

Product Story Worksheet

Top Half: List any illnesses or ailments from which you might currently be suffering

Bottom Half: List the exact date(s) you start consuming goDésana product(s)

Back Page: Document monthly health enhancements & improvements achieved through using goDésana products

List any symptoms, illnesses, conditions, or health concerns you may have

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List dates and all goDésana products you use

Nutrition & Weight Loss

1. _____
2. _____
3. _____
4. _____
5. _____

Essential bioMinerals

1. _____
2. _____
3. _____
4. _____
5. _____

Vitality Infusion Teas

1. _____
2. _____
3. _____
4. _____
5. _____

Essential Oils

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

Personal Care Products

1. _____
2. _____
3. _____
4. _____
5. _____

DISCLAIMER

**The information in this document has not been evaluated by the FDA and is not intended to treat, diagnose, cure, or prevent any disease. This information is not intended as a substitute for the advice or medical care of a qualified healthcare professional and you should seek the advice of your healthcare professional before undertaking any dietary or lifestyle changes. This information is provided for educational purposes only.*

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Note Improvements Below

Month 1

Month 2

Month 3

Month 4

Month 5

Month 6

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