

Custom Weight Loss Plan

Name: _____ Date: _____ lb. ____/____ toxicity

Weight Loss Window

A. Burn Fat Inside-Out

___ Detoxes
___ Months Gut Health
___ Products

B. Burn Fat Outside-In

___ Red Light Sessions
___ Lose Fat-Save Months

Food Management Coaching

YOU WILL BE GIVEN MANAULS AND EATING GUIDES TO TAKE ALL THE STRESS OUT OF MANAGING FOOD TO GET YOU LEAN!

Window 2- Keep It Off!

- 12 Months Daily Support
• Lifetime Membership to Private FB Coaching Group

BONUS

- FREE Red-Light Touch-Ups
• Your Very Own Nutrition Store Login Account

Drdoughowell.ehealthpro.com

Weight Loss Program ___ Months Keep it Off Coaching ___ Months

2 EASY WAYS TO PAY

Sub Total \$ _____ Product Discount \$ _____ TOTAL Program _____

1. Cash / Credit / HSA cards - Apply \$ _____ to balance due.

2. CareCredit ____/____/____ for ____/____/____ mos. (S.A.C.) \$ ____ day

Patient _____ Date _____

Office _____ Date _____