

Forté  
**Bone**<sup>™</sup>

Science-based, Targeted  
Nutritional Support for Healthy Bones



RECOVER / REVITALIZE

# bone product

## Getting the Essential Nutrients for Bone Health

Bones form the framework of our bodies, and healthy, strong bones are vital to our overall health and well-being, especially as we age. Osteoporosis, a condition which causes bones to become brittle, porous and have a low density, is a growing concern in the U.S. By 2020, an estimated 14 million Americans over the age of 50 will have osteoporosis and more than 47 million will have low bone mass.<sup>1</sup> Two million osteoporosis-related fractures occur each year, costing the nation roughly \$19 billion in healthcare and lost productivity.<sup>2</sup> By 2050, the worldwide incidence of hip fracture is projected to increase by 240 percent among women and 310 percent among men.<sup>3</sup>

A 10 percent loss of bone mass in the hip can result in a 2.5 times greater risk of hip fracture. Similarly, a 10 percent loss of bone mass in the spine can double the risk of vertebral fractures.<sup>4</sup> Numerous studies have reported increased risks of hip, spine and other fractures among people with previous clinically-diagnosed fractures, or who have radiographic evidence of vertebral fractures. A review of the literature reveals the strongest associations between prior and subsequent vertebral fractures—women with pre-existing vertebral fractures have approximately four times greater risk of subsequent vertebral fractures than those without prior fractures, and the risk increases with the number of prior vertebral fractures.<sup>4</sup> Prior fractures at other sites, including the hip and wrist, double the risk for future fracture at any site.

Thus, maintaining bone health and preventing osteoporosis are priorities for physicians and their patients. While many of the nutritional needs for optimum bone health can be met with proper food choices, the majority of Americans have insufficient intake of at least one key nutrient. Providing appropriate—but not excessive—supplementation can help individuals to achieve improved bone strength and density.

## Nutrients Needed for Healthy Bones

Bone—a living tissue comprised primarily of calcium and collagen—is constantly regenerating.<sup>5</sup> Calcium makes bone strong, and collagen makes it resilient. Significant bone development begins in infancy and continues into early adulthood. As 90 percent of peak bone mass is acquired by age 18 for girls and by age 20 for boys, it is important to make early, healthy choices to invest in bone health. By the age of 30, bones have reached their peak bone mass and thereafter, bones begin to lose both strength and density.<sup>6</sup>

1– U.S. Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, 2004.

2– Benjamin RM. Bone health: preventing osteoporosis. *Public Health Rep* 2010;125(3):368-370.

3– Gulberg B, Johnell O, Kanis JA. Worldwide projections for hip fracture. *Osteoporos Int* 1997;7:407.

4– Klotzbuecher CM, et al. Patients with prior fractures have an increased risk of future fractures: a summary of the literal and statistical synthesis. *J Bone Miner Res* 2000;15:271.

5– National Institute of Arthritis and Musculoskeletal and Skin Diseases. Health information: bone health overview. Available at [http://www.niams.nih.gov/Health\\_Info/Bone/Bone\\_Health/default.asp](http://www.niams.nih.gov/Health_Info/Bone/Bone_Health/default.asp).

6– National Institute of Arthritis and Musculoskeletal and Skin Diseases. Osteoporosis peak bone mass in women. Available at [http://www.niams.nih.gov/Health\\_info/bone/Osteoporosis/bone\\_mass.asp](http://www.niams.nih.gov/Health_info/bone/Osteoporosis/bone_mass.asp).

Figure 1. Key nutrients for bone health<sup>1,2,3,4</sup>

Nutrient	Recommended Dietary Allowance	Change in Secretion
Vitamin D	600-800 IU	150-300 IU
Calcium	1000-1200 mg	735 mg
Magnesium	320-420 mg	243 mg
Silicon	*40 mg for Bone Health	21 mg
Vitamin K	90-20 µmg	70-80 µmg
Boron	*3 mg for Bone Health	1 mg
Vitamin C	75-90 mg	103 mg
Copper	0.9 mg	1.1 mg
Zinc	8-11 mg	9.6 mg
Manganese	1.8-2.3 mg	2.8 mg

\*Recommended dietary allowance not established.

