lunch: -Strawberry Salad - Apple Cider Vinaigrette	Lunch: -Garden Salad - Italian Dressing	Lunch: -Greek Salad - Garlic Olive Oil Dressing
Snack: -Kumquats -PM Supplements	Snack: -Snack Shake -PM Supplements	Snack: -Loganberries -PM Supplements	Snack: -Snack Shake -PM Supplements	Snack: -Mulberries -PM Supplements	Snack: -Snack Shake -PM Supplements	Snack: -Papayas -PM Supplements
Dinner: -Vegetable Stuffed Green Peppers #17 under Dinners -OR a Salad	Dinner: -Tomato Cups -OR a Salad	Dinner: - Chicken with Melted Tomato & Zucchini -OR a Salad	Dinner: -Layered Zucchini -OR a Salad	Dinner: - Stir Fried Cucumbers -OR a Salad	Dinner: - Stir Fried Cabbage -OR a Salad	Dinner: -Carrot "Stuffing" -OR a Salad

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Breakfast: -Tropical Shake -AM Supplements	Breakfast: -Peach Shake -AM Supplements	Breakfast: -Strawberry Twist -AM Supplements	Breakfast: -Creamy Shake -AM Supplements	Breakfast: -Tropical Shake -AM Supplements	Breakfast: -Peach Shake -AM Supplements	Breakfast: -Strawberry Twist
Snack: -Plums	Snack: -Snack Shake	Snack: -Apple	Snack: -Snack Shake	Snack: -Raspberries	Snack: -Snack Shake	Snack: - Yellow Pepper
Lunch: -Harvest Salad	Lunch: -Strawberry Salad	Lunch: -Garden Salad	Lunch: -Greek Salad	Lunch: -Harvest Salad	Lunch: -Strawberry Salad	Lunch: -BananaAvo Pudding - Add Protein
- Apple Cider Vinaigrette	- Italian Dressing	- Garlic Olive Oil Dressing	- Apple Cider Vinaigrette	- Italian Dressing	- Garlic Olive Oil Dressing	
Snack: -Snack Shake -PM Supplements	Snack: -Pomegranates -PM Supplements	Snack: -Snack Shake -PM Supplements	Snack: -Peach -PM Supplements	Snack: -Snack Shake -PM Supplements	Snack: -Strawberries -PM Supplements	Snack: -Mulberries
Dinner: -Filled Eggplant #47	Dinner: -Spicy Taco Crunch Wrap	Dinner: -Steamed Artichokes	Dinner: -Sautéed Brussels	Dinner: -Sautéed Mushrooms	Dinner: -Sautéed Asparagus	Dinner: -Stir Fried Cabbage
-OR a Salad	-OR a Salad	-OR a Salad	-OR a Salad	-OR a Salad	-OR a Salad	-Side Salad -Add Chicken

Week Three

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Breakfast: -Citrus Berry Splash	Breakfast: -Banana Berry Blast	Breakfast: -Triple Delight	Breakfast: - Spinach Shake	Breakfast: -Carrot Lemonade	Breakfast: -Standard Shake	Breakfast: NO FOOD TODAY Make Detox Mixture
Snack: -Nectarines	Snack: -Radishes	Snack: -Plums	Snack: -Broccoli	Snack: -Apple	Snack: - Celery	Snack: -----
Lunch: -Garden Salad with Italian Dressing -Add Fish	Lunch: -Brussels Salad -Add Chicken	Lunch: -Garden Salad with Apple Cider Vinaigrette -Add Protein	Lunch: - Fresh Mango Salsa - Add Chicken	Lunch: - Garden Salad #15 with Garlic Olive Oil Dressing -No Meat Today	Lunch: - Lettuce Wraps -No Meat Today	Lunch: -----
Snack -Cucumber	Snack: -Papayas	Snack: -Carrots	Snack: -Pomegranates	Snack: -Cauliflower	Snack: -Peach	Snack: -----
Dinner: -Carrot Stuffing -Side Salad -Add Chicken	Dinner: -Filled Eggplant -Side Salad -Add Protein	Dinner: -Sautéed Mushrooms -Side Salad -Add Fish	Dinner: -Veggie Kabobs -Side Salad -Add Protein	Dinner: -Steamed Artichokes -Side Salad -No Meat today	Dinner: -Sautéed Brussels -Side Salad -No Meat today	Dinner: -----

