

Dosing Schedule Weeks 1-6

STEP #1

Week 1						
<input type="checkbox"/> Day 1 1 spray	<input type="checkbox"/> Day 2 1 spray	<input type="checkbox"/> Day 3 1 spray	<input type="checkbox"/> Day 4 1 spray	<input type="checkbox"/> Day 5 1 spray	<input type="checkbox"/> Day 6 1 spray	<input type="checkbox"/> Day 7 1 spray
Week 2						
<input type="checkbox"/> Day 8 2 sprays	<input type="checkbox"/> Day 9 2 sprays	<input type="checkbox"/> Day 10 2 sprays	<input type="checkbox"/> Day 11 2 sprays	<input type="checkbox"/> Day 12 2 sprays	<input type="checkbox"/> Day 13 2 sprays	<input type="checkbox"/> Day 14 2 sprays
Week 3						
<input type="checkbox"/> Day 15 3 sprays	<input type="checkbox"/> Day 16 3 sprays	<input type="checkbox"/> Day 17 3 sprays	<input type="checkbox"/> Day 18 3 sprays	<input type="checkbox"/> Day 19 3 sprays	<input type="checkbox"/> Day 20 3 sprays	<input type="checkbox"/> Day 21 3 sprays

STEP #2

Week 4						
<input type="checkbox"/> Day 22 1 spray	<input type="checkbox"/> Day 23 1 spray	<input type="checkbox"/> Day 24 1 spray	<input type="checkbox"/> Day 25 1 spray	<input type="checkbox"/> Day 26 1 spray	<input type="checkbox"/> Day 27 1 spray	<input type="checkbox"/> Day 28 1 spray
Week 5						
<input type="checkbox"/> Day 29 2 sprays	<input type="checkbox"/> Day 30 2 sprays	<input type="checkbox"/> Day 31 2 sprays	<input type="checkbox"/> Day 32 2 sprays	<input type="checkbox"/> Day 33 2 sprays	<input type="checkbox"/> Day 34 2 sprays	<input type="checkbox"/> Day 35 2 sprays
Week 6						
<input type="checkbox"/> Day 36 3 sprays	<input type="checkbox"/> Day 37 3 sprays	<input type="checkbox"/> Day 38 3 sprays	<input type="checkbox"/> Day 39 3 sprays	<input type="checkbox"/> Day 40 3 sprays	<input type="checkbox"/> Day 41 3 sprays	<input type="checkbox"/> Day 42 3 sprays

Directions

1. Rinse mouth with water prior to dosing.
2. Spray from a distance of 1 inch, under the tongue.
3. Hold for 2 minutes, then swallow.
4. Administer doses at the same time in the morning before eating.

- In the event that a dose is missed, DO NOT attempt to make-up for the missed dose. Simply continue to follow the dosing schedule as indicated.
- In the event that 3 or more consecutive days of doses are missed, consult with your doctor before continuing.

Emergency Phone#

Warnings

- CALL 911 and use EpiPen® Autoinjector immediately if you experience shortness of breath, difficulty breathing, swelling of the throat or tongue, irregular heart rate, or any other life-threatening emergency.

- STOP USE & CONTACT YOUR DOCTOR if you experience oral itching, diarrhea, throat infections, or if you are planning to have major dental surgery.

Dosing Schedule Weeks 7-12

STEP #3

Week 7						
<input type="checkbox"/> Day 43 1 spray	<input type="checkbox"/> Day 44 1 spray	<input type="checkbox"/> Day 45 1 spray	<input type="checkbox"/> Day 46 1 spray	<input type="checkbox"/> Day 47 1 spray	<input type="checkbox"/> Day 48 1 spray	<input type="checkbox"/> Day 49 1 spray
Week 8						
<input type="checkbox"/> Day 50 2 sprays	<input type="checkbox"/> Day 51 2 sprays	<input type="checkbox"/> Day 52 2 sprays	<input type="checkbox"/> Day 53 2 sprays	<input type="checkbox"/> Day 54 2 sprays	<input type="checkbox"/> Day 55 2 sprays	<input type="checkbox"/> Day 56 2 sprays
Week 9						
<input type="checkbox"/> Day 57 3 sprays	<input type="checkbox"/> Day 58 3 sprays	<input type="checkbox"/> Day 59 3 sprays	<input type="checkbox"/> Day 60 3 sprays	<input type="checkbox"/> Day 61 3 sprays	<input type="checkbox"/> Day 62 3 sprays	<input type="checkbox"/> Day 63 3 sprays

STEP #4

Week 10						
<input type="checkbox"/> Day 64 1 spray	<input type="checkbox"/> Day 65 1 spray	<input type="checkbox"/> Day 66 1 spray	<input type="checkbox"/> Day 67 1 spray	<input type="checkbox"/> Day 68 1 spray	<input type="checkbox"/> Day 69 1 spray	<input type="checkbox"/> Day 70 1 spray
Week 11						
<input type="checkbox"/> Day 71 2 sprays	<input type="checkbox"/> Day 72 2 sprays	<input type="checkbox"/> Day 73 2 sprays	<input type="checkbox"/> Day 74 2 sprays	<input type="checkbox"/> Day 75 2 sprays	<input type="checkbox"/> Day 76 2 sprays	<input type="checkbox"/> Day 77 2 sprays
Week 12						
<input type="checkbox"/> Day 78 3 sprays	<input type="checkbox"/> Day 79 3 sprays	<input type="checkbox"/> Day 80 3 sprays	<input type="checkbox"/> Day 81 3 sprays	<input type="checkbox"/> Day 82 3 sprays	<input type="checkbox"/> Day 83 3 sprays	<input type="checkbox"/> Day 84 3 sprays

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