

MY HEALTHY LIFESTYLE PROTOCOL

Start Date: _____

WEEK 1	Nutritional Component	Breakfast	AM Snack	Lunch	PM Snack	Dinner
	Vegetables (in cups)					
	Protein (in ounces)					
	Fruit (in servings)					

WEEKS 2-12	Nutritional Component	Breakfast	AM Snack	Lunch	PM Snack	Dinner
	Vegetables (in cups)					
	Protein (in ounces)		(or Shake)		(or Shake)	
	Fruit (in servings)					

Use the Daily Routine sections in Chapter 2 (Week 1) and Chapter 6 (Weeks 2-12) to create a Quick Guide for the nutritional components of each meal and snack

Plan to eat every 2-3 hours, with absolutely no more than 4 hours between meals and snacks

Mark all supplements that were included in your shipment, as well as any other supplements that are already part of your protocol. Fill in your custom dosing, where applicable and text a picture of this page to your Coach • Post this page for easy reference

ISOTONIX SUPPLEMENTS

with toothpick, create a slit in the foil seal • use white screw-on cap to measure powder • all Isotonix powders may be combined together to create a "cocktail" • add 2 oz. water for each capful and mix thoroughly

	Dose	When		Dose	When
<input type="checkbox"/> Activated B Complex	2	M	<input type="checkbox"/> Resveratrol	1	N
<input type="checkbox"/> Anti Aging	1 pkt	M	<input type="checkbox"/> Turn Down	1 pkt	N
<input type="checkbox"/> Calcium Plus	1	N	<input type="checkbox"/> Turn Up	1 pkt	M
<input type="checkbox"/> CoQ10	1	D	<input type="checkbox"/> Vitamin C	1	M
<input type="checkbox"/> Daily Essentials	1 pkt	M	<input type="checkbox"/> Vitamin D		M
<input type="checkbox"/> Digestive Enzymes	2	B, L, D	<input type="checkbox"/> Women's Health	1 pkt	M
<input type="checkbox"/> Magnesium	1	N			
<input type="checkbox"/> Multi-Mineral	2	M			
<input type="checkbox"/> Multi-Vitamin	1	M			
<input type="checkbox"/> Prenatal Vitamin	2	M			
<input type="checkbox"/> OPC-3		M			
<input type="checkbox"/> ORAC		M			

TLS WEIGHT MANAGEMENT SUPPLEMENTS & SHAKES

	Dose	When		Dose	When
<input type="checkbox"/> ACTS*	1	B, L	<input type="checkbox"/> TLS Nutrition Shake*	2 scps	snacks
<input type="checkbox"/> CORE	2	B, D	<input type="checkbox"/> TLS Plant-Based Protein Shake*	1 scp	snacks
<input type="checkbox"/> Green Coffee Plus Garcinia Cambogia*	1	B, L, D	<input type="checkbox"/> TLS Whey Protein Shake*	1 pkt	snacks
<input type="checkbox"/> Thermochrome with Advantra Z*	1 or 2	snacks	<input type="checkbox"/> DNA Miracles Pre+Post Natal Shake*	1 scp	snacks
<input type="checkbox"/> Tonalin CLA*	2	B, L	*DO NOT USE during Phase 1		

OTHER SUPPLEMENTS

	Dose	When		Dose	When
<input type="checkbox"/> Nutriclean Fiber Powder	1 scp	1x day	<input type="checkbox"/>		
<input type="checkbox"/> Nutriclean Probiotics		M	<input type="checkbox"/>		
<input type="checkbox"/> Ultimate Aloe Juice			<input type="checkbox"/>		

M = Morning • B = Breakfast • L = Lunch • D = Dinner • N = Night

