

Therapeutic Supplement Program of Care (POC)

The Previous POC expires when presented with this current POC.

POC Date	Client's Name	POC No.	Specimen Collection Date (Last) - Next

Card Exp:	Handbook	HealthChest: Pndg	Anti-Aging: Pending	Scars:
ALL CLIENTS: Please provide an inventory of your on-hand supplements on each Column #1 Date of the Auto-Ship Schedule . This will help clients save money and prevent overstock. When no inventory is received by due date, a 47-Day supply of the below is automatically shipped. Also No Refund on Clinically-Formulated Therapeutic Supplements or any Product affected by Temperatures. Read Auto-Ship Policies for how to provide an inventory count, the email format and answer all questions about auto-shipment.				

INV	N O.	SUPPLEMENT OR PRODUCT	DAILY DOSAGE	Date of Rec'mnd	Date of Original Support	SPECIAL INSTRUCTIONS AND PURPOSE FOR NUTRIENT SUPPORT OF THE FOLLOWING:
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					

SPECIAL CLINICAL NUTRITION INSTRUCTIONS KNOWN FOOD ALLERGIES:

Special Instructions for Taking Supplements on the PEP Binder Documents Web Page for Index Tab 3

SPECIAL ORDERS / ORDER AS NEEDED

All **Special Order / Order As Needed Products** are listed on the "Order Form For Health Maintenance Products," located in Section #1 of your PEP Binder and in the "Health Chest" e-book. **The most frequently needed & client favorites are listed below**

Table Food Health Maintenance	Microbial Kit & Allergies	Live Food Skin Care	First Aid Kit	Other Special Orders
<input type="checkbox"/> Pink Salt <input type="checkbox"/> Mila <input type="checkbox"/> EFA Liquid Oil <input type="checkbox"/> Coconut Oil <input type="checkbox"/> Olive, Sunflower, Safflower Oil <input type="checkbox"/> Flax Seed Oil <input type="checkbox"/> Whey Protein Powder <input type="checkbox"/> SP Complete Meal Replacement <input type="checkbox"/> pH Paper	<input type="checkbox"/> Virus <input type="checkbox"/> Bacteria <input type="checkbox"/> Fungi/Yeast <input type="checkbox"/> Throat Spray <input type="checkbox"/> Sinuslin Nasal Spray <input type="checkbox"/> Antronex + <input type="checkbox"/> Iplex <input type="checkbox"/> Allerplex <input type="checkbox"/> CLTX or OkraPepsin <input type="checkbox"/> Parotid <input type="checkbox"/> Cholacol II	<input type="checkbox"/> Facial Cleanser <input type="checkbox"/> Facial Tonic <input type="checkbox"/> Skin Serum <input type="checkbox"/> H.A. Cream (DNA repair) <input type="checkbox"/> Ozonated Gel <input type="checkbox"/> Medi-Body Pack <input type="checkbox"/> Inflamma-ND <input type="checkbox"/> Zeo Mineral Cream <input type="checkbox"/> Hair Shampoo <input type="checkbox"/> Hair Conditioner	<input type="checkbox"/> PLSII <input type="checkbox"/> Aloe Vera Gel <input type="checkbox"/> Tei Fu <input type="checkbox"/> Calendula Ointment <input type="checkbox"/> Wheat Germ Oil Cap <input type="checkbox"/> Sesame Oil GelCaps <input type="checkbox"/> Spoon (Mililiter & t). <input type="checkbox"/> Neem Oil <input type="checkbox"/> Limonene Oil <input type="checkbox"/> Castor Oil <input type="checkbox"/> D-Dental	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>