



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 ₂ O	Mid-Day (Sip)	Healthy H ₂ O	Evening (Sip)	Healthy H ₂ O

Date	Other Methods of Use	First Thing (20 min before food)	AM (Sip)	Healthy H ₂ O	Mid-Day (Sip)	Healthy H ₂ O	Evening (Sip)	Healthy H ₂ 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.*

MONTH 1:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MONTH 2:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY