

RECOMMENATION FORM – STUDENT NAME: \_\_\_\_\_ Jenn \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

| RECOMMENDATIONS                             | Before Breakfast | With Breakfast | Between Breakfast and Lunch | With Lunch   | Between Lunch & Dinner | With Dinner | After Dinner  | Before Bed |
|---|------------------|----------------|-----------------------------|--------------|------------------------|-------------|---------------|------------|
| <b>SPECIFIC CLEANSE KIT</b>                 |                  |                |                             |              |                        |             |               |            |
| Colon Cleanse (30-day)                      |                  |                |                             |              |                        |             |               |            |
| Parasite Cleanse                            |                  |                |                             |              |                        |             |               |            |
| Candida Cleanse                             |                  |                |                             |              |                        |             |               |            |
| Liver/Gallbladder Flush                     |                  |                |                             |              |                        |             |               |            |
| <b>DAILY</b>                                |                  |                |                             |              |                        |             |               |            |
| Probiotics                                  |                  |                |                             |              |                        |             |               |            |
| Fibre                                       |                  |                |                             |              |                        |             |               |            |
| Omega's                                     |                  |                |                             |              |                        |             |               |            |
| Enzymes                                     |                  |                |                             |              |                        |             |               |            |
| <b>MAINTENANCE</b>                          |                  |                |                             |              |                        |             |               |            |
| Cleanse More/Laxative Tea                   |                  |                |                             |              |                        |             |               |            |
| <b>MANDATORY</b>                            |                  |                |                             |              |                        |             |               |            |
| <b>WATER</b><br>½ oz. water per body weight |                  |                |                             |              |                        |             |               |            |
|   |                  |                |                             |              |                        |             |               |            |
| <b>COLONIC SESSIONS / ENEMAS</b>            | <b>MON</b>       | <b>TUES</b>    | <b>WED</b>                  | <b>THURS</b> | <b>FRIDAY</b>          | <b>SAT</b>  | <b>SUNDAY</b> |            |
|   |                  |                |                             |              |                        |             |               |            |
|   |                  |                |                             |              |                        |             |               |            |

NOTES:

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