

RECOMMENATION FORM – STUDENT NAME: _____ Tashia _____

CLIENT NAME: _____

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

NOTES:
