



Your Doctor Visit Toolkit

To help facilitate a thorough discussion about tinnitus and how it is affecting your life, gather this useful information and bring it to your next appointment.

Names of medications, supplements and vitamins you are taking: _____

Symptom diary (see page 2)

Food & drink diary (see page 3)

Medical history:

Illnesses and medical conditions that run in your family including relevant relationships (mother, father, uncle etc.):

Your history of surgeries or procedures: _____

List any drug allergies: _____

Lipo-Flavonoid® Plus product information (see page 5)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Symptom experienced: <i>Intensity: (1 = low, 5 = very high)</i>							
Ear ringing	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Dizziness	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Loss of hearing	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Pressure in inner ear	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Sleep disturbances	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Describe the sound of any sound or ear ringing: <i>(ringing, buzzing, whooshing, pulsing, etc.)</i>							
Medications, vitamins or supplements taken: Name: _____ Name: _____ Name: _____ Name: _____ Name: _____							
Nicotine use:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Stress level: <i>(1 = low, 5 = very high)</i>							
Daily Activity: Activity: _____ Duration: _____							
Daily noise level of your surroundings: <i>(1 = low, 5 = very high)</i>							
Note anything that caused your symptoms to worsen:							

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Breakfast:							
Lunch:							
Dinner:							
Snacks: <i>(note time)</i>							

QUESTIONS TO ASK:

- Are any of my medications contributing to my tinnitus? _____

- How can I improve my ability to fall and stay asleep? (Applicable if sleep disturbances are a concern) _____

- How can I explain my symptoms to my family and friends best, so they understand what is happening? _____

- Have you heard of Lipo-Flavonoid or Lipo-Flavonoid Night products with melatonin? _____

- Is there any reason I couldn't take Lipo-Flavonoid to see if it helps alleviate my symptoms? _____

- Do you have any free samples of Lipo-Flavonoid products? _____

- What steps can I take to minimize the ringing in my ears? _____

- Other questions: _____

TESTS TO ASK ABOUT:

While there is no one specific test used to diagnose tinnitus, several tests could help rule out other serious conditions that could be contributing to your ear ringing.

- **Electrocochleography**test
- **Vestibular(balance)**tests
- **MRI** to help identify potential Meniere's Syndrome or other serious inner ear conditions



Lipo-Flavonoid Plus is a safe dietary ear health supplement that can help improve circulation in the inner ear. This can enhance overall ear health — making you less susceptible to tinnitus and reducing the intensity of unwanted ear ringing.

Lipo-Flavonoid Plus is made with expert-recommended, superior-quality ingredients.

SUPPLEMENT FACTS

Vitamin C (as ascorbic acid)
Vitamin B-1 (thiamine monoitrate)
Vitamin B-2 (riboflavin)
Niacin (niacinamide)
Vitamin B-6 (pyridoxine HCl)
Vitamin B-12 (cyanocobalamin)
Pantothenic Acid (as calcium pantothenate)
Calcium (as dicalcium phosphate)
Extra Strength Proprietary Blend with Eridictyol Glycoside to improve circulation in the inner ear
Choline Bitartrate
Inositol
High Potency Lemon Bioflavonoid Complex

OTHER INGREDIENTS

Powdered cellulose, hydrogenated soybean oil, croscarmellose sodium, stearic acid, magnesium stearate, silicon dioxide, ethyl vanillin, hypromellose, polyvinyl alcohol, titanium dioxide, lecithin, FD&C red #40 lake, FD&C yellow #6 (sunset yellow), xanthan gum and FD&C blue #1 lake, triacetin, carnauba wax and talc.

Contains soy.

Free of sugar, starch, yeast, wheat, corn, milk products & preservatives.

USAGE

For First-Time Users

Take two caplets three times each day after meals (six caplets total each day) for 60 days, or until you see a noticeable improvement in your condition. Then switch to maintenance usage.

For Maintenance

Take one caplet three times each day after meals (three caplets total each day) every day.

For Sleep

To achieve the best results with Lipo-Flavonoid Day/Night and Lipo-Flavonoid Night take your evening dose 1 hour before bedtime. Consider also adding the soothing sounds of Sonorest Sleepstones™ from the makers of Lipo-Flavonoid, featuring noise ranges specific to helping block or mask those of tinnitus.