

## Compliant vs. Non-Compliant Medical Terms

Non-Compliant	Compliant
A.D.H.D.	"Trouble concentrating" or "Provides positive mental support"
Pain	"Discomfort"
Insomnia	"Difficulty sleeping"
Menopause	"Change of life"
Fibromyalgia	"Severe discomfort in my body, and I feel old"
Depression	"Helps improve mood"
Colds or infections	"Helps maintain immune system health"
Arthritis	"Helps promote joint flexibility"
Lowers cholesterol	"Helps support a healthy heart" or "heart healthy"
Reduces joint pain	"Helps support cartilage and joint function"
Alzheimer's	"Provides positive mental support"
Removes toxins	"HELPS remove impurities from our body"
Prevents stress	"Promotes relaxation" or "improves relaxation"
Cures urinary infections	"Helps promote urinary tract health"
Helps prevent heart attacks	"Helps maintain cardiovascular function and a healthy circulatory system"

### Examples of Specific Disease-Related Words You Cannot Use

Acne, addictions, anxiety, autism, cancer, cholesterol, colds, diabetes, diuretic, fevers, flu, headaches, hypertension, hypothyroid, infection, kidney stones, migraines, multiple sclerosis, osteoporosis, Parkinson's, PMS, tumors, ulcers . . .

**Examples Continued on Next Page . . .**

## Examples

Non-Compliant	Compliant
<p>My name is Susan. I've had fibromyalgia for 5 years. I couldn't sleep and I was in pain all the time. After starting on the cleanse, my fibromyalgia is gone and I have no pain and am back to running marathons.</p>	<p>My name is Susan. I've experienced severe discomfort in my body, and I've felt old for many years. After starting on the 30-day program, I rest more comfortably at night, I feel younger and my discomfort is gone. I am now able to run marathons with ease.</p>
<p>Hi. My name is Bill. I have had high blood pressure, high cholesterol, and I have been a diabetic for years. I started on the Cleanse, and my blood pressure is now 120 over 80, my cholesterol is 190, and I am off of my diabetic medication.</p>	<p>Hi. My name is Bill. Since starting the program, I've improved my cardiovascular functions, as well as my glucose levels. I am calmer, more relaxed, and my mental clarity has increased.</p>
<p>I have breast cancer and have had 3 surgeries over the last 2 years. I started the program and am now in remission.</p>	<p>I was experiencing hair loss, brittle nails, fatigue and weight loss. I started the program for the benefit of the nutrients. Since starting, my hair is growing back, my nails are stronger, I have more energy, and I am finally able to maintain a healthy weight.</p>
<p>Hello. My name is Joel, and I am a 40-year-old construction worker with high cholesterol. Since I started the cleansing program, I have been able to stop taking medication to lower my cholesterol.</p>	<p>Hello. My name is Joel, and I am a 40-year-old construction worker. Since I began using Isagenix products, I have been able to maintain a healthy cholesterol level, and I feel great!</p>
<p>My name is David. I have suffered with ADHD/ADD for most of my life. I have also suffered with constipation. I started on the 9-Day Program and lost 20 pounds of fat. I guarantee you will have the same results.</p>	<p>My name is David. I have suffered from a lack of concentration and inability to focus for most of my life. I have also had problems with my regularity. I started on the 9-Day Program and lost 20 pounds my first month. In a recently study, participants in a similar program lost an average of seven pounds. I guarantee you will feel a difference with the use of the products.</p>

## Compliance Form for Giving an Isagenix Testimonial at Open Meetings and Home Parties

As an Isagenix Associate I agree and understand that while giving my testimonial, I cannot make any claims to treat or cure any specific disease.

I understand that during my testimonial I cannot mention any disease name or prescription drug name.

I have given my testimonial to the host for approval prior to the event and have reviewed with the host the Isagenix acceptable compliant format for giving a testimonial.

By signing this document, I understand that Isagenix International makes no claims to treat or cure any disease.

I also agree that I will not make income claims as well.

Examples of an income claim:

- I am making \$15,000 a month
- I am cycling 100 times a week

Name \_\_\_\_\_ Date \_\_\_\_\_

Event Location: \_\_\_\_\_

\* NOTE: When completed and signed, please fax this document to 480.726-8573 prior to hosting your event.

## **Disclaimers**

### **What You Should Know About Income Claims**

Isagenix Independent Associate earning claims should not be construed as representative of a fixed, or standard earnings from any Isagenix business. The income levels achieved by Isagenix Independent Associates are not intended to imply that another Associate will achieve the same level of income.

The income levels achieved will be dependent upon the individual Associate's business skills, personal ambition, time, commitment, activity and demographic factors.

### **What You Should Know About Medical Claims**

These statements have not been evaluated by the FDA. The programs and products described herein are not intended to diagnose, treat, cure, or prevent any disease.

Always consult your physician or health care professional before starting this or any other health and wellness program.