Directions for Three-Phase Protocol

PHASE ONE: Cleanse	Patient Name:				
	H - Ho	meopathic = \	Jnder the Tongue 🗹 Dilu		
	Please adhere to the guidelines provided in the booklet that comes with the Standard Process 21-day clease kit.				
LYMPH III: Tak	Takes 14 drops twice a day 3 H				
FIELD OF FLOWERS: Tak	Takes 14 drops twice a day 3 🕕				
Ensure that you maintain this do	sage of homeopathics through	out Phases 1	and 2		
START ON DAY 22 Phase 2 will last PHASE TWO: Candida & Paras		meopathic = U	Inder the Tongue 🗹 Dilu		
PRODUCT	DOSE		QUANTITY		
CANDICID FORTE	3 CAPS 3 X DAILY		6		
ACETALDEHYDE	H 8 DROPS 3 X DAILY		2		
PROBIOTICS	Take as directed		2		
VITAMIN C - 4000 - 5000 mg	Take as directed		2		
IVER PROTECT or LIVER SAUCE	Take as directed		2		
	Take as directed		2		

Before starting Phase 3, please schedule a follow-up appointment with Molly. Coordinate with the checkout staff to ensure that you have an appointment scheduled on the calendar.

PHASE THREE: Prescriptions - If Needed

To ensure the progress of your cleanse, it is crucial to schedule a Bio-Immune Survey three months prior to starting Phase Three. This retesting will assess the status of your progress and determine the suitability of moving on to Phase Three. Please note that Phase Three requires a written prescription from your healthcare provider.



This protocol is highly sensitive, and it is of utmost importance that you dilligently follow the entire process without skipping any steps. This is crucial for the cleanse to achieve its intended effectiveness



Please schedule your follow up visit with your provider at checkout. Your provider will review test results to determine if changes to your treatment plan need to be adjusted. A Follow Up is required by your provider.

This Content is not intended to be a substitute for professional medical advice, diagnosis, or treatement. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seekitng it because of this test.



Patient Name:		Date:	/	/
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ADDITIONAL SUPPLEMENTS					



3D Body Scan Summary Page

POSSIBILITIES OF: **RECOMMENDATIONS:**

	NO NEW		