

# 12-WEEK ULTIMATE WEIGHT LOSS PROGRAM

<b>Program Breakdown</b>	2
<b>The 12-Week Weight Loss Solutions4 Program</b>	3-10
<b>Food List</b>	11-14
<b>Structuring your Diet on the Ultimate 12-Week Weight Loss Program</b>	15-16
<b>Detoxification</b>	17
Healing Crisis	18-19
Frequently Asked Questions about the Detoxification Process	20
<b>Supplements in the Ultimate 12-Week Weight Loss Program</b>	21-23
<b>DAILY CHECKLISTS</b>	24-107
Day 1-2	24-25
Day 3-5 – DETOX #1	26-28
Day 6-27	29-50
Day 28-30 – DETOX # 2	51-53
Day 34-79	54-102
Day 80-82 – DETOX #3	103-105
Day 83-84	106-107
Day 85 and beyond	108
<b>Recipes</b>	109-135
Shakes	109-110
Salads & Dressings	111-116
Entrees	117-133
Desserts	134
Detox Mixture	134
<b>Calorie Index</b>	135-138
<b>Shopping List</b>	139
<b>Example Menus</b>	140-152

# THE 12-WEEK ULTIMATE WEIGHT LOSS PROGRAM

## PROGRAM BREAKDOWN



✓ Products and Services Received	Price	Quantity	Total Price
<b>1 12-Week Weight Loss Supplements</b>	\$1,329.00	1	\$1,329.00
<b>12 Weekly Evaluations</b>	\$60.00	12	\$720.00
<b>12 Sessions of Exercise</b>	\$50.00	12	\$600.00
<b>12 Sauna treatments for detoxification</b>	\$50.00	12	\$600.00
<b>12 Body Wraps</b>	\$85.00	12	\$1,020.00
<b>1 Follow up Evaluation</b>	\$50.00	1	\$50.00
<b>12 Self-Mastery Technology</b>	\$30.00	12	\$360.00
<b>24 Hours a day phone access to the Doctor and Staff</b>			Priceless!
<b>Total Price for Everything You Pay</b>			<b>\$4,679.00</b>

(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)

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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:

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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

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**Nuts and Seeds:**

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

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**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.

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

Annie's Lemon and Chive Dressing

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**Broth:**

Low sodium organic vegetable broth

Low sodium organic chicken broth

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**Nutritional Shakes:**

3 scoops a day except on detox-days

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**Juices:**

Fresh Vegetable Juices

Coconut Water (raw, from a coconut)

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**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

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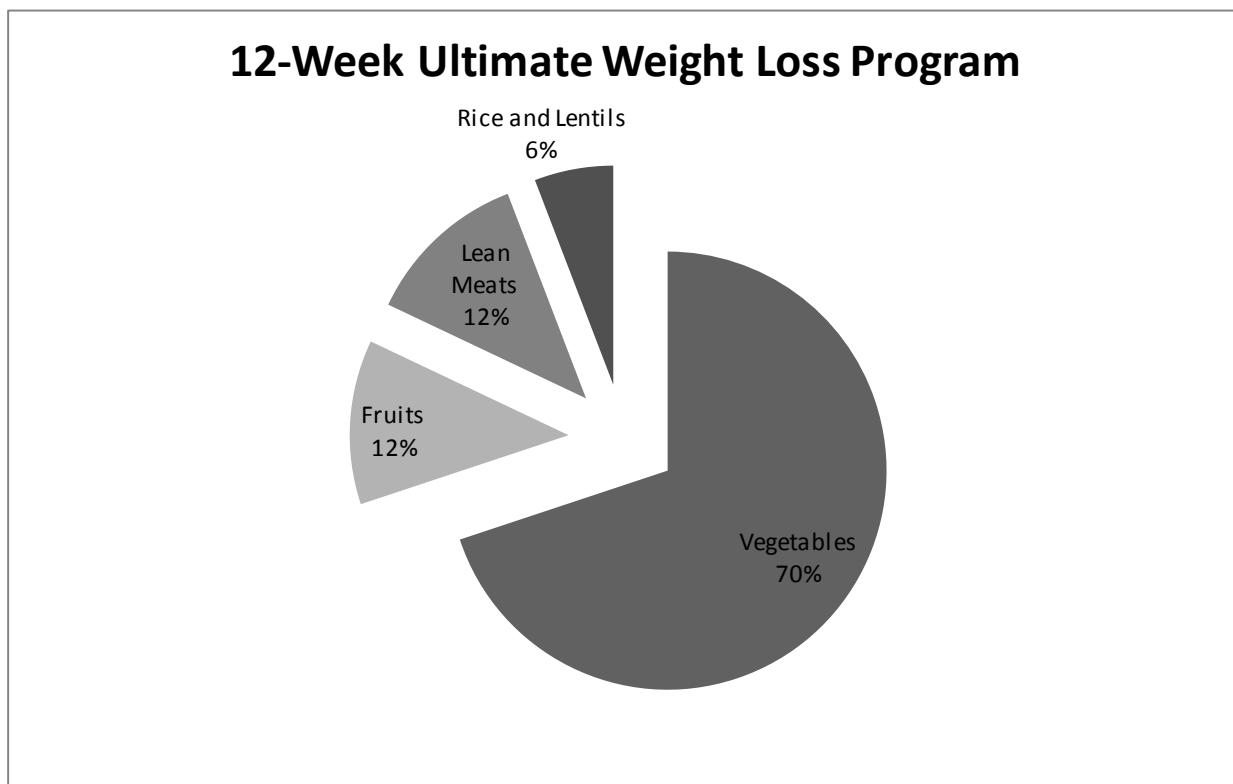
**AVOID GROUP:**

- 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.

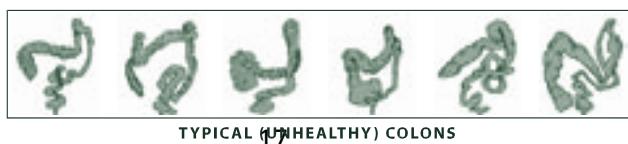
Detoxification is one of the most important factors in the promotion of good health and disease prevention. The Solutions4 Program help the body to cleanse itself of toxins, mucus and other waste materials in the intestinal tract and major vital organs, improving the way they function. This not only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



## **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.

<b>BREAKFAST:</b>				
			<b>CALORIES</b>	<b>CIRCLE ONE</b>
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
<b>MIDMORNING SNACK:</b>			<b>CALORIES</b>	<b>CIRCLE ONE</b>
				Hungry / Emo.
				Hungry / Emo.
<b>NOON SUPPLEMENTS:</b>				
<b>LUNCH:</b>			<b>CALORIES</b>	<b>CIRCLE ONE</b>
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
<b>MID-AFTERNOON SNACK:</b>			<b>CALORIES</b>	<b>CIRCLE ONE</b>
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
<b>DINNER:</b>			<b>CALORIES</b>	<b>CIRCLE ONE</b>
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
				Hungry / Emo.
<b>CALORIES YOU ARE ALLOTTED FOR THE DAY:</b>				
<b>TOTAL CALORIES YOU ATE:</b>				
✓ = YES x = NO (Check Daily)				
<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ___ oz. <input type="checkbox"/> Did you exercise? ___ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised?		<input type="checkbox"/> 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.

