



Pounds and Inches Away™

Where's the Little Red Dress in You?

Introduction to HCG

New Client Guide

Medical Disclaimer

The packet provides weight loss management information and is intended only to assist users in their personal weight loss efforts. Pounds and Inches Away, Inc. is not a medical organization and our staff will not give you medical advice or diagnosis. Nothing contained in this packet should be construed as medical advice or diagnosis. The information generated by us should not be interpreted as a substitute for physician consultation, evaluation, or treatment.

You are urged and advised to seek the advice of a physician before beginning any weight loss effort or regimen. This information is not meant to replace the advice of any physician. Do not rely upon any information to replace consultations or advice received by qualified health professionals regarding your own specific situation. The packet is provided solely for your further evaluation of the information provided in Kevin Trudeau's book *The Weight Loss Cure "They" Don't Want You to Know About*. Any information provided by Pounds and Inches Away, Inc, should NEVER be construed as medical advice.

If you have any question in your mind regarding any lingering health concern, you should seek medical assistance. If you are not satisfied with the advice being rendered by your current physician, you always have the right to obtain another medical opinion. We are not physicians or pharmacists at Pounds and Inches Away. We are weight loss consultants supporting Dr. Simeon's weight loss protocol as referenced in Kevin Trudeau's *The Weight Loss Cure "They" Don't Want You to Know About*.

Conditions Requiring Additional Concern

If any of the following conditions apply to you, whether diagnosed by a physician or not, we particularly recommend that you review this protocol carefully with your physician to avoid complications and/or recognize concerns:

- Gallbladder Issues
- Gout
- Brittle/Unstable Diabetes
- Fibroids

Additionally, if you are on medications, such as for high blood pressure and/or diabetes, you should be monitored by your physician because some medications require adjustment during the protocol as a natural (and good) side effect of the HCG. It is important for you to understand that Pounds and Inches Away is staffed entirely by weight loss consultants who are not physicians or pharmacists.

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IN WITNESS WHEREOF, Pounds and Inches Away, Inc. and client have signed this agreement.

We implore anyone considering participation in any HCG protocol to read in full Dr. Simeons' Pounds and Inches: A New Approach to Obesity, which is available FREE at www.poundsandinchesaway.com.

Regardless of whether you go to a doctor, clinic or otherwise, the manuscript provides critical background regarding HCG research and information in mostly layman terms. As with any weight loss plan, the final outcome or personal success depends heavily on you and your commitment to the program you choose. In other words, your success depends upon YOU! Best wishes in achieving the wonderful results that we and many others have achieved.

Excerpts from Pounds & Inches By: A.T.W. SIMEONS, M.D.

The following are excerpts taken DIRECTLY from Dr. Simeons' manuscript, which can be downloaded from our website at www.poundsandinchesaway.com. We have gathered the pieces we consider extremely important into the summary below. Although the following pieces are directly out of the book, the order may be rearranged to place corresponding pieces of information together.

Foreword

This book discusses a new interpretation of the nature of obesity, and while it does not advocate yet another fancy slimming diet it does describe a method of treatment which has grown out of theoretical considerations based on clinical observation.

...distilled out of forty years of grappling with the fundamental problems of obesity, its causes, its symptoms...

...We have grown pretty sure that the tendency to accumulate abnormal fat is a very definite metabolic disorder, much as is, for instance, diabetes. Every new approach seemed to lead into a blind alley, and though patients were told that they are fat because they eat too much, we believed that this is neither the whole truth nor the last word in the matter.

...I have always held that overeating is the result of the disorder, not its cause...

The Nature of Obesity

Obesity a Disorder

As a basis for our discussion we postulate that obesity in all its many forms is due to an abnormal functioning of some part of the body... Persons suffering from this particular disorder will get fat regardless of whether they eat excessively, normally or less than normal. A person who is free of the disorder will never get fat, even if he frequently overeats.

In all these cases a loss of weight brought about by dieting, treatments with thyroid, appetite-reducing drugs, laxatives, violent exercise, massage, or baths is only temporary and will be rapidly regained as soon as the reducing regimen is relaxed. The reason is simply that none of these measures corrects the basic disorder.

Three Kinds of Fat

In the human body we can distinguish three kinds of fat. The first is the structural fat which fills the gaps between various organs...

The second type of fat is a normal reserve of fuel upon which the body can freely draw...

Both these types of fat, structural and reserve, are normal...

But there is a third type of fat which is entirely abnormal.

When an obese patient tries to reduce by starving himself, he will first lose his normal fat reserves. When these are exhausted he begins to burn up structural fat, and only as a last resort will the body yield its abnormal reserves, though by that time the patient usually feels so weak and hungry that the diet is abandoned. It is just for this reason that obese patients complain that when they diet they lose the wrong fat. They feel famished and tired and their face becomes drawn and haggard, but their belly, hips, thighs and upper arms show little improvement. The fat they have come to detest stays on and the fat they need to cover their bones gets less and less. Their skin wrinkles and they look old and miserable...

Three Basic Causes of Obesity

(1) The Inherited Factor

(2) Other Diencephalic Disorders

The second way in which obesity can become established is the lowering of a previously normal fat-banking capacity owing to some other diencephalic disorder.

(3) The Exhaustion of the Fat-bank

But there is still a third way in which obesity can become established, and that is when a presumably normal fat-center is suddenly (with emphasis on suddenly) called upon to deal with an enormous influx of food far in excess of momentary requirements. ...as when an athlete is confined to bed for many weeks with a broken bone or when a man leading a highly active life is suddenly tied to his desk in an office and to television at home.

The Treatment of Obesity

If obesity is always due to one very specific diencephalic deficiency, it follows that the only way to cure it is to correct this deficiency

The Nature of Human Chorionic Gonadotropin

HCG is never found in the human body except during pregnancy...

...Though a pregnant woman can produce as much as one million units per day,...

...HCG produces little or no tissue-reaction... There are hardly any contraindications to the HCG method. Treatment can be continued in the presence of abscesses, suppuration, large infected wounds and major fractures. Surgery and general anesthesia are no reason to stop... ``

Technique

Warnings

...Any patient who thinks he can reduce by taking a few "shots" and eating less is not only sure to be disappointed but may be heading for serious trouble. In treating obesity with the HCG + diet method we are handling what is perhaps the most complex organ in the human body. ...In obesity this balance is out of kilter and can only be restored if the technique I am about to describe is followed implicitly. Even seemingly insignificant deviations, particularly those that at first sight seem to be an improvement, are very liable to produce most disappointing results and even annul the effect completely. For instance, if the diet is increased from 500 to 600 or 700 Calories, the loss of weight is quite unsatisfactory. If the daily dose of HCG is raised to 200 or more units daily its action often appears to be reversed...

Gain before Loss

... One cannot keep a patient comfortably on 500 Calories unless his normal fat reserves are reasonably well stocked. It is for this reason also that every case, even those that are actually gaining must eat to capacity of the most fattening food they can get down until they have had the third injection. It is a fundamental mistake to put a patient on 500 Calories as soon as the injections are started, as it seems to take about three injections before abnormally deposited fat begins to circulate and thus become available.

Making up the Calories

Under the effect of HCG the obese body is always able to obtain all the calories it needs from the abnormal fat deposits, regardless of whether it uses up 1500 or 4000 per day. It must be made very clear to the patient that he is living to a far greater extent on the fat which he is losing than on what he eats.

The Diet

The 500 calorie diet is explained on the day of the second injection to those patients who will be preparing their own food, and it is most important that the person who will actually cook is present - the wife, the mother or the cook, as the case may be. Here in Italy patients are given the following diet sheet.

