

# DAILY SUPPLEMENT SCHEDULE

Week Of: \_\_\_\_\_

TIME	SUPPLEMENT NAME	DOSAGE	M T W T F S S
<b>Morning</b>	Multivitamin, Omega-3	1 Cap	
<b>Morning</b>	Vitamin D3 + K2	5000 IU	
<b>Mid-Day</b>	B-Complex	1 Tab	
<b>Evening</b>	Magnesium Glycinate	400mg	

Consult with a healthcare professional before starting any new supplement regimen.