<b>BREAKFAST:</b>		<b>CALORIES</b>	<b>CIRCLE ONE</b>
			Hungry / Emo.
<b>MIDMORNING SNACK:</b>		<b>CALORIES</b>	<b>CIRCLE ONE</b>
			Hungry / Emo.
			Hungry / Emo.
<b>LUNCH:</b>		<b>CALORIES</b>	<b>CIRCLE ONE</b>
			Hungry / Emo.
<b>MID-AFTERNOON SNACK:</b>		<b>CALORIES</b>	<b>CIRCLE ONE</b>
			Hungry / Emo.
			Hungry / Emo.
<b>DINNER:</b>		<b>CALORIES</b>	<b>CIRCLE ONE</b>
			Hungry / Emo.
<b>CALORIES YOU ARE ALLOTTED FOR THE DAY:</b>			
<b>TOTAL CALORIES YOU ATE:</b>			
✓ = YES x = NO (Check Daily)			
<input type="checkbox"/> Follow nutrition guidelines for the day? <input type="checkbox"/> Did you take all of your supplements today? <input type="checkbox"/> Did you track your calories? <input type="checkbox"/> Did you stay within your Calorie Budget? <input type="checkbox"/> Drink $\frac{1}{2}$ your body weight in ounces? ____ oz. <input type="checkbox"/> Did you exercise? ____ Min <input type="checkbox"/> Did you apply exercise gel to problem areas before you exercised? <input type="checkbox"/> 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
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## 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"/> 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 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
---	---

## 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
---	---

## 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:		
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 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
---	---

## 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:		
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 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? (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 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:		
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 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? (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 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:		
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 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
---	---

## 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 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 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"/> 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 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
---	---

## 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 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 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?
<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 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"/> 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 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?
<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 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?
<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 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?
<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 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"/> 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 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?
<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 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?
<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 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"/> 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 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
---	---

## 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"/> 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 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?
<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 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?
<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 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?
<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 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?
<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 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?
<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 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?
<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 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?
<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 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:		

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?
<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 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?
<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 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
---	--	--

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 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
---	--	--

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 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:		

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?
<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 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
---	--	--

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**

<b>Chocolate Dream</b>	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	
<b>Fruit Smoothie</b>	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	
<b>Pina Colada</b>	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	
<b>Citrus Berry Splash</b>	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	
<b>Coconut Chocolate Delight</b>	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	

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

# Salads

## GREEN SALADS

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

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

<b>Chicken Salad Wraps</b>	15 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 2 cups finely chopped cooked chicken</li> <li>▪ <math>\frac{1}{2}</math> cup finely chopped celery</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 hard cooked, chopped eggs</li> <li>▪ 1 medium onion, chopped</li> </ul>	
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	

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

<b>Green Salad</b>	10 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 cups mixed lettuce</li> <li>▪ 4 thin slices of Roma tomato, cucumber or carrot</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tbsp Choice of Dressing</li> </ul>	
Place lettuce and dressing in a bowl and toss. Transfer to plate. Garnish with tomato, cucumber, or carrot.		
✓ LOVED IT!	✓ Didn't like it	

<b>Greek Salad</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 cups chopped romaine lettuce</li> <li>▪ 1 Roma tomato, seeded and cut into chunks</li> <li>▪ <math>\frac{1}{4}</math> cucumber, seeded and cubed</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> cup thinly sliced red onion</li> <li>▪ <math>\frac{1}{4}</math> red bell pepper, cut into chunks</li> <li>▪ 2 tbsp sliced kalamata olives</li> </ul>	
Combine all ingredients with desired amount of dressing.		
✓ LOVED IT!	✓ Didn't like it	
<b>Lemon Herb Dressing</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> cup extra-virgin olive oil</li> <li>▪ <math>\frac{1}{4}</math> cup fresh lemon juice</li> <li>▪ 1 tsp. dill</li> <li>▪ 1 tsp. oregano</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tsp. tarragon</li> <li>▪ 1 clove garlic crushed</li> <li>▪ Dash of salt</li> <li>▪ Dash of pepper</li> </ul>	
Place all ingredients in a bowl and toss.		
✓ LOVED IT!	✓ Didn't like it	
<b>Harvest Salad</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 cups of torn red leaf lettuce</li> <li>▪ <math>\frac{1}{4}</math> apple, sliced</li> <li>▪ 2 tbsp Vinaigrette</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tbsp chopped pecans</li> <li>▪ 1 tbsp fresh raspberries</li> </ul>	
<ol style="list-style-type: none"> <li>1. Place lettuce, apples and vinaigrette into a bowl and toss.</li> <li>2. Transfer to a plate and sprinkle pecans and raspberries</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Mediterranean Salad</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 4 tomatoes</li> <li>▪ 2 cucumbers</li> <li>▪ <math>\frac{1}{2}</math> cup chopped black olives</li> <li>▪ 1 cup chopped fresh parsley</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> chopped basil</li> <li>▪ <math>\frac{1}{4}</math> cup extra-virgin olive oil</li> <li>▪ <math>\frac{1}{2}</math> tsp Celtic salt</li> <li>▪ Juice of 2 lemons</li> </ul>	
Combine all ingredients in bowl and toss well.		
✓ LOVED IT!	✓ Didn't like it	
<b>Nori and Avocado Salad</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 cup Romaine lettuce, chopped</li> <li>▪ 1 cup Spinach, chopped</li> <li>▪ <math>\frac{1}{2}</math> cup alfalfa sprouts</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4 Sheets of Nori</li> <li>▪ <math>\frac{1}{2}</math> Avocado, diced</li> </ul>	
<ol style="list-style-type: none"> <li>1. Mix ingredients in a medium salad bowl. Set aside.</li> <li>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.</li> <li>3. Cut nori into bite size pieces and add to salad. Toss well and add avocado. Drizzle "Energy Dressing" over the top. Enjoy!</li> </ol>		
*Substitute $\frac{1}{2}$ cup sliced cucumber for the avocados for a lighter, equally delicious salad!		
✓ LOVED IT!	✓ Didn't like it	

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

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

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

<b>Chicken Salad</b>	20 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 2 cups finely chopped cooked chicken</li> <li>▪ <math>\frac{1}{2}</math> cup finely chopped celery</li> <li>▪ 2 hard boiled eggs, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 medium onion, chopped</li> <li>▪ 1 head romaine lettuce chopped</li> <li>▪ 1 cup of spinach</li> </ul>	
Combine chicken, celery, eggs and onion. Toss lettuce and spinach, and add Chicken mixture to the top of the salad. Serve with your choice of dressing.		
✓ LOVED IT!	✓ Didn't like it	

## Dressings

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

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

<b>Garlic Olive Oil Dressing</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 2 cloves of garlic</li> <li>▪ 1/8 tsp sea salt</li> </ul>	<ul style="list-style-type: none"> <li>▪ Juice from half of a freshly squeezed lemon</li> <li>▪ 1/3 cup flax oil</li> </ul>	
Mash garlic cloves with Salt. Squeeze lemon juice into the mixture. Taste...if needed, add more salt, garlic, or juice. Add flax oil. Mix all ingredients together and pour over salad.		
✓ LOVED IT!	✓ Didn't like it	

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

# **CONDIMENTS/DIPS/SPREADS/MARINADES**

## **APPETIZERS**

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

## **CONDIMENTS**

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

<b>Dr. Julie-Ann Holland's Candida Friendly Mayonnaise</b>	10 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 egg</li> <li>▪ <math>\frac{1}{2}</math> tsp salt</li> <li>▪ 1 tbsp Lemon Juice</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tsp. Dry Mustard</li> <li>▪ 1 cup Oil</li> </ul>	
<ol style="list-style-type: none"> <li>1. Blend egg, salt, lemon juice, mustard, and <math>\frac{1}{4}</math> cup oil in a blender then slowly add the remaining oil.</li> <li>2. You may add Dill or other spices to taste.</li> <li>3. Use Sunflower, Safflower, or Canola Oil, they taste better</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Homemade Tomato Sauce</b>	25 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 2 leaves fresh basil</li> <li>▪ Small handful loosely packed parsley leaves</li> <li>▪ 1 small onion (about 2 ounces) – peeled and cut into 8 pieces</li> <li>▪ 1 tbsp extra-virgin olive oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 medium ripe tomatoes (about 18 ounces total) cored and quartered</li> <li>▪ dash of salt</li> <li>▪ dash freshly ground black pepper</li> </ul>	
<ol style="list-style-type: none"> <li>1. Process the fresh basil and parsley until finely chopped.</li> <li>2. Add the onion and chop.</li> <li>3. Transfer into saucepan with the oil and cook, stirring, for 2 minutes.</li> <li>4. Process the tomatoes until coarsely chopped and add to saucepan.</li> <li>5. Bring to a boil, reduce heat and cook, partially covered, for 20 minutes, stirring occasionally.</li> <li>6. Process the mixture all together.</li> <li>7. Strain the sauce. Add salt, pepper and cook uncovered for 10 minutes more or until thick.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Salsa</b>	10 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 2 tomato, chopped</li> <li>▪ <math>\frac{1}{2}</math> red onion, chopped</li> <li>▪ 1 jalapeno pepper, seeds removed &amp; chopped</li> <li>▪ cilantro, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ parsley, chopped</li> <li>▪ juice of <math>\frac{1}{2}</math> a lime</li> <li>▪ sea salt &amp; pepper</li> </ul>	
<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

<b>Hearty Oatmeal</b>	10-15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 1 cup cooked oatmeal</li> <li>▪ 2 tbsp. Honey</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dash of cinnamon</li> <li>▪ Dash of nutmeg</li> </ul>	
Variation: Try adding 1 chopped Banana and ¼ cup of chopped pecans.		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
<b>Stir-Fried Vegetable Scramble</b>	20 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 2 tbsp butter</li> <li>▪ 2 tbsp chopped onion</li> <li>▪ 2 tbsp chopped green pepper</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1/2 cup fresh chopped tomato</li> <li>▪ 1 cup cooked vegetables</li> <li>▪ 2-4 slightly beaten eggs</li> </ul>	
<ol style="list-style-type: none"> <li>1. Heat skillet, add oil, onions and green peppers.</li> <li>2. Stir-fry until tender.</li> <li>3. Add tomato and other vegetables.</li> <li>4. Bring to boil, stirring constantly.</li> <li>5. Add eggs and cook, stirring gently.</li> <li>6. Serve immediately.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
<b>Tasty Omelet</b>	15 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 2 large eggs</li> <li>▪ 1 tomato, diced</li> <li>▪ ½ avocado, peeled and diced</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 green onion, chopped</li> <li>▪ 1 tbsp coconut oil</li> </ul>	
<ol style="list-style-type: none"> <li>1. Beat eggs.</li> <li>2. Add tomato, avocado, and onion. Mix.</li> <li>3. Melt oil in skillet.</li> <li>4. Add egg mixture; cook over medium heat until bottom is set.</li> <li>5. Turn half of omelet over on top of other half; cover.</li> <li>6. Cook at low heat until egg is set</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		
<b>Veggie Scramble</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 2 tbsp coconut oil or real butter</li> <li>▪ 2 tbsp chopped onion</li> <li>▪ 2 tbsp chopped green onion</li> </ul>	<ul style="list-style-type: none"> <li>▪ ½ cup chopped tomato</li> <li>▪ 1 cup cooked vegetables</li> <li>▪ 2-4 eggs slightly beaten</li> </ul>	
<p>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</p>		
✓ LOVED IT!	✓ Didn't like it	
<hr/>		

## 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		

<b>Creamy Celery Soup</b>	30 min	Serves 4-5
<ul style="list-style-type: none"> <li>▪ 1 medium onion</li> <li>▪ 1 medium celery stalk</li> <li>▪ 1 medium garlic clove</li> <li>▪ 1 tbsp extra-virgin olive oil</li> <li>▪ 4 cups chopped vegetables, in <math>\frac{1}{2}</math> to 1 inch pieces</li> </ul>	<ul style="list-style-type: none"> <li>▪ 5 cups of water</li> <li>▪ 2 tbsp light miso or 2 vegetable bouillon</li> <li>▪ 1 <math>\frac{1}{2}</math> tbsp tahini</li> <li>▪ Freshly ground pepper</li> </ul>	
1. Boil water		
2. Chop onion and celery. Slice garlic into thin strips.		
3. Heat oil, onion, garlic, and celery in a separate pot. Cook and stir for 1 minute on medium heat. Add vegetables and continue to cook for 1 minute.		
4. Add boiling 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.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Happy Vegetable Soup</b>	15 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 1 small onion</li> <li>▪ 2 green onions</li> <li>▪ 2 celery stalks</li> <li>▪ 2 carrots</li> <li>▪ 1 zucchini</li> <li>▪ 1 pressed garlic clove</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 green chard leaves</li> <li>▪ 2 cups broccoli</li> <li>▪ 1 tbsp extra-virgin olive oil</li> <li>▪ 6 cups water</li> <li>▪ 2 vegetable bouillon cubes</li> <li>▪ <math>\frac{1}{2}</math> cup minced fresh parsley</li> </ul>	
1. Cut vegetables (except chard and broccoli) into $\frac{1}{2}$ inch pieces.		
2. Coarsely chop chard and cut broccoli into thin florets.		
3. Sauté onion, green onion, celery, carrots, zucchini, and garlic in oil. Add water and bouillon cube and boil. Simmer for 5 minutes (covered)		
4. Stir in parsley. Remove pot from heat and cover for two minutes		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Lemon Chicken Soup</b>	15 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 3 oz cooked chicken breast, shredded</li> <li>▪ 2 cups fresh raw spinach, chopped</li> <li>▪ 4 asparagus spears, cut 1 inch pieces</li> <li>▪ 2-3 cups Low-sodium organic chicken broth</li> </ul>	<ul style="list-style-type: none"> <li>▪ Juice of 1 lemon</li> <li>▪ <math>\frac{1}{4}</math> tsp lemon zest</li> <li>▪ 1 tsp dried thyme</li> <li>▪ sea salt and pepper</li> </ul>	
Combine all ingredients in saucepan and bring to a boil. Cover and simmer 7-10 minutes. Season with salt and pepper.		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

<b>Mexican Chicken Soup</b>	30 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 3 oz cooked chicken, shredded</li> <li>▪ 2 garlic cloves, minced</li> <li>▪ 2-3 tsp Mexican spice mix</li> <li>▪ 1 tomato, diced</li> </ul>	<ul style="list-style-type: none"> <li>▪ ¼ cups onion, chopped</li> <li>▪ 2-3 C Low-sodium organic chicken broth</li> <li>▪ Fresh cilantro, chopped</li> <li>▪ 1 lime</li> </ul>	

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

<b>Vegetable Garden Soup</b>	20 min	Serves 8
<ul style="list-style-type: none"> <li>▪ 6 cups organic vegetable broth</li> <li>▪ Cooking spray</li> <li>▪ 2 carrots, peeled and diced</li> <li>▪ 1 large onion, diced</li> <li>▪ 1 cup of chopped broccoli</li> <li>▪ 4 Cloves of garlic, minced</li> <li>▪ 1/2 cabbage, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1/2 pound frozen green beans</li> <li>▪ 2 tbsp tomato paste</li> <li>▪ 1 tsp dried basil</li> <li>▪ 1 tsp dried oregano</li> <li>▪ 1 tsp salt</li> <li>▪ 1 large zucchini, diced</li> </ul>	

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

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

1. Boil water and broth. Add carrots and celery. Cook at a low boil for 3 minutes.
2. Add chard (or cabbage) 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

<b>Veggie Chowder</b>	20 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 2 large tomatoes, peeled, cored and pureed</li> <li>▪ 1 cup water</li> <li>▪ 1 medium red bell pepper, diced</li> <li>▪ 1 medium yellow onion, finely chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 garlic clove, minced</li> <li>▪ 1 tbsp fresh parsley, chopped</li> <li>▪ 1 tbsp fresh sage, chopped</li> <li>▪ 1 tbsp fresh thyme, chopped</li> </ul>	

Combine all ingredients in large pan; mix and bring to a boil. Reduce heat and simmer 10-15 minutes or until vegetables are tender.

✓ LOVED IT!      ✓ Didn't like it

<b>Warm Vegetable Soup</b>	15 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 1 small onion</li> <li>▪ 2 green onions</li> <li>▪ 2 celery stalks</li> <li>▪ 2 carrots</li> <li>▪ 1 zucchini</li> <li>▪ 1 garlic clove, pressed</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 green chard leaves or kale</li> <li>▪ 2 cups broccoli florets</li> <li>▪ 1 tbsp extra-virgin olive oil</li> <li>▪ 6 cups water</li> <li>▪ 2 vegetable bouillon cubes or 2 tbsp organic vegetable broth</li> <li>▪ ½ cup minced fresh parsley</li> </ul>	

1. Cut vegetables into  $\frac{1}{2}$  inch pieces except for chard and broccoli. Chop chard and broccoli into thin pieces.
2. Sauté onion, green onions, celery, carrots, zucchini, and garlic in oil in a large pot. 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

<b>White Chicken Chili</b>	25 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 3 oz cooked chicken breast, shredded</li> <li>▪ <math>\frac{1}{2}</math> cup green bell pepper, chopped</li> <li>▪ <math>\frac{1}{2}</math> cup onion, chopped</li> <li>▪ 1 cup Low-sodium organic chicken broth</li> <li>▪ 2 cloves garlic, minced</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1/2 tsp cumin</li> <li>▪ 1/4 tsp dried oregano</li> <li>▪ 1/4 tsp red pepper flakes</li> <li>▪ 1/8 tsp ground cloves</li> <li>▪ Tabasco, to taste</li> </ul>	

1. Combine garlic, onion, bell pepper and  $\frac{1}{2}$  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

<b>Beet Greens and Chard</b>	12 min	Serves 2-4
<ul style="list-style-type: none"> <li>▪ 1 bunch red chard</li> <li>▪ 1 bunch beet greens</li> <li>▪ 1 tbsp lemon juice</li> </ul>		
<ol style="list-style-type: none"> <li>1. Wash and coarsely chop greens.</li> <li>2. Place in a covered pan over low heat and cook for 10 minutes. Occasionally stirring.</li> <li>3. Sprinkle lemon juice and toss</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

<b>Belgian Endive Delight</b>	25 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 2-3 tbsp extra-virgin olive oil</li> <li>▪ 6 Belgian endive, cut in half lengthwise</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2 to 3 cups water</li> <li>▪ 3 tbsp lemon juice</li> </ul>	
<ol style="list-style-type: none"> <li>1. Preheat oven to 375F. Heat oil in a large skillet.</li> <li>2. Add endive and brown on both sides.</li> <li>3. Add water to come halfway up endive.</li> <li>4. Add lemon juice, cover, and place in oven for 20 minutes (or until liquid is absorbed).</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

<b>Broccoli Pilaf</b>	15 min	Serves 5-6
<ul style="list-style-type: none"> <li>▪ 1 tbsp safflower oil</li> <li>▪ ½ tsp cumin seed</li> <li>▪ ½ tsp mustard seed</li> <li>▪ 1 tsp ground coriander</li> <li>▪ 1 tsp turmeric</li> <li>▪ Pinch of asafetida</li> <li>▪ ¼ tsp ground cinnamon</li> <li>▪ 2 bay leaves</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tsp minced garlic</li> <li>▪ ½ cup minced onion</li> <li>▪ 1 bunch broccoli</li> <li>▪ 1/3 water</li> <li>▪ 3 cups steamed rice</li> <li>▪ Juice from small lemon</li> <li>▪ 2 tbsp chopped cilantro</li> <li>▪ 1 tsp sea salt</li> </ul>	
<ol style="list-style-type: none"> <li>1. Cut broccoli into small florets. Peel stems and cut crosswise into 1/3 inch slices</li> <li>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)</li> <li>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.</li> <li>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.</li> <li>5. Add water, cover, and steam the mixture over medium low for 5 minutes or until the broccoli is tender.</li> <li>6. Stir in the rice and cook until mixture is hot. Stir in lemon juice and salt. Mix well.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

<b>Brown Rice with Herbs</b>	30-60 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 1 tbsp extra-virgin olive oil</li> <li>▪ ½ cup diced onion</li> <li>▪ 1 tsp minced garlic</li> <li>▪ 2 cups long grain brown rice</li> <li>▪ 4 ½ cups boiling chicken flavored low-sodium, organic vegetable broth</li> <li>▪ 2 tsp dried thyme</li> <li>▪ 1 bay leaf</li> <li>▪ 1 tsp dried marjoram</li> <li>▪ ½ cup minced fresh parsley</li> <li>▪ Tabasco sauce to taste</li> <li>▪ Ground rock salt</li> <li>▪ Freshly ground pepper</li> </ul>		

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

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

Steam broccoli tops until tender crisp. Drain. Melt butter in skillet over low heat. When butter begins to brown, add lemon juice, salt and pepper. Pour over hot broccoli. 3-4 servings

LOVED IT!  Didn't like it

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

1. Mix the celery and onions in a food processor, or with the champion juicer with the 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 moisture and sweetness)

This can be eaten alone, added to a salad, placed on lettuce leaves, stuffed in a pepper, etc.

LOVED IT!  Didn't like it

<b>Filled Eggplant</b>	30 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ 1 medium eggplant, peeled and cubed</li> <li>▪ 1 tsp sea salt</li> <li>▪ 8 tsp coconut oil</li> <li>▪ 1 medium green pepper, cored, seeded and chopped</li> <li>▪ 2 cloves garlic, chopped</li> </ul>		

Cover eggplant in water, add the sea salt and soak for 20 minutes. Drain. Coat heated skillet in oil. Add eggplant, pepper and garlic. Cover and reduce heat to low. Cook until tender, 6-7 minutes.

LOVED IT!  Didn't like it

<b>French Garlic String Beans</b>	35 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ 2 tbsp extra-virgin olive oil</li> <li>▪ 1 tsp garlic, minced</li> <li>▪ 4 cups fresh string beans, julienned</li> <li>▪ <math>\frac{1}{2}</math> tsp dried thyme</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> tsp sea salt</li> <li>▪ 2 cups water</li> <li>▪ 1 vegetable bouillon</li> <li>▪ Squeeze of fresh lemon juice</li> </ul>	
<ol style="list-style-type: none"> <li>1. Heat oil in a large saucepan.</li> <li>2. Add garlic and beans and sauté on high to sear beans, stirring frequently so they don't burn.</li> <li>3. Add thyme, salt and pepper to taste.</li> <li>4. Add water and vegetable bouillon.</li> <li>5. Bring to a boil, cover tightly, reduce heat to medium-low, and simmer for 20-30 minutes.</li> <li>6. Squeeze lemon juice on top and toss well.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Garlic Green Beans</b>	15 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 2 cups fresh green beans</li> <li>▪ <math>\frac{1}{4}</math> cup minced onion</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 Clove Garlic</li> <li>▪ 1 tsp extra-virgin olive oil</li> </ul>	
<ol style="list-style-type: none"> <li>1. Combine extra-virgin olive oil and garlic in saucepan over medium heat</li> <li>2. Combine all ingredients in saucepan sauté over med heat until green beans are tender.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Grilled Asparagus</b>	7-10 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 2 tbsp extra-virgin olive oil</li> <li>▪ <math>\frac{1}{2}</math> tsp pressed garlic</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 pound thin asparagus, trimmed</li> </ul>	
<ol style="list-style-type: none"> <li>1. Preheat oven to broil or heat grill to medium.</li> <li>2. Combine oil and garlic in a small bowl</li> <li>3. Place asparagus on grill or broiler rack and brush with garlic flavored oil. Grill for 4 to 5 minutes. Brush and turn occasionally.</li> <li>4. Asparagus is ready and outer layer is crisp</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Heavenly Marinated Vegetable</b>	25 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> cup extra-virgin olive oil</li> <li>▪ 2 cups of any combination of:</li> <li>▪ Broccoli florets</li> <li>▪ Green or red cabbage, shredded</li> <li>▪ Cauliflower florets</li> <li>▪ Onion, sliced</li> </ul>	<ul style="list-style-type: none"> <li>▪ bell pepper, cored, seeded, and cut in strips</li> <li>▪ Tomato wedges</li> <li>▪ 3 cloves garlic, chopped</li> <li>▪ Sea salt to taste</li> <li>▪ 2 tbsp chopped fresh parsley</li> <li>▪ <math>\frac{1}{2}</math> lemon</li> </ul>	
<ol style="list-style-type: none"> <li>1. Heat the oil in a large skillet over low heat.</li> <li>2. Add the vegetables and garlic and sea salt.</li> <li>3. Stirring often until vegetables are tender-crisp.</li> <li>4. Stir in parsley. Cook 1-2 minutes more.</li> <li>5. Squeeze lemon juice over vegetables before serving</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

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

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

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

1. Cut zucchini into thin 1/8 inch strips lengthwise.
2. Combine garlic with 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

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

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

LOVED IT!  Didn't like it

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

1. In a medium bowl mash the avocado.
2. Add remaining ingredients and stir until well mixed.
3. Spread 2-3 tbsp of the mixture onto lettuce leaves and wrap

LOVED IT!  Didn't like it

<b>Lemon Broccoli</b>		10 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 head of broccoli</li> <li>▪ 1 tbsp lemon juice, fresh squeezed</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> tsp lemon zest</li> <li>▪ Salt &amp; pepper</li> </ul>		
<ol style="list-style-type: none"> <li>1. Cook broccoli in microwave according to package instructions.</li> <li>2. Combine lemon juice and zest.</li> <li>3. Pour over heated broccoli.</li> </ol>			
✓ LOVED IT!	✓ Didn't like it		
<b>Marinated Tomatoes</b>		20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 tomato, thinly sliced</li> <li>▪ 3-4 red onion slices</li> <li>▪ <math>\frac{1}{2}</math> tsp dried basil</li> <li>▪ <math>\frac{1}{4}</math> tsp dried tarragon</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> tsp dried oregano</li> <li>▪ 2 tbsp red wine vinegar</li> <li>▪ salt &amp; pepper</li> </ul>		
<ol style="list-style-type: none"> <li>1. Place tomato and onion slices in a shallow dish, slightly overlapping each other.</li> <li>2. Combine remaining ingredients in a separate bowl and pour over vegetables.</li> <li>3. For best flavor results refrigerate for several hours</li> </ol>			
✓ LOVED IT!	✓ Didn't like it		
<b>Melted Tomato &amp; Zucchini Wraps</b>		20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 tbsp extra-virgin olive oil</li> <li>▪ <math>\frac{1}{2}</math> cup thinly sliced zucchini rounds</li> <li>▪ <math>\frac{1}{2}</math> large tomato, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> medium yellow onion, finely chopped</li> <li>▪ Garlic powder, to taste</li> <li>▪ Basil, to taste</li> <li>▪ 2 Iceberg Lettuce Leafs</li> </ul>		
<ol style="list-style-type: none"> <li>1. Preheat oven to 350 degrees F.</li> <li>2. Heat oil in skillet.</li> <li>3. Add vegetables and seasonings; sauté until tender.</li> <li>4. Spoon vegetables on cakes; cover dish with foil. Bake 10 minutes. Let cool and place in lettuce leafs</li> </ol>			
✓ LOVED IT!	✓ Didn't like it		
<b>Mock "Mashed Potatoes"</b>		10 min	Serves 2-3
<ul style="list-style-type: none"> <li>▪ 1 Head of Fresh Cauliflower</li> <li>▪ 1 tbsp organic chicken broth</li> <li>▪ 1 tbsp minced dried onion</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{8}</math> tsp black pepper</li> <li>▪ <math>\frac{1}{4}</math> cup water</li> </ul>		
<ol style="list-style-type: none"> <li>1. Steam Cauliflower until tender.</li> <li>2. Combine all ingredients in saucepan and cook on medium heat for 5-7 minutes, stirring frequently.</li> <li>3. Remove from heat and mash with potato masher for chunkier texture or puree in a food processor for smoother texture</li> </ol>			
✓ LOVED IT!	✓ Didn't like it		

<b>Parsley and Parsnips</b>	18 min	Serves 4-6
<ul style="list-style-type: none"> <li>▪ 8 medium parsnips, peeled, trimmed and quartered lengthwise</li> <li>▪ 2 tbsp extra-virgin olive oil</li> </ul>	▪ $\frac{1}{4}$ cup minced fresh parsley	
<ol style="list-style-type: none"> <li>1. Place parsnips in a skillet with water (enough to cover). Boil then simmer covered for 5 minutes or until tender. Drain.</li> <li>2. Add extra-virgin olive oil, parsley, and parsnips. Heat and toss</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Sautéed Brussels</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 5-6 Brussels sprouts</li> <li>▪ 1 cucumber</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 orange pepper</li> <li>▪ <math>\frac{1}{8}</math> cup extra-virgin olive oil</li> </ul>	
<p>Lightly steam Brussels sprouts. Slice cucumber and pepper. Combine sprouts, spinach, pepper and oil. Toss. Add salt/spices to taste.</p>		
✓ LOVED IT!	✓ Didn't like it	
<b>Sautéed Asparagus</b>	20 min	Serves 4
<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> pound asparagus, cut diagonally</li> <li>▪ 4 cups of water</li> <li>▪ 1 tbsp coconut oil</li> </ul>	<ul style="list-style-type: none"> <li>▪ Grated fresh gingerroot, to taste</li> <li>▪ 1 garlic clove, minced</li> <li>▪ <math>\frac{1}{2}</math> tsp sea salt, optional</li> </ul>	
<ol style="list-style-type: none"> <li>1. Cover asparagus with water in pan. Bring to boil, reduce heat and cook 5 minutes. Drain.</li> <li>2. Heat oil in large skillet. Add seasonings and the asparagus. Sauté, stirring often, until tender.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Sautéed Spinach</b>	10 min	Serves 3-4
<ul style="list-style-type: none"> <li>▪ 2 tbsp. extra-virgin olive oil</li> <li>▪ <math>\frac{1}{4}</math> cup sliced onion</li> <li>▪ 1 – 10 oz package fresh spinach, rinsed and torn</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 garlic clove, sliced</li> <li>▪ Sea salt, to taste</li> </ul>	
<p>Coat skillet with oil and heat to low heat. Add spinach and garlic, stirring often until spinach is wilted. Season with salt.</p>		
✓ LOVED IT!	✓ Didn't like it	
<b>Spicy Taco Crunch Wraps</b>	10 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 3 ripe avocados</li> <li>▪ 1 large onion</li> <li>▪ <math>\frac{1}{4}</math> cup fresh lemon juice</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{4}</math> c fresh parsley, chopped</li> <li>▪ <math>1 \frac{1}{2}</math> tsp sea salt</li> <li>▪ Romaine or leaf lettuce</li> </ul>	
<ol style="list-style-type: none"> <li>1. Cut the avocado into chunks, and pour lemon juice over it.</li> <li>2. Chop onion in a food processor, and then add the rest of the ingredients and process until smooth.</li> <li>3. Spoon the mixture into a lettuce leaf and wrap! This tastes like a taco!</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

<b>Steamed Cabbage</b>		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		
<b>Stir Fry</b>		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"> <li>1. Heat oil in skillet over low heat.</li> <li>2. Add garlic and veggies. Cook until tender-crisp.</li> <li>3. Stir in lemon juice. 4 servings</li> </ol>			
✓ LOVED IT!	✓ Didn't like it		
<b>Stir Fried Cucumbers</b>		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		
<b>Stir Fried Cabbage</b>		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		
<b>Tasty Marinated Vegetables</b>		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"> <li>1. Combine lemon juice, garlic and herbs. Simmer 5 minutes. Cover and set aside.</li> <li>2. Add oil when cooled to lukewarm.</li> <li>3. Cut vegetables in 1-2" pieces.</li> <li>4. Steam vegetables such as cauliflower, broccoli or green beans first.</li> <li>5. Toss all ingredients together.</li> <li>6. Add green onion if desired.</li> <li>7. Pour marinade over the mixture and toss.</li> <li>8. Marinate overnight in refrigerator</li> </ol>			
✓ LOVED IT!	✓ Didn't like it		

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

1. Heat Oil, Bragg's and Garlic in frying pan over medium heat.
2. Add broccoli and sauté until broccoli is at desired texture.
3. Put sauce and rice over rice and serve. This dish can be made as a vegetable side dish without the rice

LOVED IT!  Didn't like it

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

Cut tomatoes in half, scoop out the center and add tomato guts to the other ingredients. Finely chop all the ingredients, mix well and fill tomato halves

LOVED IT!  Didn't like it

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

1. Steam Swiss chard, cauliflower, broccoli, carrots, and onions until tender-crisp (about 3 minutes).
2. Coat skillet with oil and add vegetables. Stir fry about 3 minutes.

LOVED IT!  Didn't like it

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

1. Cut peppers in half, remove stem and seeds.
2. In saucepan over low heat in 1 inch water cook covered until tender.
3. Drain. Fill the green pepper with drained combination of cooked vegetables of your choice

LOVED IT!  Didn't like it

<b>Veggie Kabobs</b>	30 min	Serves 6
<b>Marinade</b> <ul style="list-style-type: none"> <li>▪ 2 tbsp coconut oil</li> <li>▪ 3 tbsp chopped fresh rosemary</li> <li>▪ 2 garlic cloves, peeled and crushed</li> <li>▪ Juice of 2 lemons</li> <li>▪ 24 cherry or grape tomatoes</li> <li>▪ 12 wooden skewers</li> </ul>	<b>Kabob</b> <ul style="list-style-type: none"> <li>▪ 1 red bell pepper, seeded and cut into 2" cubes</li> <li>▪ 1 yellow pepper, seeded and cut into 2" cubes</li> <li>▪ 1 green pepper, seeded and cut into 2" cubes</li> <li>▪ 1 onion cut into 2" cubes</li> </ul>	
<ol style="list-style-type: none"> <li>1. Mix marinade. Add vegetables, turning to coat all sides.</li> <li>2. Refrigerate 1 hour.</li> <li>3. Divide the vegetables among 12 skewers and grill for 3 – 5 minutes, brushing on extra marinade and turning</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Steamed Artichokes</b>	50 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 4 artichokes</li> <li>▪ 1 bay leaf</li> <li>▪ Several slices of lemon</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6 peppercorns</li> <li>▪ 1 garlic clove</li> </ul>	
<ol style="list-style-type: none"> <li>1. Wash artichokes.</li> <li>2. Put water in a steaming pot. Add bay leaf, lemon slices, peppercorns, and garlic. Put a steamer tray over the water and bring to a boil.</li> <li>3. Place artichokes on a tray with their leaves down and stems up.</li> <li>4. Steam for 60 to 7</li> <li>5. 5 minutes. When an inner leaf is easily removed you know they are done.</li> <li>6. Cut off the stem of the artichoke. Cut in half lengthwise and remove the fuzzy chokes with a spoon.</li> <li>7. In a small bowl, combine the oil, lemon juice and garlic.</li> <li>8. Drain the artichoke and serve with dip on the side</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	

## CHICKEN

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

<b>Broccoli and Chicken Divine</b>	60 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 1 – 3 pound chicken</li> <li>▪ <math>\frac{1}{4}</math> pound broccoli, sliced</li> <li>▪ <math>\frac{1}{2}</math> cup Candida friendly mayonnaise (see pg. 115)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 medium sweet yellow onion, chopped</li> <li>▪ 1 tsp garlic powder</li> <li>▪ Sea salt to taste, optional</li> </ul>	
<ol style="list-style-type: none"> <li>1. Cover chicken with water in pan. Boil uncovered; reduce heat and cover. Simmer 40 minutes or until tender; cool.</li> <li>2. Remove bones and skin. Cut into small cubes.</li> <li>3. Cook broccoli separately until tender; drain, cool and chop.</li> <li>4. Mix chicken, broccoli, mayonnaise, onion and seasonings in bowl.</li> </ol> <p>This may be reheated before serving or serve cold.</p>		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Chicken Cacciatore</b>	1 hr 15 min	Serves 4
<ul style="list-style-type: none"> <li>▪ 3 pound chicken, chopped</li> <li>▪ 1 tsp garlic powder, to taste</li> <li>▪ 1 tbsp chopped fresh oregano</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 tbsp chopped fresh basil</li> <li>▪ 1-8 oz Candida friendly tomato sauce (see Homemade Tomato Sauce pg. 116)</li> </ul>	
<ol style="list-style-type: none"> <li>1. Preheat oven to 375 degrees F.</li> <li>2. Place chicken pieces, skin side up, in a greased baking pan. Sprinkle with 1/3 seasonings.</li> <li>3. Bake 30 minutes; turn and season with 1/3 seasonings.</li> <li>4. Bake 20 minutes longer.</li> <li>5. Pour half of the tomato sauce over chicken. Sprinkle with remainder of seasonings.</li> <li>6. Turn and cover with rest of tomato sauce. Bake 10-15 minutes more.</li> </ol>		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Chicken Lettuce Wraps</b>	15 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 2 stalks celery, finely chopped</li> <li>▪ 1 tbsp chopped fresh basil</li> <li>▪ 1 tbsp chopped fresh parsley</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6 slices cooked chicken (not deli)</li> <li>▪ 6 Iceberg Lettuce Leafs</li> </ul>	
<p>Mix celery and seasonings. Spread over turkey slices and place on lettuce. Roll each tightly</p>		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	
<b>Chicken with Melted Tomato &amp; Zucchini</b>	20 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 tbsp coconut oil</li> <li>▪ <math>\frac{1}{2}</math> cup thinly sliced zucchini rounds</li> <li>▪ <math>\frac{1}{2}</math> large tomato, chopped</li> </ul>	<ul style="list-style-type: none"> <li>▪ <math>\frac{1}{2}</math> medium yellow onion, finely chopped</li> <li>▪ Garlic powder, to taste</li> <li>▪ Basil, to taste</li> <li>▪ 2 chicken breasts</li> </ul>	
<ol style="list-style-type: none"> <li>1. Preheat oven to 350 degrees F. Heat oil in skillet.</li> <li>2. Add vegetables and seasonings; sauté until tender.</li> <li>3. Place lightly grilled chicken breasts in a baking pan.</li> <li>4. Spoon vegetables on zucchini rounds; cover dish with foil. Bake 10 minutes</li> </ol>		
<input checked="" type="checkbox"/> LOVED IT!	<input checked="" type="checkbox"/> Didn't like it	

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

1. Place rice, water, salt, butter and parsley in a 4-quart casserole dish.
2. Stir and bring to a boil.
3. Salt chicken and lay on top of rice.
4. Lower heat to simmer; cover tightly and cook 45-60 minutes until water is absorbed and chicken is tender

LOVED IT!  Didn't like it

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

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

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

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

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

1. Preheat oven to 400 degrees.
2. Tear off 2 sheets of foil measuring 12 x 18 inches each.
3. Combine lemon juice, zest, garlic, 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

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

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

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

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

<b>Banana Papaya Pudding</b>	5 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 1 banana</li> <li>▪ 1 papaya</li> </ul>		
<ol style="list-style-type: none"> <li>1. Cut papaya in half and remove seeds.</li> <li>2. Remove inside meat and place meat with bananas in blender.</li> <li>3. Blend till smooth</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Banana Ice Cream</b>	5 min	Serves 2
<ul style="list-style-type: none"> <li>▪ 2-3 Frozen Bananas (freeze without peel)</li> </ul>		
Blend frozen bananas in food processor until very smooth. Bananas may look gritty but keep blending till smooth.		
✓ LOVED IT!	✓ Didn't like it	
<b>Juice Pops</b>	5 min	Serves 6
<ul style="list-style-type: none"> <li>▪ 4 Oranges</li> <li>▪ 2 cups Berries</li> </ul>		
<ol style="list-style-type: none"> <li>1. Blend berries and oranges until smooth.</li> <li>2. Pour mixture in Popsicle holders or ice cube trays.</li> <li>3. Insert Popsicle sticks and freeze in freezer.</li> </ol>		
✓ LOVED IT!	✓ Didn't like it	
<b>Strawberry Pie</b>	20 min	Serves 6-8
<ul style="list-style-type: none"> <li>▪ 2 cups Almonds</li> <li>▪ <math>\frac{1}{2}</math> cup Honey</li> <li>▪ 2 baskets of Strawberries</li> <li>▪ Topping:</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 cup Cashews</li> <li>▪ 2 tbsp Coconut Butter</li> <li>▪ <math>\frac{1}{4}</math> cup Honey</li> </ul>	
Process Almonds with Honey. Spread into a pie dish and top with Strawberries. Blend topping ingredients and pour over p		
✓ LOVED IT!	✓ Didn't like it	

## DETOX MIXTURE

<b>Detox Mixture</b>	5 min	Serves 1
<ul style="list-style-type: none"> <li>▪ 1 <math>\frac{1}{2}</math> cups fresh lemon juice</li> <li>▪ 2 quarts Distilled Water</li> <li>▪ 1/3 cup pure maple syrup (for women) Or</li> <li>▪ <math>\frac{1}{2}</math> cup pure maple syrup (for men)</li> </ul>		
✓ 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

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

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

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

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

<b>Lean Meat</b>	<b>Serving Size</b>	<b>Cooked</b>
<b>Organic Poultry- Free range, antibiotic free and hormone free is best</b>		
Chicken	½ Cup	200
Turkey	½ Cup	190
<b>Wild Caught Fish (not farm raised)</b>		
Cod	½ Cup	113
Halibut	½ Cup	158
Mahi Mahi	½ Cup	120
Salmon	½ Cup	206
Sea Bass	½ Cup	140
Sole	½ Cup	133
Swordfish	½ Cup	173
Tilapia	1 Cup	93
Trout	½ Cup	170
Tuna	½ Cup	133
<b>Canned Fish- Water packed tuna</b>	½ Cup	133

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

<b>Dairy</b>		
<b>Organic Free-range eggs</b>	1	70
<b>Organic butter</b>	1 Tbsp	100 (Raw)

<b>Oils</b>		<b>Raw</b>
<b>Coconut Oil- (A great substitute for Butter)</b>	1 Tbsp	125
<b>Extra-virgin olive oil</b>	1 Tbsp	120
<b>Flaxseed Oil- (Great for dressings. Keep refrigeration, do no heat)</b>	1 Tbsp	130
<b>Grape seed oil</b>	1 Tbsp	120
<b>Bragg's Liquid Aminos (natural soy sauce alternative)</b>	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
<b>Breakfast:</b> -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
<b>Snack:</b> -Apple	Snack: -Snack Shake	Snack: -----	Snack: -----	Snack: -----	Snack: -Snack Shake	Snack: -Honeydew Melon
<b>Lunch:</b> - 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
<b>Snack:</b> -Snack Shake	Snack: -Apricot	Snack: -----	Snack: -----	Snack: -----	Snack: - Grapes -PM Supplements	Snack: -Snack Shake -PM Supplements
<b>Dinner:</b> -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.

