

NAME _____ DOB _____ DATE _____

SUPPLEMENTS --- VITAMINS -- MINERALS -- HERBS -- & Rx

SUPPLEMENTS // STRENGTH: mcg / mg / IU // HOW MANY WHEN? MORNING-NOON - PM - BEDTIME

1. Magnesium _____
2. Calcium (NO CARBONATE) _____
3. Zinc _____
4. Vitamin D _____
5. Vitamin C _____
6. Extra Virgin Olive Oil _____
7. Essential Fatty Acids (w 3) _____
8. Folic Acid, B-6, B12 _____
9. Green Tea _____
10. Vitamin E _____
11. Juice Plus _____
12. Glutathione _____
13. Iodine _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____

MEDICINES // PRESCRIPTIONS // STRENGTH // HOW MANY

WHEN TAKEN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____