



OLIMEDICS

Cognition Fortifying Formula

PRODUCT INFORMATION

WARNING

PERSONS TAKING ANTI-COAGULATION AGENT, SUCH AS WARFARIN, SHOULD NOT TAKE OLIMEDICS COGNITION FORTIFYING FORMULA.

NOT INTENDED FOR PERSONS UNDER THE AGE OF 18.

CONSULT A HEALTHCARE PROFESSIONAL PRIOR TO CONSUMPTION IF YOU HAVE ANY PRE-EXISTING MEDICAL CONDITIONS, ARE TAKING ANY PRESCRIPTION MEDICATIONS, PREGNANT OR NURSING.

IMPROPER USE OF THIS PRODUCT WILL NOT IMPROVE RESULTS. USE ONLY AS DIRECTED.

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CONSUMER COUNSELING INFORMATION**What is OLIMEDICS Cognition Fortifying Formula?**

OLIMEDICS Cognition Fortifying Formula is a unique blend of premium dietary supplements, designed to help mental focus and memory function.*

How does OLIMEDICS Cognition Fortifying Formula help?

The aging of the brain involves inflammation, oxidative stress and poor blood circulation. Guided by cutting edge research, we selected 9 supplements that work synergistically on improving brain function and provide the maximum benefits for brain health. * For detailed information of research, please see the PRODUCT INFORMATION FOR HEALTHCARE PROFESSIONALS in this document.

Who should consider taking OLIMEDICS Cognition Fortifying Formula?

Though clinically significant cognition decline usually happens after the age of 50, most recent research found some brain aging process may start as early as the age of 20s. Therefore, anybody over 18 and would like to stay sharp and to slow down the aging process of the brain may consider taking OLIMEDICS Cognition Fortifying Formula.*

Who should not take OLIMEDICS Cognition Fortifying Formula?

Do not take OLIMEDICS Cognition Fortifying Formula if you:

are allergic to any of the ingredients in OLIMEDICS Cognition Fortifying Formula. See the end of this document for a complete list of ingredients in OLIMEDICS Cognition Fortifying Formula.

are under the age of 18.

are pregnant or plan to become pregnant. It is not known if OLIMEDICS Cognition Fortifying Formula will harm your unborn baby.

are breastfeeding or plan to breastfeed. It is not known if OLIMEDICS Cognition Fortifying Formula passes into breast milk.

What should I tell my healthcare provider before taking OLIMEDICS Cognition Fortifying Formula?

Tell your healthcare provider if you have liver problems, drink alcohol, or have any other medical conditions. Tell your healthcare provider about all the medicines that you take,

including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I take OLIMEDICS Cognition Fortifying Formula?

Take 1 capsule 1 time daily preferably with meals or as directed by a healthcare professional. Take OLIMEDICS Cognition Fortifying Formula at about the same time each day.

What should I avoid while taking OLIMEDICS Cognition Fortifying Formula?

Do not drive, operate heavy machinery, or do other high risk activities until you know how OLIMEDICS Cognition Fortifying Formula affects you. Avoid drinking alcohol while taking OLIMEDICS Cognition Fortifying Formula.

Where is OLIMEDICS Cognition Fortifying Formula manufactured?

Our manufacturing facility, located in Georgia State, is certified by National Science Foundation (NSF), and compliant with Good Manufacturing Practices (GMP).

How should I store OLIMEDICS Cognition Fortifying Formula?

Store OLIMEDICS Cognition Fortifying Formula at room temperature between 59°F to 86°F (15°C to 30°C).

Keep OLIMEDICS Cognition Fortifying Formula and all medicines out of the reach of children.

Where do I go if I need more information about OLIMEDICS Cognition Fortifying Formula?

For more information, go to www.Olimesics.com.

What are the ingredients in OLIMEDICS Cognition Fortifying Formula?

Active ingredients: Ginkgo Biloba, Phosphatidylserine Complex, N-Acetyl-L Carnitine HCl, St. John's Wort, Glutamine (as L-glutamine hydrochloride), DMAE (Dimethylaminoethanol) Bitartrate, Bacopa Monniera, Vinpocetine, and Huperzine-A.

Inactive ingredients: Gelatin (bovine), vegetable magnesium stearate, microcrystalline cellulose and silicon dioxide.

ALLERGEN WARNING: CONTAINS SOY (LECITHIN).

* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

PRODUCT INFORMATION FOR HEALTHCARE PROFESSIONALS**1 Suggested Use**

OLIMEDICS Cognition Fortifying Formula is a unique blend of dietary supplements, designed to support focus, clarity, and memory. OLIMEDICS Cognition Fortifying Formula works through the synergistic effects from 9 supplements, targeting on brain function improvement.

2 Dosage and Administration**2.1 General Instruction of Use**

The recommended starting dose is 1 capsule administered orally once daily, preferably with food. The absorption of OLIMEDICS Cognition Fortifying Formula is expected to be increased in the presence of food. A dose decrease down to 1 capsule per day should be considered for people who do not tolerate higher doses.

2.2 Maintenance/Continuation/Extended Consumption

It is generally agreed that better health may result from 12 months or longer of sustained dietary supplements consumption.

2.3 Use of OLIMEDICS Cognition Fortifying Formula with Other Dietary Supplements

Although OLIMEDICS Cognition Fortifying Formula is generally considered safe to be taken with most other dietary supplements, it is recommended to consult a health care professional before doing this. If undesired symptoms emerge, OLIMEDICS Cognition Fortifying Formula should be stopped promptly, and medical care should be obtained as needed.

3 Dosage Form and Strength

OLIMEDICS Cognition Fortifying Formula is provided as convenient, easy-to-swallow capsules. Each capsule contains:

Ginkgo Biloba 50 mg, Phosphatidylserine Complex 125 mg, N-Acetyl-L Carnitine HCl 50 mg, St. John's Wort 250 mg, Glutamine (as L-glutamine hydrochloride) 150 mg, DMAE (Dimethylaminoethanol) Bitartrate 50 mg, Bacopa Monniera 100 mg, Vinpocetine 2 mg, and Huperzine-A 10 mcg.

4 Contraindication

Persons taking anti-coagulation agent, such as warfarin, should not take OLIMEDICS Cognition Fortifying Formula.

Hypersensitivity to any components of the formulation. See the end of this document for a complete list of ingredients in OLIMEDICS Cognition Fortifying Formula.

5 Warnings and Precautions

Not intended for persons under the age of 18.

Consult a health care professional prior to consumption if you have any pre-existing medical conditions, are taking any prescription medications, pregnant or nursing. Improper use of this product will not improve results. Use only as directed.

6 Drug Interactions

Drug interactions of ingredients of OLIMEDICS Cognition Fortifying Formula are considered mild, or not more significant than moderate. Proper caution is advisable. Please consult a health care professional if in question.

Some ingredients of OLIMEDICS Cognition Fortifying Formula, including Ginkgo Biloba, L-carnitine, and vinpocetine, may enhance the effect of nonsteroidal anti-inflammatory drugs or warfarin and therefore may increase the risk of serious bleeding.

Taking phosphatidylserine and Huperzine-A along with cholinesterase inhibitor might increase effects and side effects of cholinesterase inhibitor.

St. John's wort may interact with serotonergic antidepressant and increase the risk of serotonin syndrome.

7 Use in Specific Populations

7.1 Pregnancy

Use during pregnancy is not recommended. There are no well-controlled studies of OLIMEDICS Cognition Fortifying Formula in pregnant women.

7.2 Nursing Mothers

It is not known whether OLIMEDICS Cognition Fortifying Formula is present in human milk. A decision should be made

whether to discontinue nursing or to discontinue the supplements, taking into account the importance of the dietary supplements to the mother.

7.3 Pediatric Use

OLIMEDICS Cognition Fortifying Formula is not intended for pediatric use. Clinical studies on the use of OLIMEDICS Cognition Fortifying Formula in pediatric patients have not been conducted.

7.4 Geriatric Use

No dose adjustment is recommended on the basis of age.

7.5 Use in Other Specific Populations

No dose adjustment of OLIMEDICS Cognition Fortifying Formula is recommended on the basis of race, gender, or ethnicity.

OLIMEDICS Cognition Fortifying Formula has not been studied in patients with severe hepatic impairment. Therefore, OLIMEDICS Cognition Fortifying Formula is not recommended in patients with severe hepatic impairment.