Week Four

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Breakfast: NO FOOD TODAY Make Detox Mixture	Breakfast: NO FOOD TODAY Make Detox Mixture	Breakfast: -Spinach Shake	Breakfast: -Citrus Berry Splash	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: Carrot Lemonade
Snack: -----	Snack: -----	Snack: -Fresh Strawberries	Snack: - Red Pepper	Snack: -Orchard Fruit	Snack: -Radishes	Snack: -Berries
Lunch: -----	Lunch: -----	Lunch: - Garden Salad #15 with Fruit Toppers -No Meat or anything frozen, just FRESH	Lunch: with Italian Dressing -No Meat or anything frozen, just FRESH	Lunch: -Brussels Salad -Add Protein	Lunch: -Lettuce Wraps -Add Fish	Lunch: -Cabbage and Tomato Salad -Add Protein
Snack: -----	Snack: -----	Snack: -Cucumbers	Snack: -Fresh Pear	Snack: -Mushrooms	Snack: -Melon	Snack: -Broccoli
Dinner: -----	Dinner: -----	Dinner: -Carrot Stuffing -Side Salad -No Meat, Just FRESH	Dinner: -Vegetable Delight -Side Salad -No Meat, just Fresh	Dinner: -Spicy Taco Crunch Wrap -Side Salad -Add Chicken	Dinner: -Sautéed Asparagus -Side Salad -Add Chicken	Dinner: -Layered Zucchini -Side Salad -Add Fish

Week Five

*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: -Triple Delight	Breakfast: -Banana Berry Blast	Breakfast: -Spinach Shake	Breakfast: -Citrus Berry Splash	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: Carrot Lemonade
Snack: -Carrots	Snack: -Tomatoes	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Topical Fruit	Snack: -Radishes
Lunch: -Garden Salad with Apple Cider Vinaigrette -Add Fish	Lunch: - Fresh Mango Salsa #27 - Add Chicken	Lunch: - Garden Salad with Garlic Olive Oil Dressing -Add Fish	Lunch: - BananaAvo Pudding - Add Protein	Lunch: -Garden Salad with Fruit Toppers -Add Chicken	Lunch: - Lettuce Wraps under Lunches -Add Fish	Lunch: -Garden Salad with Italian Dressing -Add Chicken
Snack: -Tropical Fruit	Snack: -Cauliflower	Snack: -Orchard Fruit	Snack: -Mushrooms	Snack: -Berries	Snack: -Cucumber	Snack: -Avocado
Dinner: -Tomato Cups -Side Salad -Add Fish	Dinner: -Sautéed Mushrooms -Side Salad -Add Fish	Dinner: -Marinated Vegetable A -Side Salad -Add Fish	Dinner: -Sautéed Spinach -Side Salad -Add Chicken	Dinner: -Vegetable Stuffed Green Peppers -Side Salad -Add Fish	Dinner: -Marinated Vegetables B -Side Salad -Add Chicken	Dinner: -Chicken with Melted Tomato & Zucchini -Side Salad -Add Protein

Week Six

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 43	Day 44	Day 45	Day 46	Day 47	Day 48	Day 49
Breakfast: -Triple Delight	Breakfast: -Banana Berry Blast	Breakfast: -Spinach Shake	Breakfast: -Citrus Berry Splash	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: Carrot Lemonade
Snack: -Tomatoes	Snack: -Carrots	Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Red Pepper	Snack: -Berries
Lunch: - Pineappled Carrots - Add Fish	Lunch: -Garden Salad #15 with Apple Cider Vinaigrette #22 -Add Protein	Lunch: - Brussels Salad -Add Chicken	Lunch: - Garden Salad with Garlic Olive Oil Dressing -Add Fish	Lunch: - Cabbage and Tomato Salad -Add Protein	Lunch: -Garden Salad with Fruit Toppers -Add Fish	Lunch: - Lettuce Wraps -Add Fish
Snack: -Broccoli	Snack: -Figs	Snack: -Cauliflower	Snack: -Orange	Snack: - Mushrooms	Snack: -Grapes	Snack: -Broccoli
Dinner: -Stir Fried Cucumbers -Side Salad -Add Chicken	Dinner: -Layered Zucchini -Side Salad -Add Fish	Dinner: -Stir Fried Cabbage -Side Salad -Add Fish	Dinner: -Filled Eggplant -Side Salad -Add Chicken	Dinner: -Sautéed Mushrooms -Side Salad -Add Chicken	Dinner: -Veggie Kabobs -Side Salad -Add Chicken	Dinner: -Spicy Taco Crunch Wrap -Side Salad -Add Chicken

Week Seven

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 50	Day 51	Day 52	Day 53	Day 54	Day 55	Day 56
Breakfast: -Triple Delight	Breakfast: -Banana Berry Blast	Breakfast: -Spinach Shake	Breakfast: -Citrus Berry Splash	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: Carrot Lemonade
Snack: -Radishes	Snack: -Tropical Fruit	Snack: -Fresh Strawberries	Snack: - Red Pepper	Snack: -Orchard Fruit	Snack: -Radishes	Snack: -Berries
Lunch: -Garden Salad with Italian Dressing -Add Protein	Lunch: - Fresh Mango Salsa - Add Chicken	Lunch: - Garden Salad with Fruit Toppers -No Meat or anything frozen, just FRESH	Lunch: - Garden Salad with Italian Dressing -No Meat or anything frozen, just FRESH	Lunch: - Brussels Salad -Add Protein	Lunch: - Lettuce Wraps -Add Fish	Lunch: -Cabbage and Tomato Salad -Add Protein
Snack: -Pomegranate	Snack: -Cucumber	Snack: -Cucumbers	Snack: -Fresh Pear	Snack: -Mushrooms	Snack: -Melon	Snack: -Broccoli
Dinner: -Vegetable Delight #37 -Side Salad -Add Fish	Dinner: -Tomato Cups -Side Salad -Add Fish	Dinner: -Carrot Stuffing -Side Salad -No Meat, Just FRESH	Dinner: -Vegetable Delight -No Meat, just Fresh	Dinner: -Spicy Taco Crunch Wrap -Side Salad -No Meat, just Fresh	Dinner: - Sautéed Asparagus -Side Salad -Add Chicken	Dinner: -Layered Zucchini -Side Salad -Add Fish

Week Eight

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 57	Day 58	Day 59	Day 60	Day 61	Day 62	Day 63
Breakfast: -Triple Delight	Breakfast: -Spinach Shake	Breakfast: -Carrot Lemonade	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: -Citrus Berry Splash	Breakfast: -Banana Berry Blast
Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Berries	Snack: -Radishes	Snack: -Tropical Fruit
Lunch: - Fresh Mango Salsa - Add Chicken	Lunch: - Lettuce Wraps -Add Fish	Lunch: - Cabbage and Tomato Salad -Add Protein	Lunch: - Garden Salad with Garlic Olive Oil Dressing #21 -Add Chicken	Lunch: - Brussels Salad -Add Protein	Lunch: -Garden Salad with Fruit Toppers -Add Fish	Lunch: - Lettuce Wraps -Add Chicken
Snack: -Cauliflower	Snack: -Avocado	Snack: -Mushrooms	Snack: -Tomatoes	Snack: -Cucumber	Snack: -Grapes	Snack: -Carrots
Dinner: -Marinated Vegetable A -Side Salad -Add Fish	Dinner: -Chicken with Melted Tomato & Zucchini -Side Salad -Add Chicken	Dinner: -Sautéed Spinach -Side Salad -Add Chicken	Dinner: -Stir Fried Cucumbers -Side Salad -Add Fish	Dinner: -Marinated Vegetable A -Side Salad -Add Chicken	Dinner: -Vegetable Stuffed Green Peppers -Side Salad -Add Chicken	Dinner: -Veggie Kabobs -Side Salad -Add Chicken

