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| --- |
| **<MEMBER\_NAME> -** **<PROGRAM\_NAME>** |
| Plan Summary This is an overview of what’s included in your program. Your plan start date is <PROGRAM\_START\_DATE>. |
|  |

+++FOR therapyType IN therapyTypes+++

**+++INS $therapyType.name+++**

+++FOR item IN $therapyType.items+++

|  |  |  |
| --- | --- | --- |
| +++INS $item.name+++ | +++INS $item.quantity+++ | +++INS $item.instructions+++ |

+++END-FOR item+++

+++END-FOR therapyType+++

Please visit YOY University for a full list of program resources [www.yoythrive.com](http://www.yoythrive.com)

Here is to your health and healing.

Your YOY Team

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| **Self-administered Therapies Script** |
|  |
| <tblSelfAdmin> |

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|  |
| **RASHA Script** |
|  |
| <tblRASHAScript> |
| \*\* [Click here](https://youonlyyounger.sharepoint.com/:b:/s/ThriveTeam/EU71-3T4TChIoObSAsjuW08BlB4uSVvyfJhTvKYebWQsgw?e=40KjKd) for the Group RASHA schedule for session Days and Times |