Breakfast:	Tea or coffee in any quantity without sugar. Only one tablespoonful of milk allowed in 24 hours. Saccharin or Stevia may be used.
Lunch:	<p>1. 100 grams of veal, beef, chicken breast, fresh white fish, lobster, crab, or shrimp. All visible fat must be carefully removed before cooking, and the meat must be weighed raw. It must be boiled or grilled without additional fat. Salmon, eel, tuna, herring, dried or pickled fish are not allowed. The chicken breast must be removed from the bird.</p> <p>2. One type of vegetable only to be chosen from the following: spinach, chard, chicory, beet-greens, green salad, tomatoes, celery, fennel, onions, red radishes, cucumbers, asparagus, cabbage.</p> <p>3. One breadstick (grissino) or one Melba toast.</p> <p>4. An apple or a handful of strawberries or one-half grapefruit or orange.</p>
Dinner:	The same four choices as lunch.

The juice of one lemon daily is allowed for all purposes. Salt, pepper, vinegar, mustard powder, garlic, sweet basil, parsley, thyme, marjoram, etc., may be used for seasoning, but no oil, butter or dressing.

Tea, coffee, plain water, or mineral water are the only drinks allowed, but they may be taken in any quantity and at all times.

In fact, the patient should drink about 2 liters of these fluids per day. Many patients are afraid to drink so much because they fear that this may make them retain more water. This is a wrong notion as the body is more inclined to store water when the intake falls below its normal requirements.

The fruit or the breadstick may be eaten between meals instead of with lunch or dinner, but not more than four items listed for lunch and dinner may be eaten at one meal.

No (OTC over-the-counter) medicines or cosmetics other than lipstick, eyebrow pencil and powder may be used without special permission. (Do NOT stop taking any prescriptions medications without consulting your physician! Pounds and Inches Away, Inc.)

Every item in the list is gone over carefully, continually stressing the point that no variations other than those listed may be introduced. All things not listed are forbidden, and the patient is assured that nothing permissible has been left out. The 100 grams of meat must be scrupulously weighed raw after all visible fat has been removed. To do this accurately the patient must have a letter-scale, as kitchen scales are not sufficiently accurate and the butcher should certainly not be relied upon. Those not uncommon patients, who feel that even so little food is too much for them, can omit anything they wish.

There is no objection to breaking up the two meals. For instance having a breadstick and an apple for breakfast or before going to bed, provided they are deducted from the regular meals. The whole daily ration of two breadsticks or two fruits may not be eaten at the same time, nor can any item saved from the previous day be added on the following day. In the beginning patients are advised to check every meal against their diet sheet before starting to eat and not to rely on their

memory. It is also worth pointing out that any attempt to observe this diet without HCG will lead to trouble in two to three days. We have had cases in which patients have proudly flaunted their dieting powers in front of their friends without mentioning the fact that they are also receiving treatment with HCG. They let their friends try the same diet, and when this proves to be a failure - as it necessarily must - the patient starts raking in unmerited kudos for superhuman willpower.

It should also be mentioned that two small apples weighing as much as one large one never the less have a higher caloric value and are therefore not allowed though there is no restriction on the size of one apple. Some people do not realize that chicken breast does not mean the breast of any other fowl, nor does it mean a wing or drumstick.

The most tiresome patients are those who start counting calories and then come up with all manner of ingenious variations which they compile from their little books. When one has spent years of weary research trying to make a diet as attractive as possible without jeopardizing the loss of weight, culinary geniuses who are out to improve their unhappy lot are hard to take.

Making up the Calories

The diet used in conjunction with HCG must not exceed 500 calories per day, and the way these calories are made up is of utmost importance. For instance, if a patient drops the apple and eats an extra breadstick instead, he will not be getting more calories but he will not lose weight. There are a number of foods, particularly fruits and vegetables, which have the same or even lower caloric values than those listed as permissible, and yet we find that they interfere with the regular loss of weight under HCG, presumably owing to the nature of their composition. Pimiento peppers, okra, artichokes and pears are examples of this.

While this diet works satisfactorily in Italy, certain modifications have to be made in other countries. For instance, American beef has almost double the caloric value of South Italian beef, which is not marbled with fat. This marbling is impossible to remove. In America, therefore, low-grade veal should be used for one meal and fish (excluding all those species such as herring, mackerel, tuna, salmon, eel, etc., which have a high fat content, and all dried, smoked or pickled fish), chicken breast, lobster, crawfish, prawns or shrimp, crabmeat or kidneys for the other meal. Where the Italian breadsticks, the so-called grissini, are not available, one Melba toast may be used instead, though they are psychologically less satisfying. A Melba toast has about the same weight as the very porous grissini which is much more to look at and to chew.

When local conditions or the feeding habits of the population make changes necessary it must be borne in mind that the total daily intake must not exceed 500 calories if the best possible results are to be obtained, that the daily ration should contain 200 grams of fat-free protein and a very small amount of starch.

Just as the daily dose of HCG is the same in all cases, so the same diet proves to be satisfactory for a small elderly lady of leisure or a hard working muscular giant. Under the effect of HCG the obese body is always able to obtain all the calories it needs from the abnormal fat deposits, regardless of whether it uses up 1500 or 4000 per day. It must be made very clear to the patient that he is living to a far greater extent on the fat which he is losing than on what he eats.

Many patients ask why eggs are not allowed. The contents of two good sized eggs are roughly equivalent to 100 grams of meat, but unfortunately the yolk contains a large amount of fat, which is undesirable. Very occasionally we allow egg - boiled, poached or raw - to patients who develop an aversion to meat, but in this case they must add the white of three eggs to the one they eat whole. In countries where cottage cheese made from skimmed milk is available 100 grams may occasionally be used instead of the meat, but no other cheeses are allowed.

Faulty Dieting

Few patients will take one's word for it that the slightest deviation from the diet has under HCG disastrous results as far as the weight is concerned. This extreme sensitivity has the advantage that the smallest error is immediately detectable at the daily weighing but most patients have to make the experience before they will believe it.

The Duration of Treatment

Patients who need to lose 15 pounds (7 kg.) or less require 26 days treatment with 23 daily injections. The extra three days are needed because all patients must continue the 500-calorie diet for three days after the last injection. This is a very essential part of the treatment, because if they start eating normally as long as there is even a trace of HCG in their body they put on weight alarmingly at the end of the treatment...

When a patient has more than 15 pounds to lose the treatment takes longer but the maximum we give in a single course is 40 injections, nor do we as a rule allow patients to lose more than 34 lbs. (15 Kg.) at a time

Concluding a Course

When the three days of dieting after the last injection are over, the patients are told that they may now eat anything they please, except sugar and starch provided they faithfully observe one simple rule. This rule is that they must have their own portable bathroom-scale always at hand, particularly while traveling.

It takes about 3 weeks before the weight reached at the end of the treatment becomes stable, i.e. does not show violent fluctuations after an occasional excess. During this period patients must realize that the so-called carbohydrates, that is sugar, rice, bread, potatoes, pastries etc, are by far the most dangerous.

Menstruation

In menstruating women, the best time to start treatment is immediately after a period. Treatment may also be started later, but it is advisable to have at least ten days in hand before the onset of the next period. During menstruation no injections are given, but the diet is continued and causes no hardship...

Further Courses

Patients requiring the loss of more than 34 lbs. must have a second or even more courses. A second course can be started after an interval of not less than six weeks, though the pause can be more than six weeks. When a third, fourth or even fifth course is necessary, the interval between courses should be made progressively longer.

Conclusion

The HCG + diet method can bring relief to every case of obesity, but the method is not simple...Each case must be handled individually... to answer questions, allay fears and remove misunderstandings.

... I must beg those trying the method for the first time to adhere very strictly to the technique and the interpretations here outlined and thus treat a few hundred cases before embarking on experiments of their own, and until then refrain from introducing innovations, however thrilling they may seem.

Summary of a Typical Round

Day 1 and 2: Take HCG and gorge.

Starting with Day 3: Take HCG and follow 500 calorie for up to 40 HCG days (except during menstruation – during menstruation: do not take hcg, but do continue the 500 calorie diet—call if questions).

Sometime after 23 HCG days, but before 41 HCG days: Stop HCG, continue following the 500 calorie diet for 72 hours after last HCG.

1st 3 weeks after stopping HCG: All foods are allowed except starches and sugars, always controlled by morning weighing.

