



# DESIGNED FOR THRIVING

Discover your natural design & thrive. Brilliant.

## Daily Supplement Plan

Name \_\_\_\_\_

Initial Date \_\_\_\_\_

Field Before \_\_\_\_\_

Field After \_\_\_\_\_

Reschedule Date \_\_\_\_\_

Recommended Services \_\_\_\_\_

*Your body energetically isolates for the following portions. Please consider at your own discretion.*

Date	Nutritional / Botanical Products	First Thing (20 min before food)	Breakfast	2 hrs after/ before eating	Lunch	2 hrs after/ before eating	Dinner	Bedtime (no food 2 hrs before)

Date	Liquid Products	First Thing (20 min before food)	AM (Sip)	Healthy H <sub>2</sub> O	Mid-Day (Sip)	Healthy H <sub>2</sub> O	Evening (Sip)	Healthy H <sub>2</sub> O

Date	Other Methods of Use	First Thing (20 min before food)	AM (Sip)	Healthy H <sub>2</sub> O	Mid-Day (Sip)	Healthy H <sub>2</sub> O	Evening (Sip)	Healthy H <sub>2</sub> O

Additional Instructions:

\_\_\_\_\_



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TRACK YOUR PROTOCOL: *Your body energetically isolates for the aforementioned quantities. Take regularly not perfectly. Continue product until gone, unless otherwise specified.*

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**MONTH 1:**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**MONTH 2:**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY