



Your Doctor Visit Tool Kit

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

- Names of medications, supplements and vitamins you are taking** (include both prescription and over-the-counter products):

- Symptom Diary:** (see page 2)

- Food & Drink Diary:** (see page 3)

- Medical History:**

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

Your history of surgeries, procedures, chronic conditions, and recent illnesses. Be sure to mention any blood pressure disorders or clogged arteries, autoimmune conditions, mental health concerns, head or neck injuries, hearing loss, ear disorders, jaw issues, congestion, sinus infections, and/or tumors in your head, neck or ear:

- Loud environments or pressure changes:**

List military service, work experiences or leisure activities that may have exposed you to excessive noise or pressure changes such as gunfire, construction sites, concerts, snorkeling, diving, or certain types of air flight (non-commercial):

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Symptom Diary

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Symptom Experience: <i>Intensity: (1 = low, 10 = high)</i>							
Ear ringing	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Dizziness	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Loss of hearing	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Pressure in inner ear	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Sleep disturbances	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:	<input type="checkbox"/> Intensity:
Describe the "ringing" or other sounds you may hear in your ears: <i>(ringing, buzzing, whooshing, pulsing, etc.)</i>							
Medication, vitamins or supplements taken:							
Name:							
Name:							
Name:							
Name:							
Name:							
Nicotine use:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Stress level: <i>(1 = low, 10 = high)</i>							
Daily activity:							
Activity:							
Duration:							
Daily noise level of your surroundings: <i>(1 = low, 10 = high)</i>							
Note anything that caused your symptoms to worsen:							

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Food & Drink Diary

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

Questions to ask:

1. Could any of my medications be contributing to my tinnitus?
2. How can I improve my ability to fall and stay asleep?
3. How can I best explain my symptoms to my family and friends so they understand what is happening?
4. Are you familiar with Lipo-Flavonoid products?
5. Is there any reason I couldn't take Lipo-Flavonoid to see if it helps alleviate my symptoms?
6. Do you have any samples of Lipo-Flavonoid products?
7. What steps can I take to minimize the ringing in my ears?
8. Is there anything I can do to help prevent the ringing in my ears from getting worse?

Notes during your visit:

Tests to ask about:

While there is no one specific test used to diagnose tinnitus, several tests could help rule out other conditions that may be contributing to your ear ringing. Your healthcare provider can help determine which of the following tests, if any, may be appropriate for your individual situation. Your healthcare provider may also recommend additional screenings not listed here.

1. **Electrocochleography test**
2. **Vestibular (balance) tests**
3. **MRI to help identify potential Meniere's Syndrome or other serious inner ear conditions**
4. **Hearing (audiological) exam**

LIPO FLAVONOID®

Family of Products



Learn more about the full product line at lipoflavinoid.com/products

Lipo-Flavonoid® Plus Caplets

Supplement Facts

Serving Size: 2 Caplets
Servings Per Container: 50

	Amount Per 2 Caplets	% Daily Value
Vitamin C (as ascorbic acid)	200 mg	334
Vitamin B-1 (thiamine mononitrate)	0.67 mg	44
Vitamin B-2 (riboflavin)	2 mg	118
Niacin (niacinamide)	6.67 mg	34
Vitamin B-6 (pyridoxine HCl)	0.67 mg	34
Vitamin B-12 (cyanocobalamin)	3.33 mcg	56
Pantothenic Acid (as calcium pantothenate)	3.33 mg	34
Calcium (as dicalcium phosphate)	58 mg	6

Exclusive Tisina™ Complex 1000 mg **
Choline Bitartrate, Inositol
High Potency Lemon Bioflavonoid Complex

** Daily Value not established

Lipo-Flavonoid® is a safe, often effective product that may provide relief for ringing in the ears. It has been used and evaluated in a clinical setting for over 50 years and continues to be the #1 recommendation of doctors for relief of ringing in the ears. In a recent study, tinnitus sufferers tried Lipo-Flavonoid for 60 days, as directed. Those who completed the study reported a 32% improvement in the bothersomeness levels of their tinnitus symptoms.



Proper Dosing is Essential for Achieving Optimal Results with Lipo-Flavonoid®

Dosing for First Time Users

Take two caplets three times each day (six caplets total each day) for at least 60 days.



Two caplets in the morning



Two caplets midday



Two caplets at night

After achieving some level of relief you may try a maintenance dosage. See package or website for details.
If supplements upset your stomach it may help to take Lipo-Flavonoid® with food.

Money Back Guarantee: While Lipo-Flavonoid may not work for everyone, we stand behind our product, our history and our results. If you don't find relief from ringing in the ears with use of Lipo-Flavonoid caplet products as directed for 60 days, we will refund your purchase.