

PERSONAL SUMMER COMFORT

USAGE CHART RECOMMENDED DOSAGE

(1) LIQUID – ¾ EYE-DROPPER OR 1 MILLILITER IN 4-8 OUNCES OF ANY NON-ALCOHOLIC BEVERAGE 2 TIMES A DAY (Morning & Evening)

(2) GEL-CAP - 1 GEL CAP 2 TIMES A DAY (Morning & Evening)

1 - 10 DAYS

BEGIN DATE _____

35 - 50% reduction in perspiration and warm feeling. Sleeping is becoming more comfortable.

11-20 DAYS

A continue diminishing of the uncomfortable body warmth.

21-30 DAYS

The body is starting to regulate and less of the warm feeling.

31-60 DAYS

With the continued use of Personal Summer Comfort, an absence of hot flashes.

← TIME TO RE-ORDER

90 + DAYS

END DATE _____

<http://www.personalsummercomfort.com/shop>