



Physicians Fast – 800

Name: _____
Date: _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Breakfast	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Mid-Morning	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Lunch	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Mid-Afternoon	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Dinner	Protein:	Protein:	Protein:	Protein:	Protein:	Protein:	Protein:	
	Vegetable:	Vegetable:	Vegetable:	Vegetable:	Vegetable:	Vegetable:	Vegetable:	
	Condiment:	Condiment:	Condiment:	Condiment:	Condiment:	Condiment:	Condiment:	
Fiber (optional)	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	
Liquids	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	
Vitamins/Minerals	PWLC Multi-vit ____ PWLC EMC ____	PWLC Multi-vit ____ PWLC EMC ____	PWLC Multi-vit ____ PWLC EMC ____	PWLC Multi-vit ____ PWLC EMC ____	PWLC Multi-vit ____ PWLC EMC ____	PWLC Multi-vit ____ PWLC EMC ____	PWLC Multi-vit ____ PWLC EMC ____	
Thermogenics Drink 1 hour before meals (Optional)	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	
Other Thermogenic Product(s) (Optional)	<input type="checkbox"/> Carb Blocker 3 ____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 ____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 ____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 ____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 ____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 ____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 ____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	



Physicians Fast – 800

Name: _____
Date: _____

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
Breakfast	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Mid-Morning	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Lunch	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Mid-Afternoon	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup	Physicians Fast: <input type="checkbox"/> Thermo. Bar <input type="checkbox"/> Shake/Pud/Soup
Dinner	Protein:	Protein:	Protein:	Protein:	Protein:	Protein:	Protein:	
	Vegetable:	Vegetable:	Vegetable:	Vegetable:	Vegetable:	Vegetable:	Vegetable:	
	Condiment:	Condiment:	Condiment:	Condiment:	Condiment:	Condiment:	Condiment:	
Fiber (optional)	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	<input type="checkbox"/> PWLC Fulfill Drink	
Liquids	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	Water _____ Other _____	
Vitamins/Minerals	PWLC Multi-vit ____ PWLC EMC _____	PWLC Multi-vit ____ PWLC EMC _____	PWLC Multi-vit ____ PWLC EMC _____	PWLC Multi-vit ____ PWLC EMC _____	PWLC Multi-vit ____ PWLC EMC _____	PWLC Multi-vit ____ PWLC EMC _____	PWLC Multi-vit ____ PWLC EMC _____	
Thermogenics Drink 1 hour before meals (Optional)	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	<input type="checkbox"/> Before breakfast <input type="checkbox"/> Before lunch <input type="checkbox"/> Before dinner <input type="checkbox"/> Before bedtime	
Other Thermogenic Product(s) (Optional)	<input type="checkbox"/> Carb Blocker 3 _____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 _____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 _____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 _____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 _____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 _____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	<input type="checkbox"/> Carb Blocker 3 _____ # of capsules <input type="checkbox"/> Thermo.Gum <input type="checkbox"/> Choco-Lettes	