8 Drug Abuse and Dependence

OLIMEDICS Cognition Fortifying Formula is not a controlled substance.

9 Overdosage

9.1 Human Experience

There is no clinical trial experience regarding human overdosage with OLIMEDICS Cognition Fortifying Formula.

9.2 Management of Overdose

No specific antidotes for OLIMEDICS Cognition Fortifying Formula are known. In managing over dosage, consider the possibility of multiple drug involvement. In case of overdose, use emergency medical service or call the Poison Help line at 1-800-222-1222.

10 Mechanisms of Action

10.1 Ginkgo Biloba

The therapeutic mechanism of Ginkgo biloba is not yet fully understood. Research has shown that Ginkgo biloba has cardioprotective effects mediated by the regulation of inflammatory and vasoactive mediators, as well as the inhibition of membrane lipid peroxidation (EI-Boghdady NA). Ginkgo biloba extract also have marked protective effects on cerebral vascular and central nerve systems (Wang GX et al.).

10.2 Phosphatidylserine

Phosphatidylserine is an essential phospholipid component in nerve cell membranes. Studies found it may play a role in preventing loss of dendritic density and increase acetylcholine levels. Acetylcholine deficiency is one of the major mechanisms that cause dementia.

10.3 N-Acetyl-L Carnitine HCl

L-carnitine is an amino acid that is naturally produced in the body. L-carnitine is required for the transport of fatty acids from the intermembrane space in the mitochondria, into the mitochondrial matrix during the breakdown of lipids for the generation of metabolic energy. It is important for heart and brain function, muscle movement, and many other body processes. Recent research found L-carnitine has protective effect on blood-brain-barrier, and can reduce the damage caused by methamphetamine, a powerful psychostimulant

(Fernandes S et al.). L-carnitine also has antioxidant effect and reduces oxidation induced DNA damage (Deon M et al.).

10.4 St. John's Wort

St. John's wort is the common name of the specie *Hypericum perforatum*. St. John's wort's mechanisms of action are not fully understood. A series of bioactive compounds has been detected in the crude material, namely flavonol derivatives, biflavones, proanthocyanidines, xanthenes, phloroglucinols and naphthodianthrones. St. John's wort acts as an inhibitor of monoamine oxidase-A and -B activity, it also inhibits the synaptosomal re-uptake of serotonin, dopamine and noradrenaline (norepinephrine). St. John's wort also has affinity for adenosine, GABA(A), GABA(B) and glutamate receptors. In vivo St John's wort extract leads to a down-regulation of beta-adrenergic receptors and an up-regulation of serotonin 5-HT(2) receptors.

Recent neuroendocrine studies suggest that St John's wort is involved in the regulation of genes that control hypothalamic-pituitary-adrenal axis function. With regard to the antidepressant effects of St John's wort extract, many of the pharmacological activities appear to be attributable to the naphthodianthrone hypericin, the phloroglucinol derivative hyperforin and several flavonoids. St. John's wort also has potent anti-inflammatory properties as an arachidonate 5-lipoxygenase inhibitor and COX-1 inhibitor (Butterweck V.).

10.5 Glutamine

Glutamine is cellular fuel and a precursor for the antioxidant glutathione. It enhances heat shock protein expression in injury, regulates the expression of genes related to metabolism, signal transduction, cell defense and repair, and activates intracellular signaling pathways. It is a nitrogen donor for many anabolic processes. It serves as a nontoxic transporter of ammonia in the blood circulation (Liu D and Chen Z).

10.6 DMAE (Dimethylaminoethanol)

Dimethylaminoethanol (DMAE) is an amino acid that is found in the brain. DMAE is a precursor to choline and the latter is a crucial substance for the brain to make acetylcholine, a neurotransmitter that is required for signal conduction in the nervous system.

10.7 Bacopa Monnieri

Bacopa monnieri is a perennial herb. The mechanism of Bacopa's therapeutic effect is not fully understood. It is a nerve and brain tonic in Ayurvedic medicine. The traditional claim of Bacopa's effect in memory, learning, and mood was tested in several controlled trials.

