

# HERBAL/NUTRITIONAL SCHEDULE

For \_\_\_\_\_ Date \_\_\_\_\_

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

| HERBAL/FORMULA | WHEN ARISING | BREAK-FAST | 10:00 A.M. | LUNCH | 3:00 P.M. | DINNER | BEFORE SLEEP | DAILY TOTAL |
|----------------|--------------|------------|------------|-------|-----------|--------|--------------|-------------|
|                |              |            |            |       |           |        |              |             |
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|                |              |            |            |       |           |        |              |             |

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

Remarks \_\_\_\_\_

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

Discontinue \_\_\_\_\_

Signature of Provider \_\_\_\_\_