

Starting Date: _____

Anti Ox Dosing Schedule

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Make a photocopy of this schedule BEFORE you write on it. For each day you dose the Silver Recovery Unit with Anti Ox, place a check mark on the schedule. This chart will last 6 months. Keep this in your blue binder.