

2026 PHYSIOLOGIC HORMONE RESTORATION THERAPY® CALENDAR





Women's Hormone Network

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

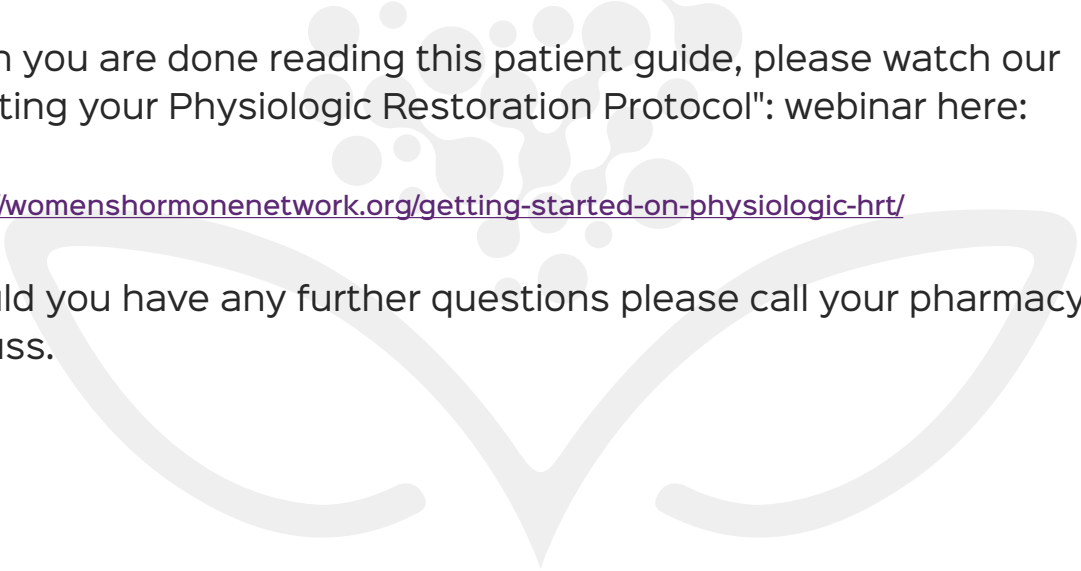
NEW PATIENTS: PLEASE READ

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. ”

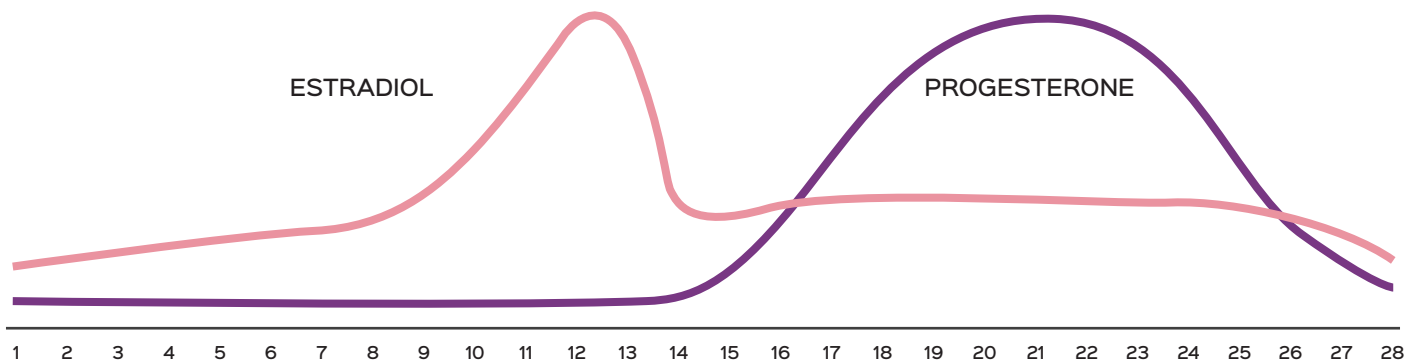
- Arthur Schopenhauer

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.				

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

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!



4 = I feel good.



2 = I don't feel that great.



5 = I feel absolutely great!



3 = I'm just okay.

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

4 = moderate and frequently

1 = mild and infrequently

5 = severe but infrequently

2 = mild but frequently

6 = severe and frequently

3 = moderate and infrequently

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

JANUARY 2026 PERSONAL CALENDAR

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

FEBRUARY 2026 PERSONAL CALENDAR

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

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry
ANX Anxiety
BF Brain Fog
BL Bloating

CR Cramps
CS Constipation
DEP Depression
DI Dizziness

DV Dry Vagina
FA Fatigue
GRT Feel Great
HA Headache

HF Hot Flashes
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IR Irritable
IT Itching
JP Joint Pain
LI Libido

NA Nausea
NS Night Sweats
SA Sad
SB Sore Breasts

SP Spotting
TE Teary
TI Tingling
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.

MARCH 2026 PERSONAL CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
1 Cycle Day ____ E = ____ P = ____	2 Cycle Day ____ E = ____ P = ____	3 Cycle Day ____ E = ____ P = ____	4 Cycle Day ____ E = ____ P = ____	5 Cycle Day ____ E = ____ P = ____	6 Cycle Day ____ E = ____ P = ____	7 Cycle Day ____ E = ____ P = ____
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29 Cycle Day ____ E = ____ P = ____	30 Cycle Day ____ E = ____ P = ____	31 Cycle Day ____ 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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APRIL 2026 PERSONAL CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
			1 Cycle Day ____ E = ____ P = ____	2 Cycle Day ____ E = ____ P = ____	3 Cycle Day ____ E = ____ P = ____	4 Cycle Day ____ E = ____ P = ____
5 Cycle Day ____ E = ____ P = ____	6 Cycle Day ____ E = ____ P = ____	7 Cycle Day ____ E = ____ P = ____	8 Cycle Day ____ E = ____ P = ____	9 Cycle Day ____ E = ____ P = ____	10 Cycle Day ____ E = ____ P = ____	11 Cycle Day ____ E = ____ P = ____
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MAY 2026 PERSONAL CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
					1 Cycle Day ____ E = ____ P = ____	2 Cycle Day ____ E = ____ P = ____
3 Cycle Day ____ E = ____ P = ____	4 Cycle Day ____ E = ____ P = ____	5 Cycle Day ____ E = ____ P = ____	6 Cycle Day ____ E = ____ P = ____	7 Cycle Day ____ E = ____ P = ____	8 Cycle Day ____ E = ____ P = ____	9 Cycle Day ____ E = ____ P = ____
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LABS are drawn on Cycle Day 12 and 21.

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JUNE 2026 PERSONAL CALENDAR

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

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry
ANX Anxiety
BF Brain Fog
BL Bloating

CR Cramps
CS Constipation
DEP Depression
DI Dizziness

DV Dry Vagina
FA Fatigue
GRT Feel Great
HA Headache

HF Hot Flashes
HP Heart Palpitations
INC Incontinence
INS Insomnia

IR Irritable
IT Itching
JP Joint Pain
LI Libido

NA Nausea
NS Night Sweats
SA Sad
SB Sore Breasts

SP Spotting
TE Teary
TI Tingling
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.

JULY 2026 PERSONAL CALENDAR

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

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry
ANX Anxiety
BF Brain Fog
BL Bloating

CR Cramps
CS Constipation
DEP Depression
DI Dizziness

DV Dry Vagina
FA Fatigue
GRT Feel Great
HA Headache

HF Hot Flashes
HP Heart Palpitations
INC Incontinence
INS Insomnia

IR Irritable
IT Itching
JP Joint Pain
LI Libido

NA Nausea
NS Night Sweats
SA Sad
SB Sore Breasts

SP Spotting
TE Teary
TI Tingling
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.

AUGUST 2026 PERSONAL CALENDAR

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

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry
ANX Anxiety
BF Brain Fog
BL Bloating

CR Cramps
CS Constipation
DEP Depression
DI Dizziness

DV Dry Vagina
FA Fatigue
GRT Feel Great
HA Headache

HF Hot Flashes
HP Heart Palpitations
INC Incontinence
INS Insomnia

IR Irritable
IT Itching
JP Joint Pain
LI Libido

NA Nausea
NS Night Sweats
SA Sad
SB Sore Breasts

SP Spotting
TE Teary
TI Tingling
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.

SEPTEMBER 2026 PERSONAL CALENDAR

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

DAILY SYMPTOMS AND OBSERVATIONS TO RECORD

ANG Angry
ANX Anxiety
BF Brain Fog
BL Bloating

CR Cramps
CS Constipation
DEP Depression
DI Dizziness

DV Dry Vagina
FA Fatigue
GRT Feel Great
HA Headache

HF Hot Flashes
HP Heart Palpitations
INC Incontinence
INS Insomnia

IR Irritable
IT Itching
JP Joint Pain
LI Libido

NA Nausea
NS Night Sweats
SA Sad
SB Sore Breasts

SP Spotting
TE Teary
TI Tingling
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.



OCTOBER 2026 PERSONAL CALENDAR

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



NOVEMBER 2026 PERSONAL CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
1 Cycle Day ____ E = ____ P = ____	2 Cycle Day ____ E = ____ P = ____	3 Cycle Day ____ E = ____ P = ____	4 Cycle Day ____ E = ____ P = ____	5 Cycle Day ____ E = ____ P = ____	6 Cycle Day ____ E = ____ P = ____	7 Cycle Day ____ E = ____ P = ____
8 Cycle Day ____ E = ____ P = ____	9 Cycle Day ____ E = ____ P = ____	10 Cycle Day ____ E = ____ P = ____	11 Cycle Day ____ E = ____ P = ____	12 Cycle Day ____ E = ____ P = ____	13 Cycle Day ____ E = ____ P = ____	14 Cycle Day ____ E = ____ P = ____
15 Cycle Day ____ E = ____ P = ____	16 Cycle Day ____ E = ____ P = ____	17 Cycle Day ____ E = ____ P = ____	18 Cycle Day ____ E = ____ P = ____	19 Cycle Day ____ E = ____ P = ____	20 Cycle Day ____ E = ____ P = ____	21 Cycle Day ____ E = ____ P = ____
22 Cycle Day ____ E = ____ P = ____	23 Cycle Day ____ E = ____ P = ____	24 Cycle Day ____ E = ____ P = ____	25 Cycle Day ____ E = ____ P = ____	26 Cycle Day ____ E = ____ P = ____	27 Cycle Day ____ E = ____ P = ____	28 Cycle Day ____ E = ____ P = ____
29 Cycle Day ____ E = ____ P = ____	30 Cycle Day ____ 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.

DECEMBER 2026 PERSONAL CALENDAR

SUN	MON	TUE	WED	THU	FRI	SAT
		1 Cycle Day ____ E = ____ P = ____	2 Cycle Day ____ E = ____ P = ____	3 Cycle Day ____ E = ____ P = ____	4 Cycle Day ____ E = ____ P = ____	5 Cycle Day ____ E = ____ P = ____
6 Cycle Day ____ E = ____ P = ____	7 Cycle Day ____ E = ____ P = ____	8 Cycle Day ____ E = ____ P = ____	9 Cycle Day ____ E = ____ P = ____	10 Cycle Day ____ E = ____ P = ____	11 Cycle Day ____ E = ____ P = ____	12 Cycle Day ____ E = ____ P = ____
13 Cycle Day ____ E = ____ P = ____	14 Cycle Day ____ E = ____ P = ____	15 Cycle Day ____ E = ____ P = ____	16 Cycle Day ____ E = ____ P = ____	17 Cycle Day ____ E = ____ P = ____	18 Cycle Day ____ E = ____ P = ____	19 Cycle Day ____ E = ____ P = ____
20 Cycle Day ____ E = ____ P = ____	21 Cycle Day ____ E = ____ P = ____	22 Cycle Day ____ E = ____ P = ____	23 Cycle Day ____ E = ____ P = ____	24 Cycle Day ____ E = ____ P = ____	25 Cycle Day ____ E = ____ P = ____	26 Cycle Day ____ E = ____ P = ____
27 Cycle Day ____ E = ____ P = ____	28 Cycle Day ____ E = ____ P = ____	29 Cycle Day ____ E = ____ P = ____	30 Cycle Day ____ E = ____ P = ____	31 Cycle Day ____ E = ____ P = ____		
NOTES:						
DAILY SYMPTOMS AND OBSERVATIONS TO RECORD						

ANG Angry
ANX Anxiety
BF Brain Fog
BL Bloating

CR Cramps
CS Constipation
DEP Depression
DI Dizziness

DV Dry Vagina
FA Fatigue
GRT Feel Great
HA Headache

HF Hot Flashes
HP Heart Palpitations
INC Incontinence
INS Insomnia

IR Irritable
IT Itching
JP Joint Pain
LI Libido

NA Nausea
NS Night Sweats
SA Sad
SB Sore Breasts

SP Spotting
TE Teary
TI Tingling
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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