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

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

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

## 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
<b>Breakfast:</b> <b>NO FOOD TODAY</b> <b>Make Detox Mixture</b>	<b>Breakfast:</b> <b>NO FOOD TODAY</b> <b>Make Detox Mixture</b>	<b>Breakfast:</b> -Spinach Shake	<b>Breakfast:</b> -Citrus Berry Splash	<b>Breakfast:</b> -Standard Shake	<b>Breakfast:</b> -Strawberry Twist	<b>Breakfast:</b> Carrot Lemonade
<b>Snack:</b> -----	<b>Snack:</b> -----	<b>Snack:</b> -Fresh Strawberries	<b>Snack:</b> - Red Pepper	<b>Snack:</b> -Orchard Fruit	<b>Snack:</b> -Radishes	<b>Snack:</b> -Berries
<b>Lunch:</b> -----	<b>Lunch:</b> -----	<b>Lunch:</b> - Garden Salad #15 with Fruit Toppers -No Meat or anything frozen, just FRESH	<b>Lunch:</b> with Italian Dressing -No Meat or anything frozen, just FRESH	<b>Lunch:</b> -Brussels Salad -Add Protein	<b>Lunch:</b> -Lettuce Wraps -Add Fish	<b>Lunch:</b> -Cabbage and Tomato Salad -Add Protein
<b>Snack:</b> -----	<b>Snack:</b> -----	<b>Snack:</b> -Cucumbers	<b>Snack:</b> -Fresh Pear	<b>Snack:</b> -Mushrooms	<b>Snack:</b> -Melon	<b>Snack:</b> -Broccoli
<b>Dinner:</b> -----	<b>Dinner:</b> -----	<b>Dinner:</b> -Carrot Stuffing -Side Salad -No Meat, Just FRESH	<b>Dinner:</b> -Vegetable Delight -Side Salad -No Meat, just Fresh	<b>Dinner:</b> -Spicy Taco Crunch Wrap -Side Salad -Add Chicken	<b>Dinner:</b> -Sautéed Asparagus -Side Salad -Add Chicken	<b>Dinner:</b> -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
<b>Breakfast:</b> <b>-Triple Delight</b>	<b>Breakfast:</b> <b>-Banana Berry Blast</b>	<b>Breakfast:</b> <b>-Spinach Shake</b>	<b>Breakfast:</b> <b>-Citrus Berry Splash</b>	<b>Breakfast:</b> <b>-Standard Shake</b>	<b>Breakfast:</b> <b>-Strawberry Twist</b>	<b>Breakfast:</b> <b>Carrot Lemonade</b>
<b>Snack:</b> <b>-Carrots</b>	<b>Snack:</b> <b>-Tomatoes</b>	<b>Snack:</b> <b>- Celery</b>	<b>Snack:</b> <b>-Melons</b>	<b>Snack:</b> <b>- Yellow Pepper</b>	<b>Snack:</b> <b>-Topical Fruit</b>	<b>Snack:</b> <b>-Radishes</b>
<b>Lunch:</b> <b>-Garden Salad with Apple Cider</b> <b>Vinaigrette</b> <b>-Add Fish</b>	<b>Lunch:</b> <b>- Fresh Mango Salsa #27</b> <b>- Add Chicken</b>	<b>Lunch:</b> <b>- Garden Salad with Garlic Olive Oil Dressing</b> <b>-Add Fish</b>	<b>Lunch:</b> <b>- BananaAvo Pudding</b> <b>- Add Protein</b>	<b>Lunch:</b> <b>-Garden Salad with Fruit Toppers</b> <b>-Add Chicken</b>	<b>Lunch:</b> <b>- Lettuce Wraps under Lunches</b> <b>-Add Fish</b>	<b>Lunch:</b> <b>-Garden Salad with Italian Dressing</b> <b>-Add Chicken</b>
<b>Snack:</b> <b>-Tropical Fruit</b>	<b>Snack:</b> <b>-Cauliflower</b>	<b>Snack:</b> <b>-Orchard Fruit</b>	<b>Snack:</b> <b>-Mushrooms</b>	<b>Snack:</b> <b>-Berries</b>	<b>Snack:</b> <b>-Cucumber</b>	<b>Snack:</b> <b>-Avocado</b>
<b>Dinner:</b> <b>-Tomato Cups</b> <b>-Side Salad</b> <b>-Add Fish</b>	<b>Dinner:</b> <b>-Sautéed Mushrooms</b> <b>-Side Salad</b> <b>-Add Fish</b>	<b>Dinner:</b> <b>-Marinated Vegetable A</b> <b>-Side Salad</b> <b>-Add Fish</b>	<b>Dinner:</b> <b>-Sautéed Spinach</b> <b>-Side Salad</b> <b>-Add Chicken</b>	<b>Dinner:</b> <b>-Vegetable Stuffed Green Peppers</b> <b>-Side Salad</b> <b>-Add Fish</b>	<b>Dinner:</b> <b>-Marinated Vegetables B</b> <b>-Side Salad</b> <b>-Add Chicken</b>	<b>Dinner:</b> <b>-Chicken with Melted Tomato &amp; Zucchini</b> <b>-Side Salad</b> <b>-Add Protein</b>

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

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

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

## 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
<b>Breakfast:</b> <b>-Triple Delight</b>	Breakfast: -Banana Berry Blast	Breakfast: -Spinach Shake	Breakfast: -Citrus Berry Splash	Breakfast: -Standard Shake	Breakfast: -Strawberry Twist	Breakfast: Carrot Lemonade
<b>Snack:</b> <b>-Carrots</b>	Snack: -Tomatoes	Snack: - Celery	Snack: -Melons	Snack: - Yellow Pepper	Snack: -Topical Fruit	Snack: -Radishes
<b>Lunch:</b> <b>-Garden Salad with Apple Cider</b> <b>Vinaigrette</b> <b>-Add Fish</b>	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
<b>Snack:</b> <b>-Tropical Fruit</b>	Snack: -Cauliflower	Snack: -Orchard Fruit	Snack: - Mushrooms	Snack: -Berries	Snack: -Cucumber	Snack: -Avocado
<b>Dinner:</b> <b>-Tomato Cups</b> <b>-Add Fish</b>	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
<b>Breakfast:</b> <b>-Triple Delight</b>	<b>Breakfast:</b> <b>-Banana Berry Blast</b>	<b>Breakfast:</b> <b>-Spinach Shake</b>	<b>Breakfast:</b> <b>-Citrus Berry Splash</b>	<b>Breakfast:</b> <b>-Standard Shake</b>	<b>Breakfast:</b> <b>-Strawberry Twist</b>	<b>Breakfast:</b> <b>Carrot Lemonade</b>
<b>Snack:</b> <b>-Tomatoes</b>	<b>Snack:</b> <b>-Carrots</b>	<b>Snack:</b> <b>-Orchard Fruit</b>	<b>Snack:</b> <b>- Celery</b>	<b>Snack:</b> <b>-Melons</b>	<b>Snack:</b> <b>- Red Pepper</b>	<b>Snack:</b> <b>-Berries</b>
<b>Lunch:</b> <b>- Pineappled Carrots #26</b> <b>- Add Fish</b>	<b>Lunch:</b> <b>-Garden Salad with Apple Cider Vinaigrette</b> <b>-Add Protein</b>	<b>Lunch:</b> <b>- Brussels Salad</b> <b>-Add Chicken</b>	<b>Lunch:</b> <b>- Garden Salad with Garlic Olive Oil Dressing</b> <b>-Add Fish</b>	<b>Lunch:</b> <b>- Cabbage and Tomato Salad</b> <b>-Add Protein</b>	<b>Lunch:</b> <b>-Garden Salad with Fruit Toppers</b> <b>-Add Fish</b>	<b>Lunch:</b> <b>- Lettuce Wraps</b> <b>-Add Fish</b>
<b>Snack:</b> <b>-Broccoli</b>	<b>Snack:</b> <b>-Figs</b>	<b>Snack:</b> <b>-Cauliflower</b>	<b>Snack:</b> <b>-Orange</b>	<b>Snack:</b> <b>-Mushrooms</b>	<b>Snack:</b> <b>-Grapes</b>	<b>Snack:</b> <b>-Broccoli</b>
<b>Dinner:</b> <b>-Stir Fried Cucumbers #44</b> <b>-Side Salad</b> <b>-Add Chicken</b>	<b>Dinner:</b> <b>-Layered Zucchini</b> <b>-Side Salad</b> <b>-Add Fish</b>	<b>Dinner:</b> <b>-Stir Fried Cabbage</b> <b>-Side Salad</b> <b>-Add Fish</b>	<b>Dinner:</b> <b>-Filled Eggplant</b> <b>-Side Salad</b> <b>-Add Chicken</b>	<b>Dinner:</b> <b>-Sautéed Mushrooms</b> <b>-Side Salad</b> <b>-Add Chicken</b>	<b>Dinner:</b> <b>-Veggie Kabobs</b> <b>-Side Salad</b> <b>-Add Chicken</b>	<b>Dinner:</b> <b>-Spicy Taco Crunch Wrap</b> <b>-Side Salad</b> <b>-Add Chicken</b>

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

## Week Twelve

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