Directions for Three-Phase Protocol

Patient Name:	Date:	/	/					
PHASE ONE: Cleanse		H - Hom	neopathic = L	Inder the To	ongue 🗹 Dilut			
21 DAY CLEANSE:		Please adhere to the guidelines provided in the booklet that comes with the Standard Process 21-day clease kit.						
LYMPH III:	Takes	Takes 14 drops twice a day 3 H						
FIELD OF FLOWERS:	Takes	Takes 14 drops twice a day 3 🕕						
Ensure that you maintain this dosage of homeopathics throughout Phases 1 and 2								
START ON DAY 22 Phase 2								
PHASE TWO: Candida &	Parasit	re Protocol H - Hom	eopathic = U	nder the To	ongue 🇹 Dilute			
PRODUCT		DOSE		QUAN	ГІТҮ			
CANDICID FORTE or 4 YEAS	ST T	3 CAPS 3 X DAILY						
ACETALDEHYDE		H 8 DROPS 3 X DAILY		2				
PROBIOTICS		Take as directed		2				
VITAMIN C - 4000 - 5000 mg		Take as directed		2				
LIVER PROTECT or LIVER SAUCE		Take as directed		2				
PARA 1		Take as directed		2				
Follow the "Avoid" Food List		Perform the Garlic Enema over the c	ourse of the	next three	full moon cyc			
ADDITIONAL SUPPLEMENT	ΓS:							

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 TES		