

CAAB-25 Key

Moderate to High scores indicate that formulas listed under Therapeutic Support may be considered

Always consider Liver Assessment scores even when GI Assessment scores are all Low Priority.

GI Assessment					
	Section Total	Low Priority	Moderate Priority	High Priority	Therapeutic Support
4R - REMOVE PHASE					
I-A Candida/Bacteria		1 - 20	21 - 50	51 +	Candidal/IgG2000DF SacDF/ProbioMax OptiFiber/GarliX
I-B Parasites		1 - 20	21 - 50	51 +	Berbemycin/IgG2000 DF GarliX/ProbioMax Viragraphis
4R - REPLACE PHASE					
II-A Hypoacidity		1 - 8	9 - 11	12 - 14	GastrAcid
II-B Pancreas/ Small Intestine		1 - 11	12 - 14	15 - 21	XymoZyme/ PanXyme pH
4R - REINOCULATE PHASE					
II-C Colonic Dysbiosis		1 - 8	9 - 11	12 - 14	ProbioMaxDF Saccharomycin DF OptiFiber/ProbioMaxPLUS
4R - REPAIR PHASE					
II-D Gastric Inflammation		1 - 7	8 - 10	11 - 13	IgG 2000DF/i5/GI Pro GlutAloeMine PepciX / MedCaps GI ProbioMaxDF

Liver Assessment				
	Section Total	Low Priority	High Priority	Additional Support
		i5™ or OptiCleanse Plus™ If BOTH sections are LOW use 1 svg i5/day or 1 svg OptiCleanse Plus/day	OptiCleanse GHI™ or i5™ If EITHER or BOTH section(s) below are HIGH use with 28 Day Cleanse	
III-A Liver / Gallbladder		1 - 11	12 - 18	XymoZyme PhosphaLine 4:1 LipotropiX Liver Protect/ALAmx
MSQ - Medical Symptoms Questionnaire		10 - 50	51 - 90	MedCaps DPO

These statements have not been evaluated by the Food and Drug Administration. These formulas are not intended to diagnose, treat, cure, or prevent any disease.

Patient's Name: _____

Xymogen - 1-800-647-6100

Date: _____