Week Nine

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 64	Day 65	Day 66	Day 67	Day 68	Day 69	Day 70
Breakfast: -Triple Delight	Breakfast: -Banana Berry Blast	Breakfast: -Spinach Shake	Breakfast: -Citrus Berry Splash	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: Carrot Lemonade
Snack: -Carrots	Snack: -Tomatoes	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Topical Fruit	Snack: -Radishes
Lunch: -Garden Salad with Apple Cider Vinaigrette -Add Fish	Lunch: - Fresh Mango Salsa - Add Chicken	Lunch: - Garden Salad with Garlic Olive Oil Dressing -Add Fish	Lunch: - BananaAvo Pudding - Add Protein	Lunch: -Garden Salad with Fruit Toppers -Add Chicken	Lunch: - Lettuce Wraps -Add Fish	Lunch: -Garden Salad with Italian Dressing -Add Chicken
Snack: -Tropical Fruit	Snack: -Cauliflower	Snack: -Orchard Fruit	Snack: - Mushrooms	Snack: -Berries	Snack: -Cucumber	Snack: -Avocado
Dinner: -Tomato Cups -Add Fish	Dinner: -Sautéed Mushrooms -Side Salad -Add Fish	Dinner: -Marinated Vegetable A 8 -Side Salad -Add Fish	Dinner: -Sautéed Spinach -Side Salad -Add Chicken	Dinner: -Vegetable Stuffed Green Peppers -Side Salad -Add Fish	Dinner: -Marinated Vegetables B -Side Salad -Add Chicken	Dinner: -Chicken with Melted Tomato & Zucchini -Side Salad -Add Protein

Week Ten

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 71	Day 72	Day 73	Day 74	Day 75	Day 76	Day 77
Breakfast: -Triple Delight	Breakfast: -Banana Berry Blast	Breakfast: -Spinach Shake	Breakfast: -Citrus Berry Splash	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: Carrot Lemonade
Snack: -Tomatoes	Snack: -Carrots	Snack: -Orchard Fruit	Snack: - Celery	Snack: -Melons	Snack: - Red Pepper	Snack: -Berries
Lunch: - Pineappled Carrots #26 - Add Fish	Lunch: -Garden Salad with Apple Cider Vinaigrette -Add Protein	Lunch: - Brussels Salad -Add Chicken	Lunch: - Garden Salad with Garlic Olive Oil Dressing -Add Fish	Lunch: - Cabbage and Tomato Salad -Add Protein	Lunch: -Garden Salad with Fruit Toppers -Add Fish	Lunch: - Lettuce Wraps -Add Fish
Snack: -Broccoli	Snack: -Figs	Snack: -Cauliflower	Snack: -Orange	Snack: -Mushrooms	Snack: -Grapes	Snack: -Broccoli
Dinner: -Stir Fried Cucumbers #44 -Side Salad -Add Chicken	Dinner: -Layered Zucchini -Side Salad -Add Fish	Dinner: -Stir Fried Cabbage -Side Salad -Add Fish	Dinner: -Filled Eggplant -Side Salad -Add Chicken	Dinner: -Sautéed Mushrooms -Side Salad -Add Chicken	Dinner: -Veggie Kabobs -Side Salad -Add Chicken	Dinner: -Spicy Taco Crunch Wrap -Side Salad -Add Chicken

Week Eleven

*Please note that you will still have to add your calories and adjust quantity accordingly.

Day 78	Day 79	Day 80	Day 81	Day 82	Day 83	Day 84
Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: NO FOOD TODAY	Breakfast: NO FOOD TODAY			
		Make Detox Mixture	Make Detox Mixture			
Snack: -Fresh Carrots	Snack: -Fresh Pear	Snack: -----	Snack: -----	Snack: -----	Snack: - Fresh Apple	Snack: - Fresh Veggies dipped in mashed avocados
Lunch: -Lettuce Wraps	Lunch: -Brussels Salad	Lunch: -----	Lunch: -----	Lunch: -----	Lunch: -Garden Salad with variety of fresh veggies with Garlic Olive Oil Dressing	Lunch: -Garden Salad with variety of fresh veggies with Fruit Toppers
-No Meat today	-No Meat today				-No Meat or anything frozen, just FRESH	-No Meat or anything frozen, just FRESH
Snack: - Fresh Apple	Snack: - Fresh Broccoli	Snack: -----	Snack: -----	Snack: -----	Snack: -Fresh Veggies dipped in mashed avocados	Snack: -Fresh Peach
Dinner: -Sautéed Brussels	Dinner: -Steamed Artichokes	Dinner: -----	Dinner: -----	Dinner: -----	Dinner: -Spicy Taco Crunch Wrap - Garden Salad	Dinner: -Tomato Cups - Garden Salad
-No Meat today						
If recipe calls for meat, simply don't put it in	-No Meat today					

Week Twelve

*Please note that you will still have to add your calories and adjust quantity accordingly.