

This User Manual can be navigated by the links embedded in numbered icons. On each page of the manual, you can click on an icon to navigate to the next level. You can return to the previous level by clicking on the top icon.

[Go to Dzlogic One-Stop GPS System](#)



1. Enrollment



2. Program Initiation



Member



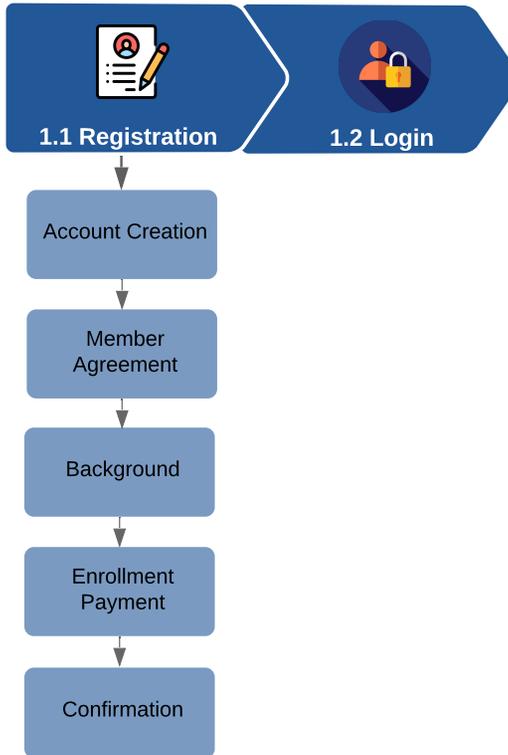
3. Updates



4. Account Management

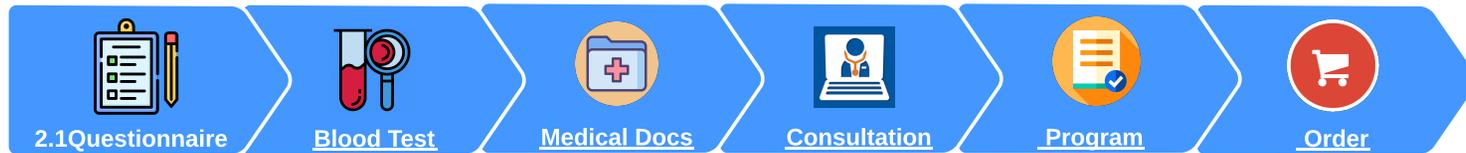


1. Enrollment



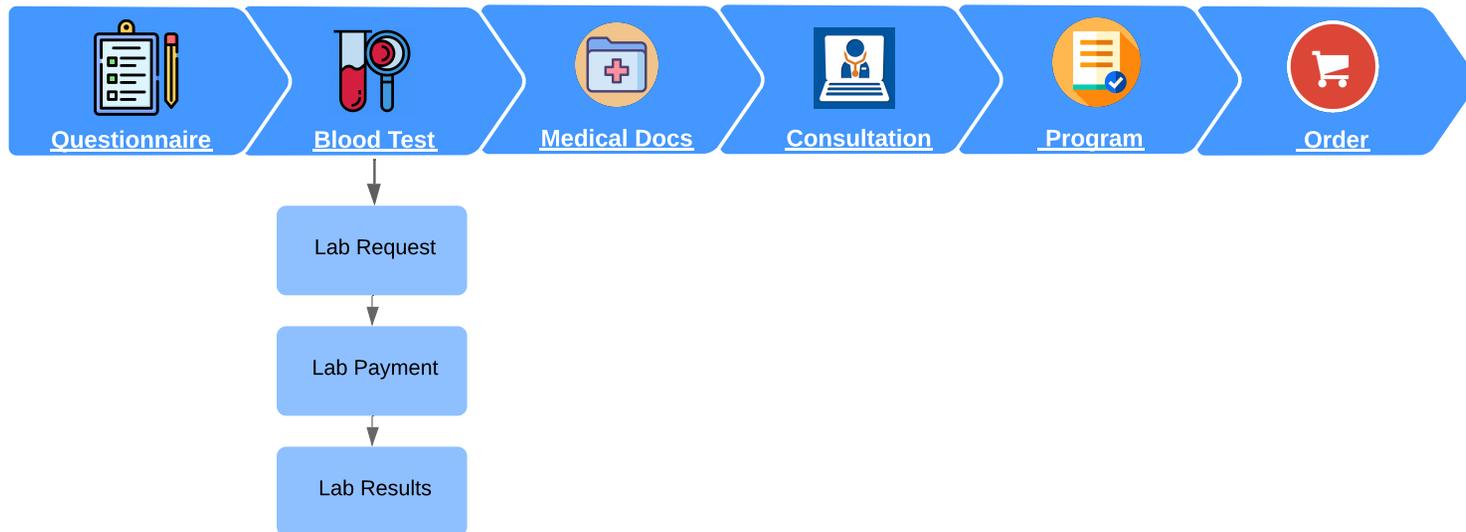


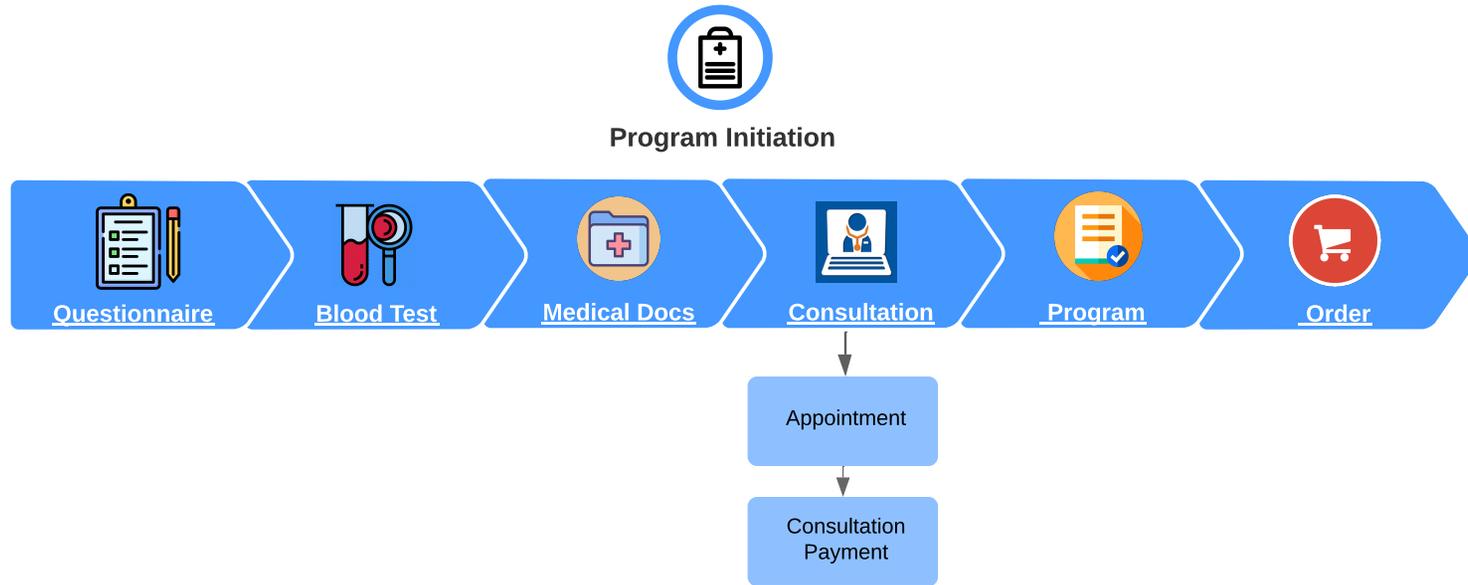
2. Program Initiation

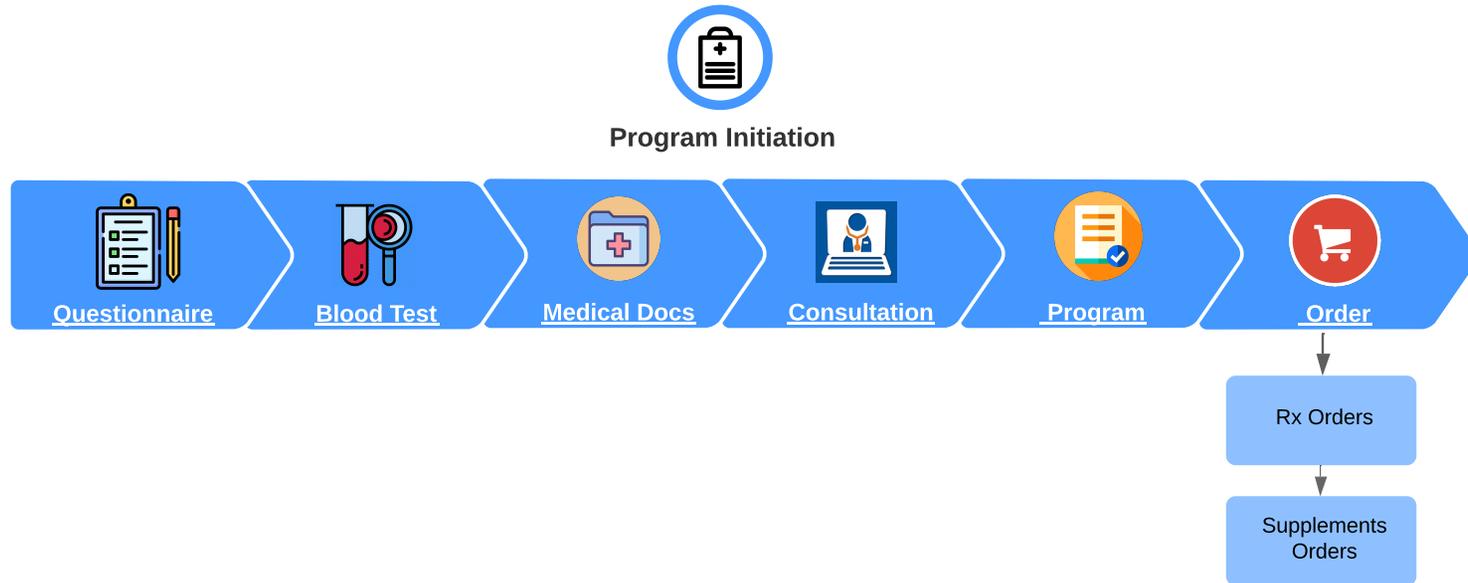




Program Initiation









Updates



Update Questionnaire



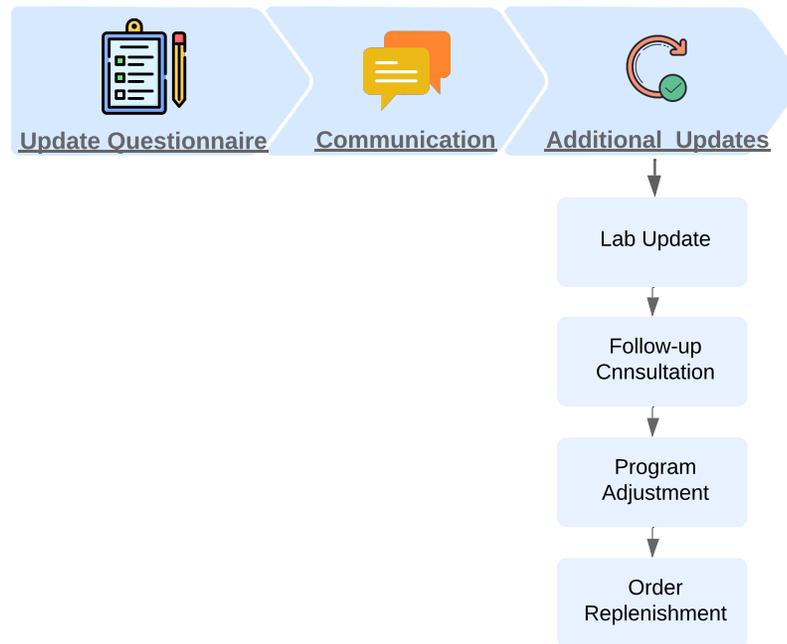
Communication



Additional Updates



Updates





Account Management



[Reset Password](#)



[Update Profile](#)



[Monthly Fee](#)



[PMP](#)



[Family Account](#)



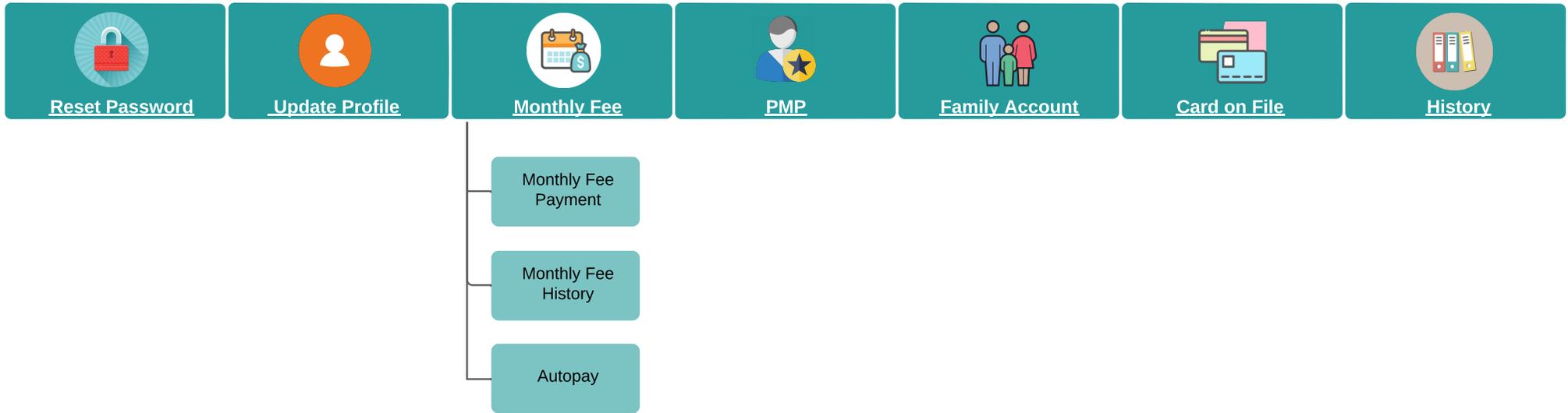
[Card on File](#)



