



Vitae Mosaic Prescription

Name _____

Date _____

Practitioner _____

Diet Nutrition Plan

Lifestyle Plan

Sleep

Relaxation

Exercise & Movement

Frequency _____ / week

Intensity _____

Time _____ / day

Type _____

Prescribed Supplements

Repeats Available

Additional Comments

Follow-up Appointment

Practitioner contact details

Name:

Phone:

Email: