

# SCHEDULE OF NUTRITIONAL SUPPLEMENTS

For \_\_\_\_\_

Date \_\_\_\_\_

Patient's Diagnosis \_\_\_\_\_

SUPPLEMENT	WHEN ARISING	BREAK-FAST	10:00 A.M.	LUNCH	3:00 P.M.	DINNER	BEFORE SLEEP	DAILY TOTAL

- Continue this program until further notice.
- Continue this program until \_\_\_\_\_ when a re-examination is made.
- Take supplements 1/2 hour before meals.
- Take supplements with meals.
- Take supplements after meals.
- Please call our office if you have any questions.

Remarks: \_\_\_\_\_

Re-evaluation \_\_\_\_\_

Discontinue \_\_\_\_\_

Dr. \_\_\_\_\_