[History](#)

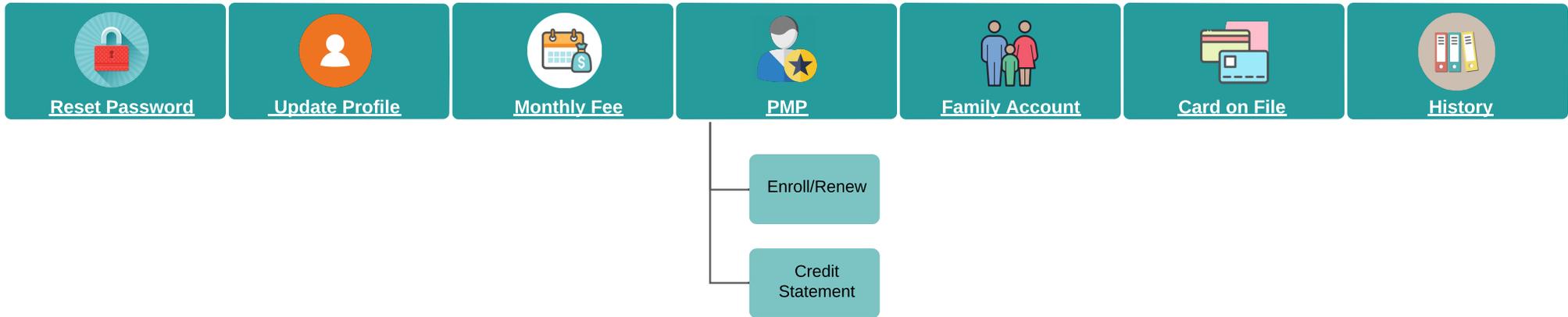


Account Management





Account Management





Account Management



[Reset Password](#)



[Update Profile](#)



[Monthly Fee](#)



[PMP](#)



[Family Account](#)



[Card on File](#)



[History](#)

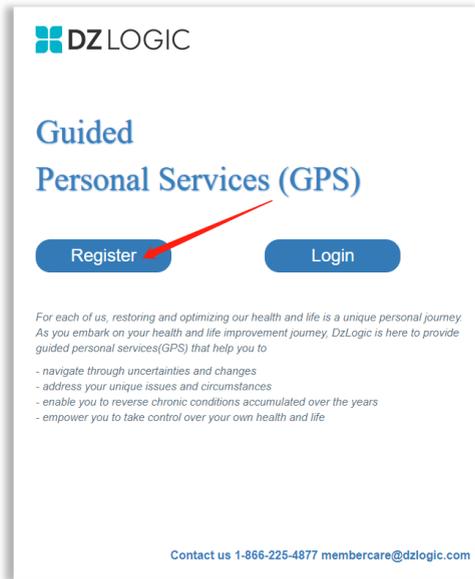
Lab History

Consultation History

Program History

Order History

Registration



DZLOGIC

Guided Personal Services (GPS)

[Register](#) [Login](#)

For each of us, restoring and optimizing our health and life is a unique personal journey. As you embark on your health and life improvement journey, DzLogic is here to provide guided personal services(GPS) that help you to

- navigate through uncertainties and changes
- address your unique issues and circumstances
- enable you to reverse chronic conditions accumulated over the years
- empower you to take control over your own health and life

Contact us 1-866-225-4877 membercare@dzlogic.com



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Guided Personal Services (GPS)

Email *	<input type="text"/>
Password *	<input type="password"/>
Confirm password *	<input type="password"/>
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Gender *	--Select--
Date of Birth *	03/30/2021
Feet	<input type="text"/>
Inches	<input type="text"/>
Weight(lb)	<input type="text"/>
Phone	<input type="text"/>
Address	<input type="text"/>
Apt/Suite/Unit	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country *	--Select--
Zip	<input type="text"/>
Highest Degree	--Select--
Current Profession	<input type="text"/>
Ethnic Group	<input type="text"/>

It contains at least 8 characters and at most 20 characters, at least one digit, at least one upper case alphabet, at least one lower case alphabet, and at least one special character.

Next

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[Go Back to Enrollment](#)

Login

DZ LOGIC

Guided Personal Services (GPS)

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For each of us, restoring and optimizing our health and life is a unique personal journey. As you embark on your health and life improvement journey, DzLogic is here to provide guided personal services(GPS) that help you to

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Please use your email and password to login. If you don't know or forget your password, please read [Reset Password Section](#)

DZ LOGIC

Email Address

Password

[Forgot Password?](#)

[Log In](#)

Don't have an account? [Sign Up](#)

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[Go Back to Enrollment](#)

Questionnaires

Go to "Questionnaires" Tab



Use the "New" Button to create a new questionnaire



Click on the headers to complete each section

New

Please click on the submitted dates to see details

Created On	Submitted On	Approved On
3/11/2021 8:59:38 AM		
3/11/2021 8:59:36 AM	03/11/2021	03/11/2021

1 Health Backgrounds

No.	Question	Answer
1	Symptoms you want to improve?	<p style="color: red; font-size: small;">Please list all symptoms you would like to improve by preferred order:</p> <p>Weight loss, hormone balance, immunity</p>
2	Current Blood Pressure?	High: <input type="text" value="120"/> mm Hg Low: <input type="text" value="80"/> mm Hg
3	Current Resting Heart Rate?	<input type="text" value="75"/> bpm
4	Current Hip Size?	<input type="text" value="49"/> inches
5	Current Waist Size?	<input type="text" value="53"/> inches
6	How many kg have you gained since age 35?	<input type="text" value="44"/> lb
7	How many children do you have?	<input type="text" value="0"/> Child(Children)
8	Age of each child	<input style="width: 100%;" type="text"/>
9	How many pets do you have?	<input type="text" value="0"/> Pet(s)
10	Have you done gastrointestinal parasite cleansing for your	Yes <input type="radio"/> No <input checked="" type="radio"/>

2 General Physiological Function Health Information

Click on a Created date to open a previous questionnaire

Created On	Submitted On	Approved On
3/11/2021 8:59:38 AM		
3/11/2021 8:59:36 AM	03/11/2021	03/11/2021

[Go Back to Program Initiation](#)

Lab Request

You can request a lab order by contacting the DzLogic Member Care team. Your lab order will be placed by our Member Care team, once it has been approved by a provider, your Lab Fee will be added to your shopping cart.

My Cart (1)

Lab Fee		Amount Due: \$622.67
<input checked="" type="checkbox"/>	Lab Requisition Date	Due
	03/29/2021	\$622.67
	Subtotal	\$622.67

You will also be able to download/print it from the GPS system under Medical Documents tab.

DZ LOGIC Guided Personal Services (GPS) Video Tutorial User Manual My Cart (19) Log Off

Home Profile Questionnaires Blood Test **Medical Documents** My Program Updates Purchase Products Order History

Member Name: Michael Katz Gender: Male Age: 40 Height: 5' 10" Weight: 200 LB Initial Program Start: 05/10/2012 Family Account: Yes Total Credit: \$0.00 PMP: No Monthly Maintenance Due: \$0.00

Please choose a document and type for uploading

Browse prescription Upload

Prescription

File	Uploaded On		
Prescription_141_EN (4).pdf	03/04/2021	Download	Delete

Questionnaire

File	Uploaded On		

Lab

File	Uploaded On		
Michael March 2016.pdf	03/29/2016	Download	Delete
Coutris_Michael_program.pdf	04/26/2012	Download	Delete

Medical History

File	Uploaded On		

Lab Requisition

File	Uploaded On		
Sample lab req .xlsx	01/01/2021	Download	Delete

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[Go Back to Blood Test](#)

Lab Results

You can choose either of the following ways to submit your lab results

Upload Lab Results



Please choose a document and type for uploading

Browse prescription

prescription
Questionnaire
Lab
Medical History

File	Download	Delete
Prescription_141_EN (4).pdf		

Questionnaire

File	Uploaded On

Lab

File	Uploaded On	Download	Delete
March 2016.pdf	03/29/2016	Download	Delete
March 2016.pdf	03/29/2016	Download	Delete

Input Lab Results



Click on the "New Blood Test" button



Fill in your lab results and submit

Test Date: ■ Optimum Range ■ Reference Range ■ Warning Range ■ Acting Range ■ Urgent Range

Please click on the section names to see each category.

1. CBC

Item	Previous	Current	US Unit	US Optimum Range	US Reference Range	US Warning Range	US Acting Range	US Urgent Range
WBC			x10E3/uL	3.4 ~ 10.8	3.4 - 10.8	3 - 3.3; 10.9 - 15	2.5 - 2.9; 15.1 - 20	<2.5; >20
RBC			x10E6/uL	4.14 ~ 5.8	4.14 - 5.8	3.8 - 4.13; 5.9 - 6.1	3.5 - 3.7; 6.2 - 6.3	<3.5; >6.4
Hemoglobin			g/dL	13 ~ 17.7	13 - 17.7	10.5 - 12.9; 17.8 - 19	9 - 10.4; 19.1 - 20	<9; >20
Hematocrit			%	37.5 ~ 51	37.5 - 51	35 - 37.4; 51.1 - 53	32 - 34.9; 53.1 - 55	<32; >55
MCV			fL	79 ~ 97	79 - 97			
MCH			pg	26.6 ~ 33	26.6 - 33			
MCHC			g/dL	31.5 ~ 35.7	31.5 - 35.7			
RDW - CV			%	12.3 ~ 15.4	12.3 - 15.4			
Platelets			x10E3/uL	150 ~ 379	150 - 379	125 - 149; 380 - 400	110 - 124; 401 - 420	<110; >420
Neutrophils			%	40 ~ 74	40 - 74	35 - 39; 75 - 80	30 - 34; 81 - 85	<30; >85
Lymphs			%	14 ~ 46	14 - 46	10 - 13; 47 - 53	5 - 9; 52 - 59	<5; >59

2. CRP-Inflammation

3. DHEA Sulfate

4. Homocysteine

5. Lipid Profile

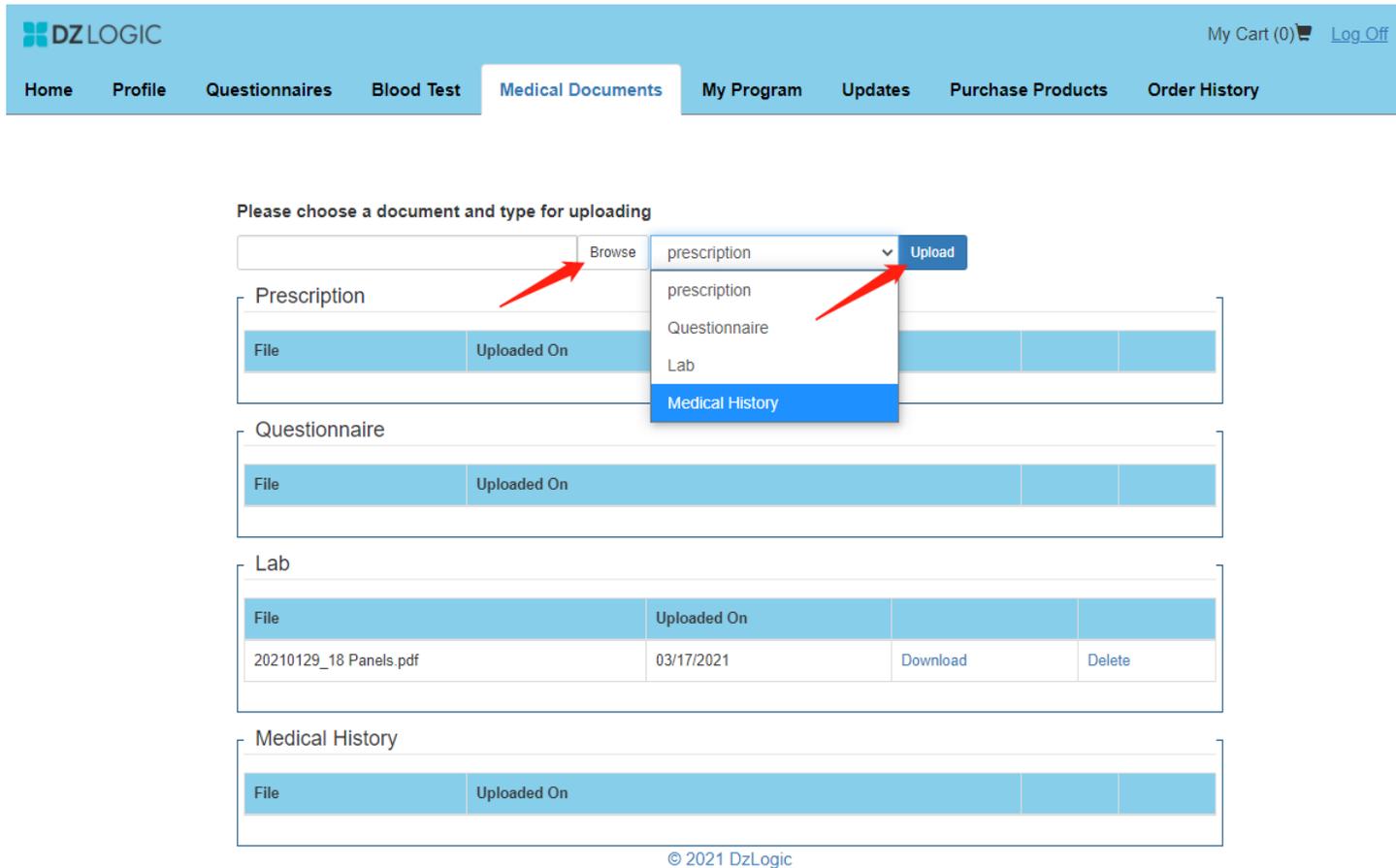
Lab History can be found under 'Blood Test' tab or 'Medical History' depend on the lab is submitted

[Go Back to Blood Test](#)

Medical Documents

Medical Documents is where you can submit all your health history related documents to us.

