

pH Saliva Test

Patients Name: _____, Date: ____/____/ 20__.

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|---------------------------|------------------|
| 1. Date: ____/____/ 20__ | pH Reading _____ |
| 2. Date: ____/____/ 20__ | pH Reading _____ |
| 3. Date: ____/____/ 20__ | pH Reading _____ |
| 4. Date: ____/____/ 20__ | pH Reading _____ |
| 5. Date: ____/____/ 20__ | pH Reading _____ |
| 6. Date: ____/____/ 20__ | pH Reading _____ |
| 7. Date: ____/____/ 20__ | pH Reading _____ |
| 8. Date: ____/____/ 20__ | pH Reading _____ |
| 9. Date: ____/____/ 20__ | pH Reading _____ |
| 10. Date: ____/____/ 20__ | pH Reading _____ |

pH Level	Calcium	Magnesium	Vitamin D	Vitamin A
6.5-7.4	1200 Mg.	690 Mg.	2400 IU.	30,000 IU.
(Healthy Range)				
6.0- 6.5	2400 Mg.	1380 Mg.	4800 IU.	60,000 IU.
(Develop. of Disease)				
4- 5.9	3600 Mg.	2070 Mg.	7200 IU.	90,000 IU.
(Advanced Disease Process)				

Note: The above doses are the total intake for each day and they are to be taken; 1/3 of the dose in the morning, 1/3 dose in the afternoon and 1/3 dose at dinner.

Please take the test first thing in the morning before eating, drinking, brushing teeth or flossing. This includes coffee or soft drinks.