Practitioner contact note

Dear

Your patient has enquired about taking a supplement that we sell at our clinic. The supplement in question is

Protein Smoothie _____ **by Rejuvenated**[ltd]

Here is a list of the product ingredients:

- Organic Pea Protein
- Freeze Dried (Banana / Cacao / strawberry)
- Coconut MCT's
- Chicory Root
- Konjac Fibre
- Natural Flavour
- Vitamin C
- Green Tea Extract
- Stevia

Free From lactose, soya, gluten, wheat & yeast. No GMO. No added sugars. No artificial colours, flavours, sweeteners or preservatives.

Additional Information _____

_____

_____

_____

Kind Regards,

Please verify that this supplement is suitable for the patient to take.

YES **NO**

Clinic details

Clinic name _____

Contact details _____

Practitioner Signature