Go to the Medical Documents tab, browse a document, select a category, and upload



Please choose a document and type for uploading

Home Profile Questionnaires Blood Test **Medical Documents** My Program Updates Purchase Products Order History

My Cart (0) [Log Off](#)

Browse prescription

Prescription

File	Uploaded On		

Questionnaire

File	Uploaded On		

Lab

File	Uploaded On		
20210129_18 Panels.pdf	03/17/2021	Download	Delete

Medical History

File	Uploaded On		

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[Go Back to Program Initiation](#)

Programs

Go to "My Program" Tab



Click on a program from the list on the left

- 20200815 - Update **New**
- 20200209 - Update
- 20191223 - Update
- 20191031 - Update
- 20191008 - Update
- 20190905 - Update
- 20190826 - Initial Program

Click on each header to view details. To Print program detail, click the "Print" on the upper left corner.

My Program Print

Approved On: 12/16/2020 9:59:22 PM Approved By: Dr. George Herrera

Start Date Save

Program Instructions:

Dear [REDACTED], Thank you for your update. It is good to hear that everything is going well. We made a small adjustments to the program for a prescription resubmission. Thank you.

Thank you.

Rx Hormones

Rx Hormones	Period	Morning	Noon	Evening	Bedtime	Method	Months	Notes
Aldosterone 125 mcg		1 cap(s)	1 cap(s)	1 cap(s)			1	
Androstenedione 100 mg			1 cap(s)				1	
Chrysin 5% (50 mg/mL)		0.6 ml			0.4 ml			
Micronized Testosterone Gel 10% (100 mg/ml)		0.6 ml						

Products

Product Item	Morning	Noon	Evening	Bedtime	Months	Notes
7-Keto Fit	1.00 capsule(s)					
Beta Carotene 15,000 mcg	1.00 softgel(s)					
Cartishield capsules				1.00 capsule(s)		
DHEA 100 mg capsules	1.00 capsule(s)					
Glucosamine Sulfate 750 mg capsules				1.00 capsule(s)		
Magnesium Citrate 140 mg capsules	2.00 capsule(s)			1.00 capsule(s)		
Pregnenolone 100 mg capsules	2.00 capsule(s)					
SAMe 400 mg tablet			1.00 tablet(s)			
Saw Palmetto 160 mg softgels	1.00 softgel(s)			1.00 softgel(s)		
Tribulus Terrestris 250 mg capsules	1.00 capsule(s)					
Valerian Root 250 mg softgels	2.00 softgel(s)					
Vitamin C 1000 mg w/Rose Hips	1.00 capsule(s)					
Vitamin D-3 5000 iu softgels	1.00 softgel(s)					
Vitamin E High Gamma softgels	1.00 softgel(s)					
Zinc Gluconate 25 mg tablets	1.00 tablet(s)					

Once you are ready to start, save your start date for the program.

My Program

Approved On: 8/20/2020 11:30:00 AM Approved By: D

Start Date Save

[Go Back to Program Initiation](#)

Order Supplements & Prescription Items

Go to "Purchase Products" Tab

DZ LOGIC My Cart (0) [Log Off](#)

Home Profile Questionnaires Blood Test Medical Documents My Program Updates **Purchase Products** Order History

Select items based on your needs

Select Hormones below: By default, all Rx items listed in your current program will be selected on this page. Only items that are checked will be added to your shopping cart.

Program Item	Type	Quantity	Price	Subtotal
<input type="checkbox"/> Micronized Testosterone Gel 10% (100 mg/ml) 3ml	Gels (Micronized)	<input type="text"/>	\$9.00	
<input type="checkbox"/> Micronized Testosterone Gel 10% (100 mg/ml) 30ml	Gels (Micronized)	<input type="text"/>	\$68.00	
<input type="checkbox"/> Chrysin 5% (50 mg/mL) 3ml	Gels	<input type="text"/>	\$7.00	
<input type="checkbox"/> Chrysin 5% (50 mg/mL) 10ml	Gels	<input type="text"/>	\$12.00	
<input type="checkbox"/> Chrysin 5% (50 mg/mL) 30ml	Gels	<input type="text"/>	\$27.00	
<input type="checkbox"/> Micronized Progesterone Gel 10% (100 mg/ml) 3ml	Gels (Micronized)	<input type="text"/>	\$6.50	
<input type="checkbox"/> Micronized Progesterone Gel 10% (100 mg/ml) 10ml	Gels (Micronized)	<input type="text"/>	\$15.00	
<input type="checkbox"/> Micronized Progesterone Gel 10% (100 mg/ml) 30ml	Gels (Micronized)	<input type="text"/>	\$47.00	

Select products below: By default, all supplements listed in your current program will be selected on this page. Quantities are based on program recommended dosage month or a 3-months supply. You may adjust the quantities or deselect items that you do not want to purchase by unchecking the box to the left of the item. Only items that are checked will be added to your shopping cart.

SKU #	Program Item	Type	#/BoI	Quantity	Price	Subtotal
<input checked="" type="checkbox"/> SP013	7-Keto 50 mg capsules	capsule(s)	90	<input type="text" value="1"/>	\$29.95	\$29.95
<input checked="" type="checkbox"/> SP076	7-Keto Fit	capsule(s)	60	<input type="text" value="2"/>	\$32.95	\$65.90
<input checked="" type="checkbox"/> SP028	Beta Carotene 15,000 mcg	softgel(s)	100	<input type="text" value="1"/>	\$10.95	\$10.95
<input checked="" type="checkbox"/> SP016	Cartishield capsules	capsule(s)	60	<input type="text" value="2"/>	\$39.95	\$79.90
<input checked="" type="checkbox"/> SP070	Curcumin 500 mg capsules	capsule(s)	60	<input type="text" value="2"/>	\$35.95	\$71.90
<input checked="" type="checkbox"/> SP008	DHEA 100 mg capsules	capsule(s)	60	<input type="text" value="2"/>	\$15.95	\$31.90
<input checked="" type="checkbox"/> SP063	Glucosamine Sulfate 750 mg capsules	capsule(s)	120	<input type="text" value="3"/>	\$19.95	\$59.85
<input checked="" type="checkbox"/> SP078	L-Glutamine 500 mg	tablet(s)	100	<input type="text" value="1"/>	\$13.95	\$13.95
<input checked="" type="checkbox"/> SP051	Magnesium Citrate 140 mg capsules	capsule(s)	90	<input type="text" value="3"/>	\$13.95	\$41.85
<input checked="" type="checkbox"/> SP035	Melatonin 3 mg capsules	capsule(s)	120	<input type="text" value="1"/>	\$11.95	\$11.95

Add To Cart

Checkout

Go to "My Cart" on the upper right corner

My Cart (28)

My Cart

Rx Items				Amount Due: \$74.00
	Item	Price	Quantity	Total
<input checked="" type="checkbox"/>	Chrysin 5% (50 mg/mL) 30ml	\$27.00	<input type="text" value="1"/>	\$27.00
<input checked="" type="checkbox"/>	Micronized Progesterone Gel 10% (100 mg/ml) 30ml	\$47.00	<input type="text" value="1"/>	\$47.00
Subtotal(2 items)				\$74.00

Supplement Items				Amount Due: \$518.90
	Item	Price	Quantity	Total
<input checked="" type="checkbox"/>	7-Keto 50 mg capsules	\$29.95	<input type="text" value="1"/>	\$29.95
<input checked="" type="checkbox"/>	7-Keto Fit	\$32.95	<input type="text" value="2"/>	\$65.90
<input checked="" type="checkbox"/>	Beta Carotene 15,000 mcg	\$10.95	<input type="text" value="1"/>	\$10.95
<input checked="" type="checkbox"/>	Cartishield capsules	\$39.95	<input type="text" value="2"/>	\$79.90
<input checked="" type="checkbox"/>	DHEA 100 mg capsules	\$15.95	<input type="text" value="2"/>	\$31.90
<input checked="" type="checkbox"/>	Magnesium Citrate 140 mg capsules	\$13.95	<input type="text" value="3"/>	\$41.85
<input checked="" type="checkbox"/>	Melatonin 3 mg capsules	\$11.95	<input type="text" value="1"/>	\$11.95
<input checked="" type="checkbox"/>	Pregnenolone 100 mg capsules	\$21.95	<input type="text" value="2"/>	\$43.90
<input checked="" type="checkbox"/>	Probiotic capsules	\$30.95	<input type="text" value="2"/>	\$61.90
<input checked="" type="checkbox"/>	SAME 400 mg tablet	\$32.95	<input type="text" value="3"/>	\$98.85
<input checked="" type="checkbox"/>	Saw Palmetto 160 mg softgels	\$13.95	<input type="text" value="3"/>	\$41.85
Subtotal(22 items)				\$518.90

Discount or Promo Code

Monthly Fee	Amount Due: \$0.00
-------------	--------------------

Lab Fee		Amount Due: \$622.67
	Lab Requisition Date	Due
<input checked="" type="checkbox"/>	03/29/2021	\$622.67
Subtotal		\$622.67

PMP	Amount Due: \$0.00
-----	--------------------

Total Due: \$1,215.57

Review your order

Shipping Method

Standard Shipping - \$7.50
 Express Shipping - \$9.50
 Shipping 3 - \$17.00

Shipping address [Change](#)

Test Member
 1820 N Corporate Lakes Blvd Ste 111
 Weston, Florida 33326
 US
 Phone: 1234567891

Payment Information

Remember my card

Billing address [Change](#)

Test Member
 1820 N Corporate Lakes Blvd Ste 111
 Weston, Florida 33326
 US
 Phone: 1234567891

Order summary

Rx items (2)	\$64.00
Products (7)	\$138.65
Monthly Fee	\$35.00
Order Processing and Shipping	\$7.50
Order Total:	\$245.15



Order Completed Successfully!

Thank you for ordering. Your order number is # 100010

We will email you an order confirmation with details and tracking info.

Updates

Go to "Updates" Tab



Click on "New Update"

[New Update](#)

To ensure the timely and accurate tracking of patients' symptom improvement after using the Program which will enable us to make accurate and effective adjustment to patient's program and dosage, so as to help the patient achieve the best improvement of symptoms, please fill in the following information accurately according to the patient's actual conditions.

Name Michael Coutris Gender Male Age 40
Initial teleconsultation date: 12/09/2020
Start date of initial program: 05/10/2012
Last teleconsultation date: 12/31/2020
Last program adjustment date: 12/16/2020
Start date of last adjusted program:

Completion Date 03/29/2021

1. Basic information of patient:

Current weight kg

Test date of last blood test result on file 03/25/2016
If any new blood test, test date (Please provide test report)

Test date of last mass spectrum test result on file N/A
If any new Mass Spectrum test, test date

2. The main reason/purpose for the update?

3. Have you taken the program as recommended?
 Yes No If no, please fill in the following information.

4. After you use the program, have you used other prescription drugs, hormones, supplements?
 Yes No If yes, please fill in the following information.

5. The status of other prescription drugs that you were using before starting the program:

List of other prescription drugs you used before using the program	Has it been discontinued?	If "Yes", please fill in the stop date	If "No", please fill in the initial date you started and the current daily dose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

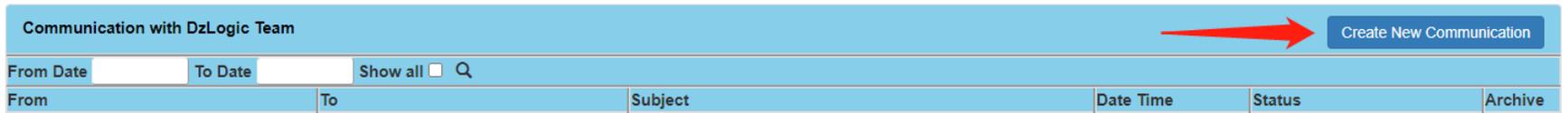
[Go Back to Updates](#)

Communication

Go to "Home" Tab



Click "Create New Communication" button



New Communication Send Cancel

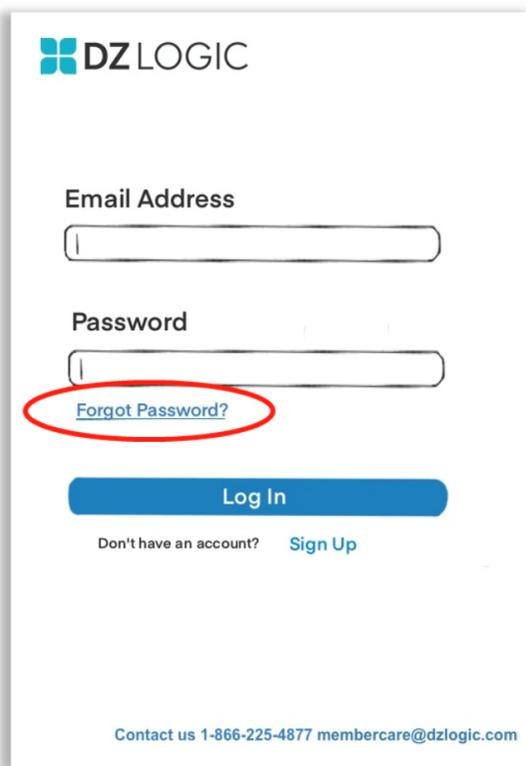
To:

Subject:

[Go Back to Updates](#)

Reset Password

Click on "Forgot Password"



DZ LOGIC

Email Address

Password

[Forgot Password?](#)

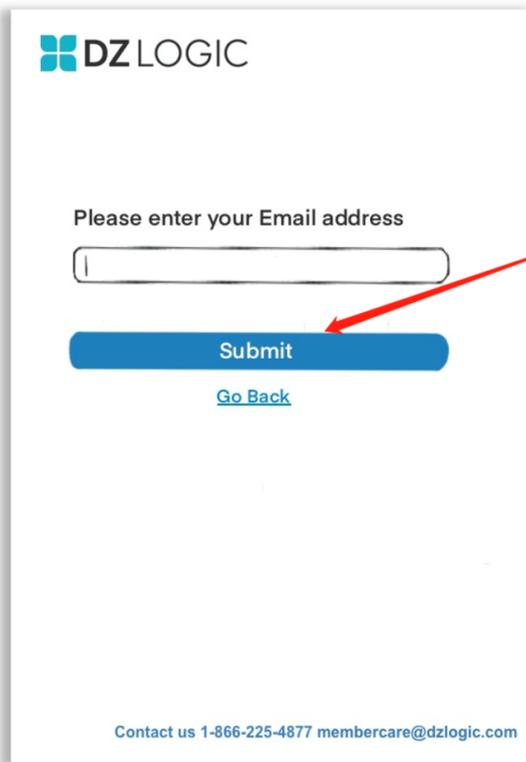
Log In

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DZ LOGIC

Please enter your Email address

Submit

[Go Back](#)

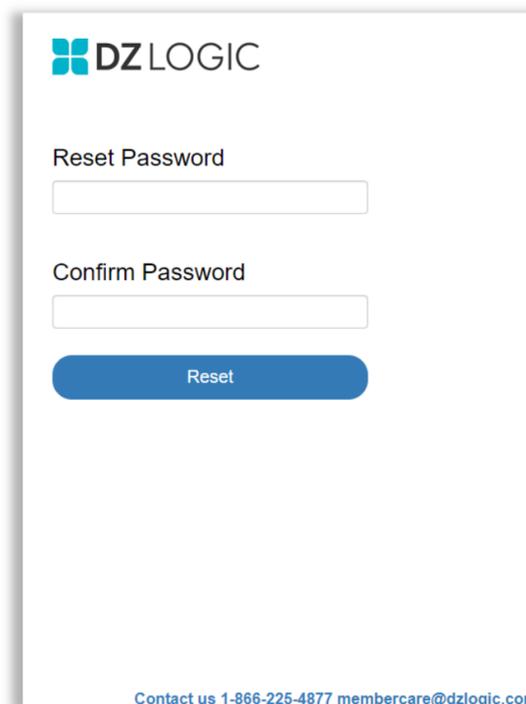
Contact us 1-866-225-4877 membercare@dzlogic.com



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A link will be sent to your email

Please find the Password Reset Link.
[Reset Password](#)



DZ LOGIC

Reset Password

Confirm Password

Reset

Contact us 1-866-225-4877 membercare@dzlogic.com

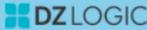


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[Go Back to Account Management](#)

Profile

Go to "Profile" Tab to view and update personal information

 **DZ LOGIC**

[Home](#) [Profile](#) [Questionnaires](#) [Blood Test](#) [Medical Documents](#) [My Program](#) [Updates](#) [Purchase Products](#) [Order History](#)

Member Name: [REDACTED] Gender: Male Age: 40 Height: 5' 10" Weight: 200 LB Initial Program Start: 05/10/2012 [Family Account: Yes](#) [Total Credit: \\$0.00](#) [PMP: No](#) [Monthly Maintenance Due: \\$0.00](#)

Last Name:	[REDACTED]	First Name:	[REDACTED]
Date of Birth:	01/30/1981	Gender:	Male
Email:	[REDACTED]	Phone:	8662254877
Address:	33640 Pin Oak Parkway	Apt/Suite/Unit:	Suite 1-A
City:	Avon Lake	State:	OH
Postal Code:	44012	Language:	English
Height(Feet):	5	Height(Inches):	10
		Weight(LB):	200
Best Contact Time:	Morning	Pharmacy:	H&W Compounding
Enrolled On:	3/6/2012 10:16:55 AM	Agreement Signed On:	
Marital Status:	Married	Highest Degree:	Select
Current Profession:	CEO	Ethnic Group:	

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[Go Back to Account Management](#)

Monthly Fee

Monthly fee will be added to "My Cart" every month

Family Account:No Total Credit:\$1,600.00 PMP:Yes **Monthly Maintenance Due:\$30.00**

My Cart (0)

Monthly Fee			Amount Due: \$30.00
	Maintenance Month	Due Date	Due
<input checked="" type="checkbox"/>	12/2020	12/01/2020	\$30.00
		Subtotal	\$30.00

Setup Auto Monthly Payment

Monthly Maintenance Due x

From 12/01/2020 To 12/01/2020

Cumulative Amount Due: \$30.00 [Sign Up Auto Monthly Payment](#)

Member Monthly	Due Date	Amount Due	Amount Paid
12/2020	12/01/2020	\$30.00	\$0.00

Click on the button

[Sign Up Auto Monthly Payment](#)

Set Up Auto Monthly Payment x

[Add a new card](#)

Card Number

MM/YY CVV Postal

Bill Address

Card Holder (*):

Address Line 1 (*):

Address Line 2

City (*): State (*):

Zip (*): Country (*):

I agree to set up auto monthly payment with selected credit/debit card.

[Submit](#) [Go back](#)

[Go Back to Account Management](#)

Enroll/Renew PMP

Click on "PMP" in the header
(under tabs)

[Family Account:No](#) [Total Credit:\\$0.00](#) **[PMP:No](#)** [Monthly Maintenance Due:\\$0.00](#)

PMP Status ✕

DzLogic's Premier Membership Program (PMP) is for those members that wish to stay compliant on their programs and receive a 20% discount on products, throughout the year. Our PMP is very simple, if you spend \$ 1,280, you will receive \$1,600 (or spend \$2,400 and receive \$3,000) in supplement credit towards your next supplement purchase. Click the button below and become our Premier Member today!

[Enroll Now](#)

PMP Status ✕

Last Renewal Date	Total Amount Paid	Total Credit Amount	Estimated Renewal Date
12/01/2020	\$1,280.00	\$1,600.00	

[Renew Now](#)

PMP Status ✕

Pay \$1,280 Get \$1,600 Credits
 Pay \$2,400 Get \$3,000 Credits

[Close](#) [Add to Cart](#) 

Go to "My Cart" to complete the process

[My Cart \(1\)](#) 

PMP		Amount Due: \$1,280.00
✕	Description	Prepaid
	Pay \$1,280 Get \$1,600 Credits	\$1,280.00

[Go Back to Account Management](#)

Credit Statement

Click on "Total Credit" in the header
(under tabs)

Family Account: Yes **Total Credit: \$98.89** PMP: Yes, Monthly Maintenance Due: \$0.00

Use the date filter to display a specific period

Credit Statement x

From To

Date	Description	Prepaid Amount	Spent Amount	Credited Amount	Current Credit Balance
10/01/2020	Monthly Membership		\$60.00		\$98.89
09/25/2020	Invoice #16766		\$789.00		\$158.89
09/01/2020	Monthly Membership		\$60.00		\$947.89
08/01/2020	Monthly Membership		\$60.00		\$1,007.89
07/17/2020	Invoice # 16541		\$837.79		\$1,067.89
07/01/2020	Monthly Membership		\$60.00		\$1,905.68
06/01/2020	Monthly Membership		\$60.00		\$1,965.68
05/01/2020	Monthly Membership		\$60.00		\$2,025.68
04/01/2020	Monthly Membership		\$60.00		\$2,085.68
03/25/2020	Invoice # 16045		\$856.94		\$2,145.68
03/25/2020	Replenish PMP	\$2,400.00		\$3,000.00	\$3,002.62
03/01/2020	Monthly Membership		\$60.00		\$2.62
02/01/2020	Monthly Membership		\$60.00		\$62.62
01/01/2020	Monthly Membership		\$60.00		\$122.62
01/01/2020	Balance carried over			\$182.62	\$182.62

[Go Back to Account Management](#)

Family Account

Family Members can setup a family account that will combine their supplement credit accounts into one.

