2026 PHYSIOLOGIC HORMONE RESTORATION THERAPY® CALENDAR

Women's
Hormone Network

Only available at PHRT® participating pharmacies
www.womenshormonenetwork.org

NEW PATIENTS: PLEASE READ

The PHRT® protocol is a novel and natural approach to optimally restore your hormones. If this hormone protocol is new for you, please read the instructions within this booklet thoroughly.

When you are done reading this patient guide, please watch our "Starting your Physiologic Restoration Protocol": webinar here:

https://womenshormonenetwork.org/getting-started-on-physiologic-hrt/

Should you have any further questions please call your pharmacy to discuss.

Women's Hormone Network

“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.”

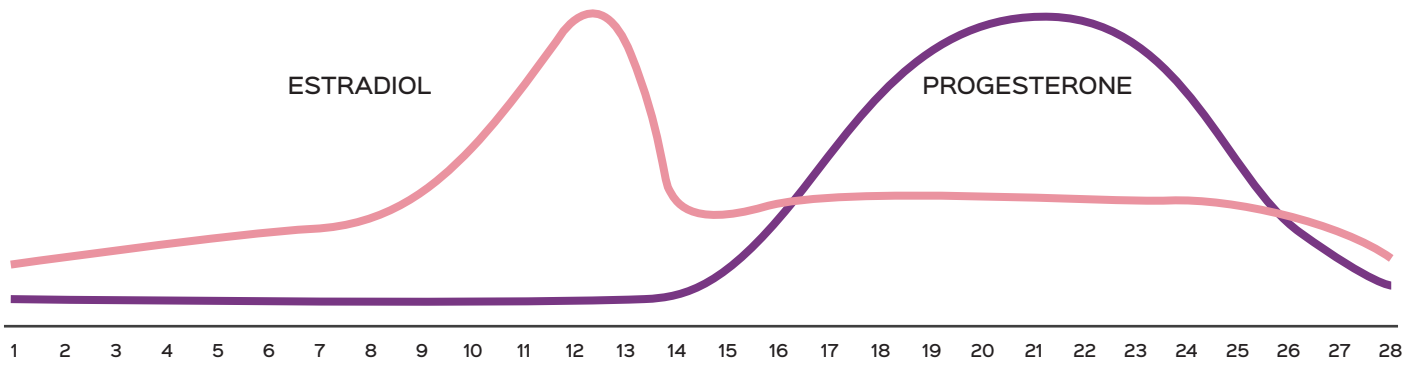
- Arthur Schopenhauer

Introduction

Physiologic Hormone Restoration Therapy® offers hormone restoration in the most natural way possible. This unique hormone method is based on three basic principles:

1. Uses plant- based hormones that are similar to human hormones produced by your body.
2. Attempts to target hormone levels experienced in your youthful reproductive years.
3. Mimic monthly hormone fluctuations you experienced in your 20's and 30's.

Hormone Levels throughout a 28 day Menstrual Cycle



The physiologic restoration schedule mimics a woman's natural release of estradiol and progesterone throughout a 28 day menstrual cycle. From day 1 to 28 of the menstrual cycle, estradiol is released in varying amounts throughout all 28 days. On the other hand, progesterone is released only on days 14 to 28 of the cycle. The physiologic restoration protocol enables physicians to recreate the menstrual cycle.

By reviving your own individual physiologic hormone levels, the goal is to help you reach optimal health and effectively slow the natural aging process that contributes to disease and degeneration.

Patient Instructions

The Dosing Schedule

You have received two Tickerworks® dispensers: one contains estradiol and the other contains progesterone. You have also received a pink dosing card for estradiol and a purple dosing card for progesterone. Your pharmacy has indicated the column that specifies the dosing instructions you will follow.

ESTRADIOL CREAM
PHYSIOLOGIC RESTORATION | BIOIDENTICAL HRT
0.5 mg/twist (10mg/ml cream)

	E initial *30 ml*	+1E *36 ml*	+2E *42 ml*	TWISTS
Apply	8 Twists	10 Twists	12 Twists	twice daily on cycle days 1-5
Apply	12 Twists	14 Twists	16 Twists	twice daily on cycle days 6-8
Apply	14 Twists	16 Twists	18 Twists	twice daily on cycle days 9-10
Apply	16 Twists	18 Twists	20 Twists	twice daily on cycle day 11
Apply	24 Twists	26 Twists	28 Twists	twice daily on cycle day 12
Apply	12 Twists	14 Twists	16 Twists	twice daily on cycle days 13
Apply	4 Twists	6 Twists	8 Twists	twice daily on cycle days 14
Apply	6 Twists	8 Twists	10 Twists	twice daily on cycle days 15-17
Apply	8 Twists	10 Twists	12 Twists	twice daily on cycle days 18-28

This medication has been compounded specifically for you. Please contact your compounding pharmacy if you have any questions about your compounded medication.

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PROGESTERONE
PHYSIOLOGIC RESTORATION | BIOIDENTICAL HRT
10mg/twist (200mg/ml cream)

	-2P *15 ml*	-1P *18 ml*	P initial *21 ml*	TWISTS
Apply	0 Twists	0 Twists	0 Twists	Days 1-13
Apply	2 Twists	2 Twists	4 Twists	Twice daily on cycle days 14-15
Apply	8 Twists	10 Twists	12 Twists	Twice daily on cycle days 16-17
Apply	12 Twists	14 Twists	16 Twists	Twice daily on cycle days 18-19
Apply	16 Twists	18 Twists	20 Twists	Twice daily on cycle day 20
Apply	20 Twists	22 Twists	24 Twists	Twice daily on cycle day 21
Apply	16 Twists	18 Twists	20 Twists	Twice daily on cycle days 22
Apply	14 Twists	16 Twists	18 Twists	Twice daily on cycle days 23-24
Apply	8 Twists	10 Twists	12 Twists	Twice daily on cycle days 25-26
Apply	2 Twists	2 Twists	4 Twists	Twice daily on cycle days 27-28

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When reading the dosing schedule, you will read from left to right:

Dose	Frequency	Cycle Days
8 twists	twice daily	1 to 5

Use only the dosing instructions that has been selected on your prescription. Do not stray from the selected level unless authorized by your physician or pharmacist.

Dispensing the Cream

Tickerworks® is an accurate, easy-to-use dispenser for your transdermal bioidentical hormones. As you twist its base, it clicks. You can feel it, and hear it!
Each twist is 0.05ml If you are used to "lines on syringes" that is now TWO twists.
Cream will dispense from the top of the device after the cap has been removed.

Estradiol Cream

Progesterone Cream

Cream Application

Estradiol and progesterone are dosed twice daily; one dose in the morning and one dose at bedtime. Hormone creams are best absorbed on areas that have thin skin, subcutaneous fat, and good circulation. These areas include:

- Upper inner thighs
- Backs of the knees
- Upper inner arms (the bicep/triceps area)

When applying the creams, spread them over as large of a surface area as possible to ensure the absorption of the cream.

- Rub the cream in thoroughly until the skin is no longer tacky.
- Do NOT apply one cream on top of the other.
- Rotate the application sites every month.
- Gently exfoliate the site of application when showering.
- It is best to apply the cream AFTER you shower.

- It is best to wait a minimum of 2 hours, but preferably 4 hours after your cream application before bathing or swimming.
- If you plan on exercising, it is best to apply the hormones after you have exercised to decrease the chance of hormones being excreted with sweat.
- ALWAYS remember to wash your hands thoroughly after applying your creams to prevent transferring your hormones to someone else. Hormones can be transferred for hours so minimize contact.

Which Calendar should I Use?

You are supplied with 2 different calendars - A Lunar Calendar and Personal Calendar to monitor your doses.

Lunar Calendar

Use the Lunar Calendar is used if you:

1. Have had a hysterectomy
2. Are post-menopausal
3. Do not expect to have your next menses (period) anytime within the next 28 days.

Personal Calendar

Use the Personal Calendar if you expect to have a period within the next 28 days.

When Should I Start?

- **Lunar Calendar:** Day 1 of the Lunar Cycle as indicated on the Calendar
- **Personal Calendar:** Day 1 of your personal menstrual cycle.

How Should I Use the Calendar?

The calendar is used to fill in the following items:

- The days of your cycle if you are using a personal calendar
- Your daily doses for each hormone
- Your daily symptoms or observations

First, you will take the selected doses on the label and fill them into the calendar that you are going to use. The E slots on the calendar are for estradiol, and the P slots are for progesterone.

You will also observe for any symptoms that you are experiencing and record them on the specific date that you experience them. By keeping a record of your symptoms or observations, you can then present this record to your physician who can better adjust your dosing schedule based on your symptoms and observations.

Frequently Asked Questions

What Should I Expect?

It typically takes 3 to 6 months for most patients to fully adapt back to physiologic amounts of hormones. During this adjustment period, hormone related adverse effects are common. Symptoms you may experience include headaches, slight weight gain due to bloating, and breast tenderness. Other possible symptoms are listed on your calendars.
All of these symptoms correlate with too much or too little of estrogen and/or progesterone. If you are experiencing more negative symptoms than expected, please consult with your doctor right away in case your dose needs to be adjusted.

When Should I Expect to Have My Period?

- If you do not have a uterus, you should not expect to have a period (or bleed).
- If you have a uterus, you should expect to have a period (or bleed) between Cycle Day 25 to Cycle Day 2 of your cycle.
- A 28-day cycle is only an average cycle for all women; each woman's menstrual cycle length is different. If at any time during those days that you do have a period, which is a bright red bleed, you will automatically restart your calendar at Cycle Day 1 again. If the bleed occurs prior to day 28, stop your progesterone and start over on Day 1.

For those using a Lunar Calendar, you will need to begin using a Personal Calendar and indicate your own days 1-28. You will mark the first day of your period as Cycle Day 1 on your Personal Calendar.

Spotting and Early Bleeding

- Spotting may occur while you are on physiologic hormone restoration.
- Spotting is light pink or brown in color, not bright red.
- If you spot before Cycle Day 25, mark it on your calendar and apply 2 extra twists of progesterone to your labia twice daily to stop the spotting, and continue to do so for one day only. This may stop the early spotting. If the spotting continues and become a bright red bleed, stop the progesterone, and let your period happen. You will mark that day as Cycle Day 1 again, and report to your doctor so he/she can advise you on how to adjust your estrogen dose due to your early bleed.

When Should I Get My Blood Tested?

- You should have your blood tested by the third month, and then every 6 months thereafter.
- You should have your blood tested for estradiol, estrone and progesterone on Cycle days 12 and 21
- Apply your hormones on an area where the blood draw needle will not enter your skin (e.g. thighs, back of knees, etc.), THEN 3 to 4 hours later, have your blood testing done, and make sure to notify the lab technician to draw blood from a skin area that has NOT been contaminated with hormone creams that day. This is an optimal time to test.

What Medications Should I Not Take?

You should avoid medications, supplements, or herbs that work across hormone receptors because they may hinder the effect of the hormone creams. Key supplements or herbs that should be avoided are those that are used to help with menopausal symptoms, such as black cohosh, soy foods and supplements, phytoestrogens (isoflavones and lignans), red clover, evening primrose oil, chastetree, dong quai, ginseng, flax seeds and DIM (indole-3-carbinol). Medications that should not be used while on hormone creams also include anastrozole, letrozole, exemestane, raloxifene, tamoxifen.

This is only a preliminary list. Always check with your doctor and/or pharmacist if any of your current medications may interact with the hormone therapies.

What Precautions Should I take if I Have Young Children or Pets?

There is a risk of transferring your hormones to young children and small pets due to direct contact. To reduce the risk, you should apply the hormones to areas where you would not have direct contact with children or pets, e.g. inner thighs or back of knees. Make sure to thoroughly wash your hands afterwards. Also cover these areas with clothing after application to decrease the risk of transference.

How Should I Time My Hormone Application If I'm Going to Have Sex?

Due to the risk of hormone transference, it is best to apply your hormones AFTER sexual intercourse. Another option is to apply the creams to any area where you would have the least amount of contact with your partner, e.g. back of knees.

What is Repeat Cycle Day 1 Dose

To accommodate the lunar cycle's full moon, (where day 12 typically coincides with a woman's monthly peak of estradiol) small adjustments are made to the length of cycle. Repeat Cycle Day 1 Doses are utilized to accommodate this adjustment. For Repeat Cycle Day 1 Doses, you will use the exact same dose as Day 1 of the cycle, which uses estradiol only (no progesterone). Sometimes your physician might have you take these days off.

What Should I Do If I Have More Questions?

Please contact your physician and/or pharmacist if you have any questions regarding your hormone medications. Here at Women's Hormone Network, we offer more than just the hormone replacement protocol; we also provide education, training, and support to physicians prescribing the physiologic restoration hormone replacement protocol. Through this closed network of thoroughly trained healthcare practitioners, patients like you are guaranteed an enhanced experience using physiologic restoration hormone protocols.

If you have any questions that your physician cannot help you with, please call us at (888) 614-1044 or email us at info@womenshormonenetwork.org

In which state you reside?_____ Your last initial and birth year ONLY (e.g. M1950)_____

TRACKING YOUR PROGRESS

Track Your Dose and Blood Levels

Document your dose for the month and any hormone testing results that you have received for that month. Remember to document the exact measurements as documented on your lab report, e.g. 25ng/ml.

Month						
Year						
Estradiol Dose						
Progesterone Dose						
Testosterone Dose						
Estradiol blood levels						
Estrone blood levels						
Progesterone blood levels						
Testosterone blood levels						

How Are You Feeling Overall?

Please indicate how you are feeling overall throughout the month.

- 1 = I feel absolutely terrible!
- 2 = I don't feel that great.
- 3 = I'm just okay.
- 4 = I feel good.
- 5 = I feel absolutely great!

Month						
Year						
How I'm feeling						

In which state you reside?_____ Your last initial and birth year ONLY (e.g. M1950)_____

Track Your Symptoms

Please indicate the symptoms/observations you are experiencing as:

0 = none

1 = mild and infrequently

2 = mild but frequently

3 = moderate and infrequently

4 = moderate and frequently

5 = severe but infrequently

6 = severe and frequently

Month Year						
Nervous						
Stress						
Tearful						
Mood Swings						
Depressed						
Headaches						
Brain Fog						
Irritable						
Insomnia						
Memory Lapse						
Anxiety						
Cold Body						
Temperature						
Evening Fatigue						
Morning Fatigue						
Sugar Cravings						
Weight Gain						
Aches and Pains						
Joint Pain						
Numbness of Hands or Feet						
Decreased Stamina						
Hot Flashes						
Heart Palpitations						
Night Sweats						
Dizziness						
Low Blood Sugar						
Rapid Heartbeat						
Hair Loss						
Dry Hair						

In which state you reside?_____ Your last initial and birth year ONLY (e.g. M1950)_____

Month Year						
Increased Facial or Body Hair						
Thinning Skin						
Acne						
Brittle Nails						
Itching						
Nausea						
Constipation						
Diarrhea						
Bloating or Water Retention						
Puffy Eyes/Face						
Breast Tenderness						
Increased Urinary Urge						
Bleeding out of rhythm						
Heavy periods						
Vaginal Dryness						
Decreased Libido						
Cramping						
TOTAL						

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2026 CALENDARS

"When women take care of their health they become their own best friend"

- Maya Angelou

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JANUARY 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
				1 Cycle Day 10 E = _____ P = _____	**2** Cycle Day 11 E = _____ P = _____	**3** Cycle Day 12 E = _____ P = _____ ● FULL MOON
4 Cycle Day 13 E = _____ P = _____	**5** Cycle Day 14 E = _____ P = _____	**6** Cycle Day 15 E = _____ P = _____	**7** Cycle Day 16 E = _____ P = _____	**8** Cycle Day 17 E = _____ P = _____	**9** Cycle Day 18 E = _____ P = _____	**10** Cycle Day 19 E = _____ P = _____
11 Cycle Day 20 E = _____ P = _____	**12** Cycle Day 21 E = _____ P = _____	**13** Cycle Day 22 E = _____ P = _____	**14** Cycle Day 23 E = _____ P = _____	**15** Cycle Day 24 E = _____ P = _____	**16** Cycle Day 25 E = _____ P = _____	**17** Cycle Day 26 E = _____ P = _____
18 Cycle Day 27 E = _____ P = _____	**19** Cycle Day 28 E = _____ P = _____	**20** **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	**21** Cycle Day 1 E = _____ P = _____	**22** Cycle Day 2 E = _____ P = _____	**23** Cycle Day 3 E = _____ P = _____	**24** Cycle Day 4 E = _____ P = _____
25 Cycle Day 5 E = _____ P = _____	**26** Cycle Day 6 E = _____ P = _____	**27** Cycle Day 7 E = _____ P = _____	**28** Cycle Day 8 E = _____ P = _____	**29** Cycle Day 9 E = _____ P = _____	**30** Cycle Day 10 E = _____ P = _____	**31** Cycle Day 11 E = _____ P = _____
		NOTES				

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
BF Brain Fog	DEP Depression	GRT Feel Great	INC Incontinence	JP Joint Pain	SA Sad	TI Tingling
BL Bloating	DI Dizziness	HA Headache	INS Insomnia	LI Libido	SB Sore Breasts	TIR Tired

LABS are drawn on Cycle Day 12 and 21.
DOSES are to be applied twice daily.
PERIODS automatically reset your cycle to Cycle Day 1. This may mean you need to switch to the Personal Calendar.

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Women's Hormone Network

FEBRUARY 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
1 Cycle Day 12 E = _____ P = _____ ● FULL MOON	2 Cycle Day 13 E = _____ P = _____	3 Cycle Day 14 E = _____ P = _____	4 Cycle Day 15 E = _____ P = _____	5 Cycle Day 16 E = _____ P = _____	6 Cycle Day 17 E = _____ P = _____	7 Cycle Day 18 E = _____ P = _____
8 Cycle Day 19 E = _____ P = _____	9 Cycle Day 20 E = _____ P = _____	10 Cycle Day 21 E = _____ P = _____	11 Cycle Day 22 E = _____ P = _____	12 Cycle Day 23 E = _____ P = _____	13 Cycle Day 24 E = _____ P = _____	14 Cycle Day 25 E = _____ P = _____
15 Cycle Day 26 E = _____ P = _____	16 Cycle Day 27 E = _____ P = _____	17 Cycle Day 28 E = _____ P = _____	18 **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	19 **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	20 Cycle Day 1 E = _____ P = _____	21 Cycle Day 2 E = _____ P = _____
22 Cycle Day 3 E = _____ P = _____	23 Cycle Day 4 E = _____ P = _____	24 Cycle Day 5 E = _____ P = _____	25 Cycle Day 6 E = _____ P = _____	26 Cycle Day 7 E = _____ P = _____	27 Cycle Day 8 E = _____ P = _____	28 Cycle Day 9 E = _____ P = _____
		NOTES:				

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ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
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MARCH 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
1 Cycle Day 10 E = _____ P = _____	2 Cycle Day 11 E = _____ P = _____	3 Cycle Day 12 E = _____ P = _____ ● FULL MOON	4 Cycle Day 13 E = _____ P = _____	5 Cycle Day 14 E = _____ P = _____	6 Cycle Day 15 E = _____ P = _____	7 Cycle Day 16 E = _____ P = _____
8 Cycle Day 17 E = _____ P = _____	9 Cycle Day 18 E = _____ P = _____	10 Cycle Day 19 E = _____ P = _____	11 Cycle Day 20 E = _____ P = _____	12 Cycle Day 21 E = _____ P = _____	13 Cycle Day 22 E = _____ P = _____	14 Cycle Day 23 E = _____ P = _____
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22 Cycle Day 2 E = _____ P = _____	23 Cycle Day 3 E = _____ P = _____	24 Cycle Day 4 E = _____ P = _____	25 Cycle Day 5 E = _____ P = _____	26 Cycle Day 6 E = _____ P = _____	27 Cycle Day 7 E = _____ P = _____	28 Cycle Day 8 E = _____ P = _____
29 Cycle Day 9 E = _____ P = _____	30 Cycle Day 10 E = _____ P = _____	31 Cycle Day 11 E = _____ P = _____				
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APRIL 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
			1 Cycle Day 12 E = _____ P = _____ ● FULL MOON	**2** Cycle Day 13 E = _____ P = _____	**3** Cycle Day 14 E = _____ P = _____	**4** Cycle Day 15 E = _____ P = _____
5 Cycle Day 16 E = _____ P = _____	**6** Cycle Day 17 E = _____ P = _____	**7** Cycle Day 18 E = _____ P = _____	**8** Cycle Day 19 E = _____ P = _____	**9** Cycle Day 20 E = _____ P = _____	**10** Cycle Day 21 E = _____ P = _____	**11** Cycle Day 22 E = _____ P = _____
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MAY 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
					1 Cycle Day 12 E = _____ P = _____ ● FULL MOON	2 Cycle Day 13 E = _____ P = _____
3 Cycle Day 14 E = _____ P = _____	4 Cycle Day 15 E = _____ P = _____	5 Cycle Day 16 E = _____ P = _____	6 Cycle Day 17 E = _____ P = _____	7 Cycle Day 18 E = _____ P = _____	8 Cycle Day 19 E = _____ P = _____	9 Cycle Day 20 E = _____ P = _____
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JUNE 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
	1 Cycle Day 13 E = _____ P = _____	2 Cycle Day 14 E = _____ P = _____	3 Cycle Day 15 E = _____ P = _____	4 Cycle Day 16 E = _____ P = _____	5 Cycle Day 17 E = _____ P = _____	6 Cycle Day 18 E = _____ P = _____
7 Cycle Day 19 E = _____ P = _____	8 Cycle Day 20 E = _____ P = _____	9 Cycle Day 21 E = _____ P = _____	10 Cycle Day 22 E = _____ P = _____	11 Cycle Day 23 E = _____ P = _____	12 Cycle Day 24 E = _____ P = _____	13 Cycle Day 25 E = _____ P = _____
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JULY 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
			1 Cycle Day 14 E = _____ P = _____	2 Cycle Day 15 E = _____ P = _____	3 Cycle Day 16 E = _____ P = _____	4 Cycle Day 17 E = _____ P = _____
5 Cycle Day 18 E = _____ P = _____	6 Cycle Day 19 E = _____ P = _____	7 Cycle Day 20 E = _____ P = _____	8 Cycle Day 21 E = _____ P = _____	9 Cycle Day 22 E = _____ P = _____	10 Cycle Day 23 E = _____ P = _____	11 Cycle Day 24 E = _____ P = _____
12 Cycle Day 25 E = _____ P = _____	13 Cycle Day 26 E = _____ P = _____	14 Cycle Day 27 E = _____ P = _____	15 Cycle Day 28 E = _____ P = _____	16 **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	17 **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	18 Cycle Day 1 E = _____ P = _____
19 Cycle Day 2 E = _____ P = _____	20 Cycle Day 3 E = _____ P = _____	21 Cycle Day 4 E = _____ P = _____	22 Cycle Day 5 E = _____ P = _____	23 Cycle Day 6 E = _____ P = _____	24 Cycle Day 7 E = _____ P = _____	25 Cycle Day 8 E = _____ P = _____
26 Cycle Day 9 E = _____ P = _____	27 Cycle Day 10 E = _____ P = _____	28 Cycle Day 11 E = _____ P = _____	29 Cycle Day 12 E = _____ P = _____ ● FULL MOON	30 Cycle Day 13 E = _____ P = _____	31 Cycle Day 14 E = _____ P = _____	
		NOTES:				

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
BF Brain Fog	DEP Depression	GRT Feel Great	INC Incontinence	JP Joint Pain	SA Sad	TI Tingling
BL Bloating	DI Dizziness	HA Headache	INS Insomnia	LI Libido	SB Sore Breasts	TIR Tired

LABS are drawn on Cycle Day 12 and 21.
DOSES are to be applied twice daily.
PERIODS automatically reset your cycle to Cycle Day 1. This may mean you need to switch to the Personal Calendar.

Only available at PR participating pharmacies

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Women's Hormone Network

AUGUST 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
						1 Cycle Day 15 E = _____ P = _____
2 Cycle Day 16 E = _____ P = _____	**3** Cycle Day 17 E = _____ P = _____	**4** Cycle Day 18 E = _____ P = _____	**5** Cycle Day 19 E = _____ P = _____	**6** Cycle Day 20 E = _____ P = _____	**7** Cycle Day 21 E = _____ P = _____	**8** Cycle Day 22 E = _____ P = _____
9 Cycle Day 23 E = _____ P = _____	**10** Cycle Day 24 E = _____ P = _____	**11** Cycle Day 25 E = _____ P = _____	**12** Cycle Day 26 E = _____ P = _____	**13** Cycle Day 27 E = _____ P = _____	**14** Cycle Day 28 E = _____ P = _____	**15** **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____
16 Cycle Day 1 E = _____ P = _____	**17** Cycle Day 2 E = _____ P = _____	**18** Cycle Day 3 E = _____ P = _____	**19** Cycle Day 4 E = _____ P = _____	**20** Cycle Day 5 E = _____ P = _____	**21** Cycle Day 6 E = _____ P = _____	**22** Cycle Day 7 E = _____ P = _____
23 Cycle Day 8 E = _____ P = _____	**24** Cycle Day 9 E = _____ P = _____	**25** Cycle Day 10 E = _____ P = _____	**26** Cycle Day 11 E = _____ P = _____	**27** Cycle Day 12 E = _____ P = _____ ● FULL MOON	**28** Cycle Day 13 E = _____ P = _____	**29** Cycle Day 14 E = _____ P = _____
30 Cycle Day 15 E = _____ P = _____	**31** Cycle Day 16 E = _____ P = _____	NOTES:				

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
BF Brain Fog	DEP Depression	GRT Feel Great	INC Incontinence	JP Joint Pain	SA Sad	TI Tingling
BL Bloating	DI Dizziness	HA Headache	INS Insomnia	LI Libido	SB Sore Breasts	TIR Tired

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Women's Hormone Network

SEPTEMBER 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
	1	**1** Cycle Day 17 E = _____ P = _____	**2** Cycle Day 18 E = _____ P = _____	**3** Cycle Day 19 E = _____ P = _____	**4** Cycle Day 20 E = _____ P = _____	**5** Cycle Day 21 E = _____ P = _____
6 Cycle Day 22 E = _____ P = _____	**7** Cycle Day 23 E = _____ P = _____	**8** Cycle Day 24 E = _____ P = _____	**9** Cycle Day 25 E = _____ P = _____	**10** Cycle Day 26 E = _____ P = _____	**11** Cycle Day 27 E = _____ P = _____	**12** Cycle Day 28 E = _____ P = _____
13 **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	**14** **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	**15** Cycle Day 1 E = _____ P = _____	**16** Cycle Day 2 E = _____ P = _____	**17** Cycle Day 3 E = _____ P = _____	**18** Cycle Day 4 E = _____ P = _____	**19** Cycle Day 5 E = _____ P = _____
20 Cycle Day 6 E = _____ P = _____	**21** Cycle Day 7 E = _____ P = _____	**22** Cycle Day 8 E = _____ P = _____	**23** Cycle Day 9 E = _____ P = _____	**24** Cycle Day 10 E = _____ P = _____	**25** Cycle Day 11 E = _____ P = _____	**26** Cycle Day 12 E = _____ P = _____ ● FULL MOON
27 Cycle Day 13 E = _____ P = _____	**28** Cycle Day 14 E = _____ P = _____	**29** Cycle Day 15 E = _____ P = _____	**30** Cycle Day 16 E = _____ P = _____			
		NOTES:				

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
BF Brain Fog	DEP Depression	GRT Feel Great	INC Incontinence	JP Joint Pain	SA Sad	TI Tingling
BL Bloating	DI Dizziness	HA Headache	INS Insomnia	LI Libido	SB Sore Breasts	TIR Tired

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Women's Hormone Network

OCTOBER 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
				1 Cycle Day 17 E = _____ P = _____	**2** Cycle Day 18 E = _____ P = _____	**3** Cycle Day 19 E = _____ P = _____
4 Cycle Day 20 E = _____ P = _____	**5** Cycle Day 21 E = _____ P = _____	**6** Cycle Day 22 E = _____ P = _____	**7** Cycle Day 23 E = _____ P = _____	**8** Cycle Day 24 E = _____ P = _____	**9** Cycle Day 25 E = _____ P = _____	**10** Cycle Day 26 E = _____ P = _____
11 Cycle Day 27 E = _____ P = _____	**12** Cycle Day 28 E = _____ P = _____	**13** **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	**14** Cycle Day 1 E = _____ P = _____	**15** Cycle Day 2 E = _____ P = _____	**16** Cycle Day 3 E = _____ P = _____	**17** Cycle Day 4 E = _____ P = _____
18 Cycle Day 5 E = _____ P = _____	**19** Cycle Day 6 E = _____ P = _____	**20** Cycle Day 7 E = _____ P = _____	**21** Cycle Day 8 E = _____ P = _____	**22** Cycle Day 9 E = _____ P = _____	**23** Cycle Day 10 E = _____ P = _____	**24** Cycle Day 11 E = _____ P = _____
25 Cycle Day 12 E = _____ P = _____ ● FULL MOON	**26** Cycle Day 13 E = _____ P = _____	**27** Cycle Day 14 E = _____ P = _____	**28** Cycle Day 15 E = _____ P = _____	**29** Cycle Day 16 E = _____ P = _____	**30** Cycle Day 17 E = _____ P = _____	**31** Cycle Day 18 E = _____ P = _____
		NOTES:				

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
BF Brain Fog	DEP Depression	GRT Feel Great	INC Incontinence	JP Joint Pain	SA Sad	TI Tingling
BL Bloating	DI Dizziness	HA Headache	INS Insomnia	LI Libido	SB Sore Breasts	TIR Tired

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Women's Hormone Network

NOVEMBER 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
1 Cycle Day 19 E = _____ P = _____	**2** Cycle Day 20 E = _____ P = _____	**3** Cycle Day 21 E = _____ P = _____	**4** Cycle Day 22 E = _____ P = _____	**5** Cycle Day 23 E = _____ P = _____	**6** Cycle Day 24 E = _____ P = _____	**7** Cycle Day 25 E = _____ P = _____
8 Cycle Day 26 E = _____ P = _____	**9** Cycle Day 27 E = _____ P = _____	**10** Cycle Day 28 E = _____ P = _____	**11** **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	**12** **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	**13** Cycle Day 1 E = _____ P = _____	**14** Cycle Day 2 E = _____ P = _____
15 Cycle Day 3 E = _____ P = _____	**16** Cycle Day 4 E = _____ P = _____	**17** Cycle Day 5 E = _____ P = _____	**18** Cycle Day 6 E = _____ P = _____	**19** Cycle Day 7 E = _____ P = _____	**20** Cycle Day 8 E = _____ P = _____	**21** Cycle Day 9 E = _____ P = _____
22 Cycle Day 10 E = _____ P = _____	**23** Cycle Day 11 E = _____ P = _____	**24** Cycle Day 12 E = _____ P = _____ ● FULL MOON	**25** Cycle Day 13 E = _____ P = _____	**26** Cycle Day 14 E = _____ P = _____	**27** Cycle Day 15 E = _____ P = _____	**28** Cycle Day 16 E = _____ P = _____
29 Cycle Day 17 E = _____ P = _____	**30** Cycle Day 18 E = _____ P = _____					
		NOTES:				

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
BF Brain Fog	DEP Depression	GRT Feel Great	INC Incontinence	JP Joint Pain	SA Sad	TI Tingling
BL Bloating	DI Dizziness	HA Headache	INS Insomnia	LI Libido	SB Sore Breasts	TIR Tired

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DECEMBER 2026 LUNAR CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
		1 Cycle Day 19 E = _____ P = _____	2 Cycle Day 20 E = _____ P = _____	3 Cycle Day 21 E = _____ P = _____	4 Cycle Day 22 E = _____ P = _____	5 Cycle Day 23 E = _____ P = _____
6 Cycle Day 24 E = _____ P = _____	7 Cycle Day 25 E = _____ P = _____	8 Cycle Day 26 E = _____ P = _____	9 Cycle Day 27 E = _____ P = _____	10 Cycle Day 28 E = _____ P = _____	11 **REPEAT CYCLE DAY 1 DOSE** E = _____ P = _____	12 Cycle Day 1 E = _____ P = _____
13 Cycle Day 2 E = _____ P = _____	14 Cycle Day 3 E = _____ P = _____	15 Cycle Day 4 E = _____ P = _____	16 Cycle Day 5 E = _____ P = _____	17 Cycle Day 6 E = _____ P = _____	18 Cycle Day 7 E = _____ P = _____	19 Cycle Day 8 E = _____ P = _____
20 Cycle Day 9 E = _____ P = _____	21 Cycle Day 10 E = _____ P = _____	22 Cycle Day 11 E = _____ P = _____	23 Cycle Day 12 E = _____ P = _____ ● FULL MOON	24 Cycle Day 13 E = _____ P = _____	25 Cycle Day 14 E = _____ P = _____	26 Cycle Day 15 E = _____ P = _____
27 Cycle Day 16 E = _____ P = _____	28 Cycle Day 17 E = _____ P = _____	29 Cycle Day 18 E = _____ P = _____	30 Cycle Day 18 E = _____ P = _____	31 Cycle Day 19 E = _____ P = _____		
		NOTES:				

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry	CR Cramps	DV Dry Vagina	HF Hot Flashes	IR Irritable	NA Nausea	SP Spotting
ANX Anxiety	CS Constipation	FA Fatigue	HP Heart Palpitations	IT Itching	NS Night Sweats	TE Teary
BF Brain Fog	DEP Depression	GRT Feel Great	INC Incontinence	JP Joint Pain	SA Sad	TI Tingling
BL Bloating	DI Dizziness	HA Headache	INS Insomnia	LI Libido	SB Sore Breasts	TIR Tired

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