10.8 Vinpocetine

Vinpocetine is a semi synthetic derivative of the alkaloid vincamine, an extract from the periwinkle plant *Vinca minor*. The neuroprotective effect of vinpocetine is thought to be associated with its property of selectively inhibiting voltage-sensitive sodium channels, resulting in a dose-dependent decrease in evoked extracellular calcium ions in striatal nerve endings (Sitges M et al.). Vinpocetine is also a phosphodiesterase type-1 inhibitor (Hagiwara M et al.), which causes the vasorelaxant effects of vinpocetine on cerebral smooth muscle tissue.

10.9 Huperzine-A.

Huperzine A is an alkaloid compound found in the plant firmoss *Huperzia* species. It is a reversible acetylcholinesterase

inhibitor and NMDA receptor antagonist that crosses the blood-brain barrier (Coleman BR et al. and Patocka J.).

11 Clinical Studies

11.1 Ginkgo Biloba

A collaborative study carried out by multiple French groups, published in 2014, with total of 828 subjects, and one year observation, found that Ginkgo Biloba may provide added cognitive benefits in AD patients already under cholinesterase inhibitor treatment (Canevelli M et al.).

A meta-analyses published in 2014 showed that Ginkgo had better outcomes than the placebo, with the standardized mean difference (SMD) between Ginkgo and the placebo on cognition being -1.62 and on activities of daily living being -1.55. The meta-analysis for assessing the prevention effect of Ginkgo against AD suggested that risk ratio is 1.06 between Ginkgo and the placebo. The analyzers suggest that Ginkgo may help established AD patients with cognitive symptoms but cannot prevent the neurodegenerative progression of the disease (Yang M et al.).

A double-blind, randomized, placebo-controlled, multi-center, 24-week trial recruited 410 subjects in outpatient setting to test the efficacy and safety of a Ginkgo biloba extract. The subjects were diagnosed with mild to moderate dementia (Alzheimer's or vascular) associated with neuropsychiatric symptoms. The study concluded that treatment with the Ginkgo biloba was safe and resulted in a significant improvement in cognition, psychopathology, functional measures and quality of life of subjects and caregivers. (Herrschaft H et al.).

A placebo-controlled trial with 1294 patients published in 2013 by German researchers found that Ginkgo Biloba extract EGb 761 showed improvements of cognitive performance and behavioral symptoms that were associated with advances in activities of daily living and a reduced burden to caregivers. In the actively controlled trial, EGb 761 and donepezil as well as a combination of both drugs had similar effects (Ihl R.).

11.2 Phosphatidylserine

In a double-blind, randomized, placebo controlled, 15-week study, a novel preparation of phosphatidylserine containing omega-3 long-chain polyunsaturated fatty acids attached to its backbone was tested in 157 non-demented elderly with memory complaints. The results indicate that this phosphatidylserine preparation may improve cognitive performance in non-demented elderly with memory complaints. Safety and adverse events were monitored throughout the double-blind and open-label phases by the same (Vakhpova V et al., 2010 and 2011).

11.3 L-Carnitine

Sweden researchers found that non-APOE4 carriers show lower levels of L-carnitine in CSF early in Alzheimer's disease. L-carnitine levels correlate with amyloid- β ($A\beta$) levels and Mini-Mental State Examination score. The study suggested that L-carnitine treatments would be more beneficial for AD patients not carrying the APOE4 isoform (Lodeiro M et al.).

In a double-blind, multi-site, phase II study, 106 individuals with Alzheimer's disease were randomized to a nutraceutical formulation containing L-carnitine, or placebo for 3 or 6 months, followed by an open-label extension. The study found a nutraceutical formulation containing L-carnitine maintained or improved cognitive performance and mood/behavior with Dementia Rating Scale $p = 0.0266$ (Remington R et al.).

11.4 St. John's Wort

One of St. John's wort's phloroglucinol derivatives, hyperforin, has been shown to have cognitive enhancing and memory facilitating properties, particularly neuroprotective effects against Alzheimer's disease neuropathology, including the ability to disassemble amyloid-beta aggregates in vitro, decrease astrogliosis and microglia activation, as well as improve spatial memory in vivo (Griffith TN et al.). A German research published in 2014 found mice receiving St. John's Wort extract showed significant reductions of parenchymal beta-amyloid 1-40 and 1-42 accumulation, and increases in cerebrovascular P-glycoprotein expression (Brenn A et al.).

11.5 Glutamine

Glutamine was reported to reduce healing time after operations. Patients on supplementation regimens containing glutamine have improved nitrogen balances, generation of cysteinyl-leukotrienes from polymorphonuclear neutrophil granulocytes, and improved lymphocyte recovery and intestinal permeability (Morlion et al.). A randomized, double blind, placebo-controlled trial used an orally administered nutritional supplement, mainly containing glycine, glutamine and niacin, in 42 healthy subjects aged 40-76 years. The 3 week study concluded that an oral mixture of glycine, glutamine and niacin can enhance growth hormone secretion in healthy middle-aged and elderly subjects (Arwert LI et al.).

11.6 Dimethylaminoethanol (DMAE)

The effect of dimethylaminoethanol pyroglutamate in treating cognitive impairments was tested in rats and human. The results indicate that dimethylaminoethanol pyroglutamate reduces the deleterious effect of scopolamine on long-term memory in healthy volunteers and suggest that dimethylaminoethanol pyroglutamate might be effective in reducing memory deficits in people with cognitive impairment (Blin O et al.).

11.7 Bacopa Monniera

Collective data showed Bacopa's effect size for cognitive effect reached 0.95, comparing to 0.77 for a prescription agent of cognitive enhancing (Neale C et al.). A randomized, double-blind, placebo-controlled trial tested Bacopa monniera's effectiveness for improvement of memory performance in 98 healthy participants over 55 years of age. Neuropsychologic and subjective memory assessments were performed at baseline and at 12 weeks. The trial concluded that Bacopa significantly improved memory acquisition and retention in healthy older population (Morgan A and Stevens J). In another double-blind, placebo-controlled trial with 107 participants, the duration of Bacopa monniera treatment was 90 days. The treatment significantly improved performance on working memory, more specifically spatial working memory accuracy (Stough C et al.).

11.8 Vinpocetine

Vinpocetine's therapeutic effect on cognition was tested in a study involved 180 subjects suffered from impairment of cognitive functions, aged 56-74 years, with chronic blood flow deficiency in the vertebrobasilar territory. The study found the vinpocetine treatment improved cognitive function and the effect remained for more than 3 months (Skoromets AA et al.).

11.9 Huperzine-A.

A large number of clinical trials were conducted in the past decade on the anti-dementia effect by Huperzine-A. A meta-analysis of 20 randomized clinical trials, including 1823 participants, found that Huperzine A showed a significant

beneficial effect on the improvement of cognitive function as measured by Mini-Mental State Examination (MMSE) at 8 weeks, 12 weeks and 16 weeks, and by Hastgawa Dementia Scale (HDS) and Wechsler Memory Scale (WMS) at 8 weeks and 12 weeks. Activities of daily living favored Huperzine-A as measured by Activities of Daily Living Scale (ADL) at 6 weeks, 12 weeks and 16 weeks. No trial reported severe adverse events of Huperzine-A (Yang G et al.).

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13 How Supplied/Storage and Handling

13.1 Presentations

Each package bottle contains 30 capsules. Package bottle is intended to be distributed as a unit.

13.2 Storage: Store at 77°F (25°C); excursions permitted to 59°F to 86°F (15°C to 30°C).

14 Consumer Counseling Information

Information in this document, on the package bottle, and on our homepage Olimedics.com provide advice for consumers about the benefits and risks associated with consumption of OLIMEDICS Cognition Fortifying Formula. Please counsel these resource in OLIMEDICS Cognition Fortifying Formula's appropriate use. We advise consumers to read the Product Information before consumption of OLIMEDICS Cognition Fortifying Formula. The complete text of the latest revision of Product Information is available at Olimedics.com.

15 Complete List of Ingredients

Active ingredients: Ginkgo Biloba, Phosphatidylserine Complex, N-Acetyl-L Carnitine HCl, St. John's Wort, Glutamine (as L-glutamine hydrochloride), DMAE (Dimethylaminoethanol) Bitartrate, Bacopa Monniera, Vinpocetine, and Huperzine-A.

Inactive ingredients: Gelatin (bovine), vegetable magnesium stearate, microcrystalline cellulose and silicon dioxide.

ALLERGEN WARNING: CONTAINS SOY (LECITHIN).

* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

This document is approved and distributed by:

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