

21-Day Detoxification Protocol

To be Monitored by a Healthcare Professional

Days 1-2

Day 3

<p>BioCleanse Select one Functional Food product. If using both, adjust dose.</p>	<p>BioCleanse Functional Food <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioCleanse Plus Functional Food <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p>	<p>BioCleanse Functional Food <input type="checkbox"/> 1 scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioCleanse Plus Functional Food <input type="checkbox"/> 1 scoop 2 times/day <input type="checkbox"/> Other _____</p>
<p>BioCleanse Capsules May be used as adjunctive support</p>	<p>BioCleanse Capsules <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	<p>BioCleanse Capsules <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>
<p>Fiber Select one product. If using both, adjust dose.</p>	<p>Ultra Fiber Plus <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioLax <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	<p>Ultra Fiber Plus <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioLax <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>
<p>Food guidelines</p>	<p><input type="checkbox"/> Consume 3 meals & 2 snacks from the allowed foods list <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Consume 3 meals & 1 snack from the allowed foods list <input type="checkbox"/> Other _____</p>

Days 4-5

Days 6-15

<p>BioCleanse Select one Functional Food product. If using both, adjust dose.</p>	<p>BioCleanse Functional Food <input type="checkbox"/> 2 scoops 2 times/day <input type="checkbox"/> Other _____</p> <p>BioCleanse Plus Functional Food <input type="checkbox"/> 2 scoops 2 times/day <input type="checkbox"/> Other _____</p>	<p>BioCleanse Functional Food <input type="checkbox"/> 2 scoops 3 times/day <input type="checkbox"/> Other _____</p> <p>BioCleanse Plus Functional Food <input type="checkbox"/> 2 scoops 3 times/day <input type="checkbox"/> Other _____</p>
<p>BioCleanse Capsules May be used as adjunctive support</p>	<p>BioCleanse Capsules <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	<p>BioCleanse Capsules <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>
<p>Fiber Select one product. If using both, adjust dose.</p>	<p>Ultra Fiber Plus <input type="checkbox"/> 1 scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioLax <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	<p>Ultra Fiber Plus <input type="checkbox"/> ½ scoop 3 times/day <input type="checkbox"/> Other _____</p> <p>BioLax <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>
<p>Food guidelines</p>	<p><input type="checkbox"/> Consume 2 meals & 2 snacks from the allowed foods list <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Consume 1 meal & 1 snack from the allowed foods list <input type="checkbox"/> Other _____</p>

continued....

Days 16-17		Days 18-19	
<p>BioCleanse Select one Functional Food product. If using both, adjust dose.</p>	<p>BioCleanse Functional Food <input type="checkbox"/> 2 scoops 2 times/day <input type="checkbox"/> Other _____</p> <p>BioCleanse Plus Functional Food <input type="checkbox"/> 2 scoops 2 times/day <input type="checkbox"/> Other _____</p>	<p>BioCleanse Functional Food <input type="checkbox"/> 1 scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioCleanse Plus Functional Food <input type="checkbox"/> 1 scoop 2 times/day <input type="checkbox"/> Other _____</p>	
<p>BioCleanse Capsules May be used as adjunctive support</p>	<p>BioCleanse Capsules <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	<p>BioCleanse Capsules <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	
<p>Fiber Select one product. If using both, adjust dose.</p>	<p>Ultra Fiber Plus <input type="checkbox"/> 1 scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioLax <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	<p>Ultra Fiber Plus <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioLax <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>	
<p>Food guidelines</p>	<p><input type="checkbox"/> Consume 2 meals & 2 snacks from the allowed foods list <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Consume 3 meals & 1 snack from the allowed foods list <input type="checkbox"/> Other _____</p>	

Days 20-21	
<p>BioCleanse Select one Functional Food product. If using both, adjust dose.</p>	<p>BioCleanse Functional Food <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioCleanse Plus Functional Food <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p>
<p>BioCleanse Capsules May be used as adjunctive support</p>	<p>BioCleanse Capsules <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>
<p>Fiber Select one product. If using both, adjust dose.</p>	<p>Ultra Fiber Plus <input type="checkbox"/> ½ scoop 2 times/day <input type="checkbox"/> Other _____</p> <p>BioLax <input type="checkbox"/> 2 caps 2 times/day <input type="checkbox"/> Other _____</p>
<p>Food guidelines</p>	<p><input type="checkbox"/> Consume 3 meals & 2 snacks from the allowed foods list <input type="checkbox"/> Other _____</p>



This 21-Day Detoxification Protocol is the recommended product guidelines for the BioCleanse Detoxification Program. Your healthcare practitioner may provide other recommendations based on your needs.