Patient Medical and Supplement Schedule – COLOR chart Start Date: ______ Follow-up appointment date: _____

MORNING DOSES								
Notes:			١	lotes:				
Medication/ Supplement	Dosage	Take on an empty stomach	Take WITH food	Take AFTER meals	Week 1	Week 2	Week 3	Week 4

			MIDDAY	' DOSES				
Notes:				Notes:				
		T + 1	T .	- -	T	Γ	Γ	
Medication/	Dosage	Take on an	Take WITH	Take AFTER	Week 1	Week 2	Week 3	Week 4
Supplement		empty stomach	food	meals	770011	7700K Z	770010	77001

			EVENING	g doses				
Notes:				Notes:				
Medication/ Supplement	Dosage	Take on an empty stomach	Take WITH food	Take AFTER meals	Week 1	Week 2	Week 3	Week 4

Notes:				Notes:				
A A o oli o orbi o ro /	Description	Take on	Take	Take				
Medication/ Supplement	Dosage	an empty	WITH	AFTER	Week 1	Week 2	Week 3	Week 4
30001116111		stomach	food	meals				