2nd 3 weeks after stopping HCG: Very gradually add starches and sugars in small quantities, always controlled by morning weighing.

The Future: Continue controlling by morning weighing.

Frequently Asked Questions

Remarkably, the manuscript from so many years ago still covers almost all of the frequently asked HCG and actual protocol questions including those listed below. Dr. Simeons did his homework indeed.

What is HCG?

HCG (Human Chorionic Gonadotropin) is a hormone naturally produced in large quantity during pregnancy. Dr. ATW Simeons, the doctor who developed and worked with the protocol for over 15 years, found that small regular doses of HCG caused the body to release abnormal fat when used in conjunction with a specific 500 calorie daily diet. This is detailed in Dr. Simeons' manuscript *Pounds and Inches: A New Approach to Obesity*, which is in the appendix of this book. This low calorie diet is only comfortable and advisable with HCG. Most participants are not hungry and have plenty of energy.

Since this is the 'pregnancy hormone', does it work for men as well? If so, is it safe for men to be putting pregnancy hormone into their bodies?

Yes! The HCG protocol is considered safe for men and even works faster for men. No surprise there, right ladies? While women typically lose .5 lb. – 1lb. per day, men typically lose .75 lb. 2 lbs per day. Since HCG is used in infertility treatment for both men and women by the mainstream medical community, it is considered safe. HCG is also prescribed for men with certain other medical conditions, so this is not the only use of HCG with men.

What are the typical results seen while taking these HCG drops?

We see a typical weight loss of 20-30 lbs in about 30-40 days while following Dr. Simeons' Protocol. This assumes correctly following the low calorie diet and all the other rules (no oily make-up, no lotions, etc.) without cheating or errors.

What are the positive effects of HCG?

Besides the accelerated weight loss and body re-shaping, many participants report: better, more deep sleep; lower cholesterol and blood pressure while on the HCG, and sometimes continuing afterwards; less insulin or other medications required while on the protocol; higher energy levels without a nervous or edgy feeling; a general feeling of well-being.

Of course being on a 500 calorie diet will help you to lose weight. How is the HCG protocol different from any other diet out there?

Dr. Simeons, the physician who developed the HCG Protocol, said, "When an obese patient tries to reduce by starving himself, he will first lose his normal fat reserves. When these are exhausted he begins to burn up structural fat, and only as a last resort will the body yield its abnormal reserves, though by that time the patient usually feels so weak and hungry that the diet is abandoned. It is just for this reason that obese patients complain that when they diet they lose the wrong fat. They feel famished and tired and their face becomes drawn and haggard, but their belly, hips, thighs and upper arms show little improvement."

To rephrase Dr. Simeons: The HCG allows your body to tap into your body's abnormal fat deposits (shoulders, upper arms, belly, hips, thighs, and buttocks). These deposits are not usually accessible to the body until the person has gone through both his normal fat and structural fat as described above. This is the reason why no matter how much some people exercise and starve himself/herself, they still have, for example, a "big butt". The HCG coupled with the very low calorie diet allows a person to tap into abnormal fat deposits which releases nutritious calories into the blood stream to be used by the body. This is similar to how a pregnant woman, who is nauseous for weeks at a time, and not able to keep food down, typically remains healthy and is additionally able to give birth to a healthy baby.

This release of fat/calories into the blood stream is also why clients taking the HCG are generally not hungry and generally have plenty of energy. The HCG actually releases 1500-4000 calories per day into the bloodstream according to Dr. Simeons. By the way, this is the **ONLY** reason why it is okay to be on a 500 calorie diet. Without the HCG releasing the abnormal fat and, therefore, many calories into the bloodstream, the client would look haggard, be starving, and be facing excessive nutritional deficiency.

Besides tapping into the abnormal fat deposits, HCG also proposes to affect your base metabolism. As yet another positive side effect, this protocol provides a detox and gives your entire system rest from the onslaught of not-so-healthy food and drinks we normally ingest by allowing only a small amount of relatively healthy items to be processed in your body and by your hypothalamus. Some experts feel this 'detox' allows your hypothalamus to clear itself of the chemical build-up that could be preventing weight loss and re-establishes the natural functioning and hormone release of the hypothalamus.

