



10-DAY PROGRAM **BLOOD SUGAR**

PROTOCOL CARD

SP COMPLETE®

3 shakes per day, 2 scoops per shake

SP CLEANSE® - 15 per day

Breakfast 5 Lunch 5 Dinner 5

DIAPLEX® - 15 per day

Breakfast 5 Lunch 5 Dinner 5

GYMNEMA - 4 per day

Breakfast 2 Lunch 1 Dinner 1

PATIENT: _____

DATE: ____ / ____ / ____

For more program details, please visit
PurificationSupport.com/BloodSugar



These statements have not been evaluated by the Food & Drug Administration.
These products are not intended to diagnose, treat, cure, or prevent any disease.