



Treatment Plan

Date: / /

Practitioner Name: _____

Practitioner Contact Details: _____

Client Details:

Name: _____

Date of Birth: / /

Phone: _____

Email: _____

Prescription	Dosage Instructions

Your Prescription: This prescription has been tailored to your specific needs at the time of your consultation and is for your use only. Do not exceed these dosages. Should you experience any adverse effects, please discontinue immediately and contact your practitioner for further advice.

This prescription is valid until / /

After this time contact your practitioner for a follow up appointment or further repeats.

Nutritional and Lifestyle Recommendations:

Your next appointment: / /