Frequently Asked Questions

Who developed this protocol? Is it safe?

Dr A.T.W Simeons developed the HCG Protocol in Italy in the 1950's. He worked on the study of obesity for 40 years and on this protocol specifically for about 20 years. He helped countless patients in his clinic. Dr. Simeons found the protocol to be extremely safe and effective. We concur as we have had hundreds of clients use the protocol with great weight loss and significant improvement in overall health. Keep in mind, this is the same hormone produced naturally in a pregnant woman's body. It is also frequently used in infertility treatments for both women and men. Additionally, with infertility and other treatments involving HCG, the HCG administered is substantially higher than the amount administered for weight loss in the HCG Weight Loss Cure Protocol. Just to put it into perspective, Dr. Simeons advised each patient on the HCG protocol to administer 125 units of HCG per day for a maximum of 40 days. However, during pregnancy, a woman can produce up to 1,000,000 units per day.

Is HCG FDA-Approved?

If you are asking if the FDA has approved HCG for weight loss, the FDA has NOT approved HCG specifically for weight loss. While this may be alarming to some potential participants, we do NOT disagree with the FDA because HCG alone does NOT make you lose weight. It is ONLY when HCG is used correctly with Dr. Simeons' HCG Diet Protocol that customers see the amazing typical weight loss of 20-30 lbs in 30-40 days.

Is this HCG protocol illegal?

No! While the FDA does not allow anyone to say that HCG causes weight loss, any MD, DO, etc. can write a prescription for the HCG. Use of HCG may be considered 'off label' use of the prescription. This is reasonable since HCG by itself certainly does NOT cause weight loss. More accurately, HCG allows quick, appropriate fat loss when intake is strictly restricted, such as when a pregnant woman cannot eat or keep food down for several days OR when someone is on the 500 calorie phase of the protocol. Many doctors have never heard of Dr. Simeons' protocol and, therefore, may simply choose not to write the prescription due to the FDA's recommendation, but again, physicians are legally able to write the prescription.

Is losing weight this fast unhealthy?

Not with the HCG Protocol. Generally, this fast of weight loss would be accompanied by major loss of muscle; however, the HCG makes a huge difference. Participants consistently report losing fat, not muscle, and feeling great.

Won't I be starving?

Usually...NO! There are some participants who experience some hunger the first 2-5 days of the low calorie diet but even with those participants, the hunger usually disappears after the first week. As a matter of fact, it is not unheard of for participants to report being so 'full' they can't eat all of the food.

Will I gain all the weight back plus some as soon as I stop the 500 calorie phase?

If you perform the maintenance phase correctly and eat like a normal, healthy person, your body should lock-in on your new, lower weight, and maintain your great loss without much effort at all. Review maintenance closely and perform maintenance meticulously to improve your long term future.

Will I need skin removal surgery if I lose 50 or more pounds?

No! Generally, participants are usually quite surprised at the body's ability to reshape to the new body. This is not surprising with HCG since many pregnant women bounce back quite nicely after gaining up to 80 pounds or so during pregnancy. We have monitored clients that have lost over 100 pounds and none have felt the need for surgery. This is just one of the great benefits HCG offers that other diets simply do not.

What makes this protocol different from everything else that's out there?

Dr. Simeons proposed that this wonderful protocol 1) resets the hypothalamus gland so that you go forward with better metabolism to avoid gaining the weight back; 2) reshapes the body by tapping into the abnormal fat such as saddlebags and pear-shaped areas without making the face and chest thin, 3) takes care of the skin as reduction occurs, 4) takes care of hunger, 5) requires no exercise, and 6) usually promotes and overall feeling of well-being.

Everyone keeps asking me to explain the diet to them, how do you explain this diet?

If you have friends, family or others asking about the HCG diet protocol and you need help explaining, there is a great video for you to watch at PoundsAndInchesAway.com. The video gives a nice brief outline of the protocol to cover the basics.

Pounds and Inches Away

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