If you need to setup a family account, please contact Dzlogic Member Care Team.

Click on "Family Account" in the header (under tabs) to view your family members

testpatient testpatient, Male, Age: 71, H: cm,W: kg, Since: 04/02/2012, Status: Active, **Family Account: Yes** Total Credit: \$

Family Account ×				
Member ID	First Name	Last Name	DOB	Primary Account
52	testpatient	testpatient	01/01/1950	<input checked="" type="checkbox"/>
1816	User	Well	03/16/1979	<input type="checkbox"/>

[Go Back to Account Management](#)

Card on File

Card on file can be managed during the checkout process

Review your order

Shipping Method

Standard Shipping - \$7.50
 Express Shipping - \$9.50
 Shipping 3 - \$17.00

Shipping address [Change](#)

Test Member
1820 N CORPORATE LAKES BLVD STE 111
Weston, FL 33326
US
Phone: 1112223333

Payment Information

VISA ending in 1111 Test Member 5/2023

[User a new card](#)    



Billing address [Change](#)

Test Member
1820 N CORPORATE LAKES BLVD STE 111
Weston, FL 33326
US
Phone: 1112223333

Order summary

Products (3)	\$74.85
Monthly Fee	\$35.00
Order Processing and Shipping	\$7.50
Order Total:	\$117.35

[Place Order](#)

[Go back to Shopping Cart](#)

[Go Back to Account Management](#)



Optimize Health. Optimize Life.

Consultation History, Program History, Updates History, Order History

Go to 'Home' tab, history information is shown on the dashboard. Click on the number to view or go the detail information pages.

DZ LOGIC My Cart (24) [Log Off](#)

[Home](#) [Profile](#) [Questionnaires](#) [Blood Test](#) [Medical Documents](#) [My Program](#) [Updates](#) [Purchase Products](#) [Order History](#)

Summary		All		Click on a summary number to see history			
# Consultations	4	# Programs	24	# Updates	16	# Orders	31
12/31/2020		12/16/2020		03/11/2021		12/23/2020	

[Go Back to Account Management](#)



Optimize Health. Optimize Life.

Invoices & Receipts

Go to "Order History" Tab

DZ LOGIC My Cart (24) [Log Off](#)

Home Profile Questionnaires Blood Test Medical Documents My Program Updates Purchase Products **Order History**

Click on a Order Number to view detail

Order #	Status	Order Date	Total
100010	Paid	02/08/2021	\$117.35
100002	Shipped	09/25/2020	\$86.84
100001	Shipped	09/08/2020	\$83.34
16665	Open	08/30/2020	\$136.35
16651	Shipped	08/25/2020	\$486.35
16650	Shipped	08/25/2020	\$177.70
16649	Shipped	08/25/2020	\$392.35
16648	Shipped	08/25/2020	\$14.95
16647	Shipped	08/24/2020	\$445.85
16646	Shipped	08/24/2020	\$190.20
16645	Shipped	08/24/2020	\$196.25
16635	Shipped	08/22/2020	\$237.25
15399	Shipped	10/06/2019	\$388.95

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Click on 'View Invoice' button to retrieve printable invoice/receipt

[Back](#) [View Invoice](#)

Order # 100010 (Paid)

Bill To

Test Member
1820 N CORPORATE LAKES BLVD STE 111
Weston, FL 33326
US
Phone: 1112223333

Ship To

Test Member
1820 N CORPORATE LAKES BLVD STE 111
Weston, FL 33326
US
Phone: 1112223333

Order: #100010

Payment Method: Credit/Debit Card
Ending in 1111
Expiration: 5/2023
AuthCode:
TransactionID: F6OVOWsp2lbgdOApceEHj5kjhZLY

Order Date: 02/08/2021

Shipping Method: Standard Shipping

Qty	Code/SKU	Item Name	Price	Total
1	SP038	5-HTP 100 mg capsules	\$30.95	\$30.95
1	INTFM	Amazon AP	\$32.95	\$32.95
1	SP028	Beta Carotene 15,000 mcg	\$10.95	\$10.95
1	Monthly Fee	Month: 11/2020	\$35.00	\$35.00
			Order Processing and Shipping	\$7.50
			Order Total	\$117.35

[Go Back to Account Management](#)

Overview



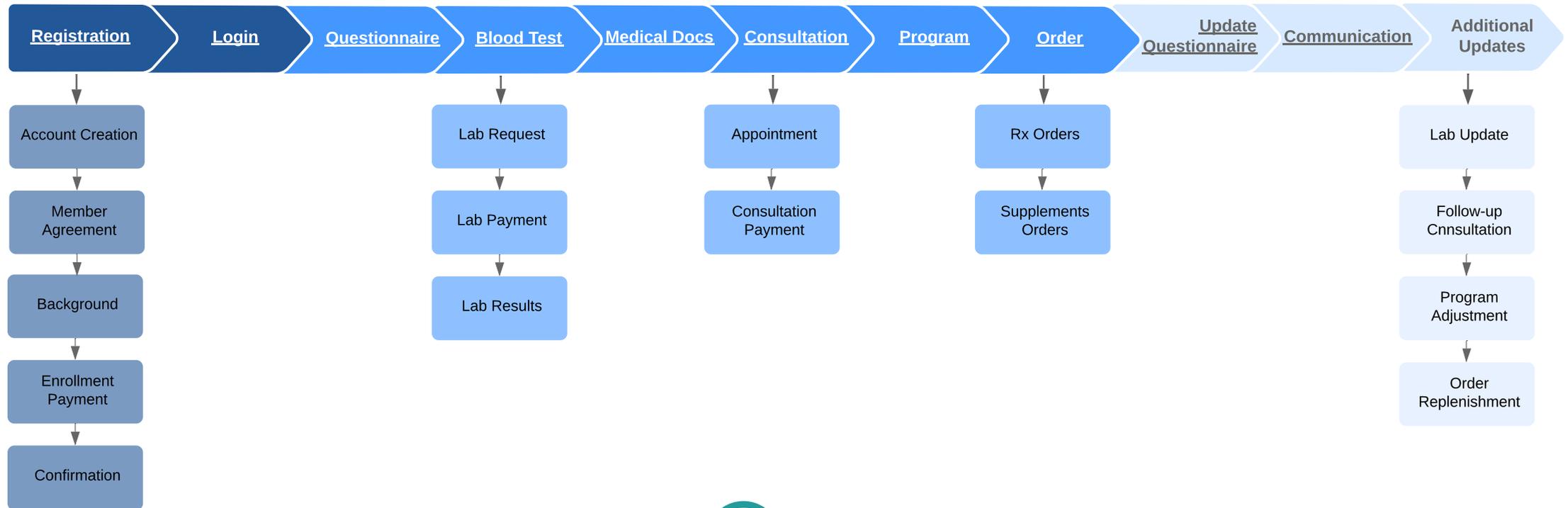
Enrollment



Program Initiation



Updates



Account Management