### Vitamin D and Calcium

Vitamin D and calcium are the cornerstones of long-term bone health. And yet, approximately 70 percent of children in the U.S. are deficient or insufficient in vitamin D, and there is a similar prevalence of vitamin D insufficiency among adults.<sup>5</sup> The average adult American diet only contains 150-300 IU of vitamin D per day, less than half of the recommended dietary allowance of 600-800 IU. According to a 2005 meta-analysis published in the *Journal of the American Medical Association*, vitamin D supplementation in the range of 700-800 IU/day decreased the risk of fractures, but doses of 400 IU/day were not as effective, suggesting that there is a minimum threshold for efficacy. Dietary supplementation with calcium and vitamin D is recommended for post-menopausal women to decrease the risk of fracture.<sup>6</sup> As an added benefit, current research suggests that supplemental vitamin D is independently associated with decreases in mortality.<sup>7,8,9</sup> Therefore, supplementation with 400-1,000 IU/day of vitamin D is reasonable for the majority of healthy people.<sup>10</sup>

Likewise, calcium intake is also insufficient among most age groups in the U.S. The recommended dietary allowance of calcium is 1,200 mg/day, but the majority of women over the age of 40 consume less than 600 mg/day.<sup>11</sup> Average dietary calcium intake falls below the recommended amount for 60-70 percent of adolescent girls and for 70 percent of post-menopausal women.<sup>12</sup>

1- Ervin RB, et al. Dietary intake of selected minerals for the United States population: 1999-2000. Advanced data from vital health statistics; no. 341. Hyattsville, Maryland: National Center for Health Statistics, 2004.

2- Ervin T, et al. Dietary intake of selected minerals for the United States population: 1999-2000. Advanced data from vital health statistics; no. 399. Hyattsville, Maryland: National Center for Health Statistics, 2004.

3- National Academy of Sciences. A Report of the Panel on Micronutrients. Dietary reference intakes for vitamin A, vitamin K, arsenic, boron, chromium, copper, iodine, iron, manganese, molybdenum, nickel, silicon, vanadium and zinc. Washington DC: National Academy Press 2001.

4- Jugdaosingh R, et al. Dietary silicon intake is positively associated with bone mineral density in men and premenopausal women of the Framingham offspring cohort. *J Bone Miner Res* 2004;19(2):297-307.

5- Kumar J, et al. Prevalence and associations of 20-hydroxyvitamin D deficiency in US children: NHANES 2001-2004. *Pediatrics* 2009;124:e362-370.

6- Gehrig L, Lane J, O'Connor MI. Osteoporosis: management and treatment strategies for orthopedic surgeons. *J Bone Joint Surg Am* 2008;90A:1362-1374.

7- Heany R. The vitamin D requirement in health and disease. *J Steroid Biochem Mol Biol* 2005;97:13-19.

8- Holick M, et al. Evaluation, treatment and prevention of vitamin D deficiency: an endocrine society clinical practice guideline. *J Clin Endocrinol Metab* 2011;96(7):1911-1930.

9- Bordelon P, Ghetu MV, Langan R. Recognition and management of vitamin D deficiency.

10- Price CT, Langford JR, Liporace FA. Essential nutrients for bone health and a review of their availability in the average North American diet. *The Open Orthopaedics Journal* 2012;6:143-149.

11- National Institutes of Health, Office of Dietary Supplements. Calcium: Dietary supplement fact sheet for health professionals, Washington DC. Available at <https://ods.od.nih.gov/factsheets/Calcium-HealthProfessional/>.

12- Bailey R, et al. Estimation of total usual calcium and vitamin D intakes in the United States. *J Nutr* 2010;140:817-822.

Low calcium intake is linked to an increased risk of hip fracture, but studies have shown that increasing intake above 750 mg/day does not correlate with a progressively lower risk of hip fracture.<sup>1,2,3</sup> However, additional health benefits may be associated with slightly higher levels of calcium intake. Therefore, a supplementary 400-800 mg/day dose of calcium may be appropriate for achieving the 1,200 mg/day recommended by the National Institutes of Health, without providing excessive amounts that increase the risk of kidney stones or myocardial infarction.<sup>4</sup>

### Lesser Known Key Nutrients

While vitamin D and calcium are the first nutrients most people associate with bone health, several other vitamins and minerals are independently associated with improved bone strength, including:

- **Magnesium**—Magnesium is increasingly recognized as an important contributor to bone health.<sup>5</sup> Studies of women with osteoporosis demonstrated a significant increase in bone mineral density among women supplemented with 250 milligrams of magnesium per day compared to non-supplemented controls.<sup>6</sup> The recommended dietary allowance for magnesium is 320-420 milligrams per day, but more than half of the U.S. population has insufficient magnesium consumption at less than 245 milligrams per day. Consequently, modest supplementation of magnesium is reasonable for supporting bone health.<sup>7</sup>
- **Silicon**—Silicon plays a role in the initiation of the bone mineralization process and its deficiency is associated with poor skeletal development.<sup>8,9</sup> Epidemiological studies indicate that dietary silicon intake of more than 40 mg/day correlates with increased bone mineral density. However, average dietary intake of silicon is 20-30 mg/day, and post-menopausal women average only 18 mg/day.<sup>10,11</sup> Thus, silicon supplementation may benefit bone health for the majority of Americans.
- **Vitamin K**—Vitamin K insufficiency is associated with osteopenia, increased fracture risk and undercarboxylation of osteocalcin, a non-collagenous protein found in bone.<sup>9</sup> Vitamin K supplementation has been shown to reduce bone turnover and improve bone strength.<sup>12</sup> It has also been linked to decreased fracture rates, although lower fracture rates were not accompanied by increased bone mineral density, suggesting that vitamin K improves bone properties that increase bone strength without increasing mineral content.<sup>13,14</sup> While optimum daily intake of vitamin K is 90 µgm per day for women and 120 µgm per day for men, larger amounts may be needed for complete carboxylation of osteocalcin. According to the Third National Health and Nutrition Examination Survey, approximately half of the women and men in the U.S. have insufficient vitamin K intake and 25 percent of the population consumes less than 60 µgm per day.

1- Munger R, Cerhan JR, Bhu BC-H. Prospective study of dietary protein intake and risk of hip fracture in post-menopausal women. *Am J Clin Nutr* 1999;69:147-152.

2- Bischoff-Ferrari H, et al. Calcium intake and hip fracture risk in men and women: a meta-analysis of prospective cohort studies and randomized controlled trials. *Am J Clin Nutr* 2007;86:1780-1790.

3- Warensjo E, et al. Dietary calcium intake and risk of fracture and osteoporosis: prospective longitudinal cohort study. *Br Med J* 2011;342:d1473.

4- Celotti F, Bignamini A. Dietary calcium and mineral/vitamin supplementation: a controversial problem. *J Int Med Res* 1999;27(1):1-14.

5- Vormann J. Magnesium: nutrition and metabolism. *Mol Aspects Med* 2003;24(1-3):27-37.

6- Stendig-Lindberg G, Tepper R, Leichter I. Trabecular bone density in a two year controlled trial of peroral magnesium in osteoporosis. *Magnes Res* 1993;6(2):155-163.

7- Vormann J. Magnesium: nutrition and metabolism. *Mol Aspects Med* 2003;24(1- 3):27- 37.

8- Carlisle EM. Silicon; a requirement in bone formation independent of vitamin D1. *Calcif Tissue Int* 1981;33:27-34.

9- Nielsen F, Sandstead HH. Are nickel, vanadium, silicon, fluorine and tin essential for man? A review. *Am J Clin Nutr* 1974;27(5):515-520.

10- National Academy of Sciences. A Report of the Panel on Micronutrients. Dietary reference intakes for vitamin A, vitamin K, arsenic, boron, chromium, copper, iodine, iron, manganese, molybdenum, nickel, silicon, vanadium and zinc. Washington DC: National Academy Press 2001.

11- Jugdaosingh R, et al. Dietary silicon intake is positively associated with bone mineral density in men and premenopausal women of the Framingham offspring cohort. *J Bone Miner Res* 2004;19(2):297- 307.

12- Bügel S. Vitamin and bone health in adult humans. In: Litwack G, Ed. *Vitamins and Hormones: Vitamin K*. London: Elsevier 2008; pp 393-416.

13- Feskanich D, et al. Vitamin K intake and hip fractures in women: a prospective study. *Am J Clin Nutr* 1999;69:74-79.

14- Iwamoto J, Takeda T, Sato Y. Menatretinone (vitamin K2) and bone quality in the treatment of postmenopausal osteoporosis. *Nutr Rev* 2006;64(12):509-517.

- Boron—While its precise mechanism of action for bone health has not been delineated, boron stabilizes and extends the half-life of vitamin D and estrogen.<sup>1,2</sup> In postmenopausal women, supplementation with 3 milligrams of boron per day has also demonstrated improved renal calcium and magnesium retention. The recommended dietary allowance has not been established, but no toxicity has been identified and supplementation with one to three milligrams of boron per day is reasonable.

Many physicians are unaware of these lesser known insufficiencies of magnesium, silicon, vitamin K and boron in the diet, but there is increasing recognition of their importance to bone health and the benefits of appropriate supplementation.

### **Other Important Nutritional Factors**

Vitamin C and the semi-essential amino acid L-Arginine also have beneficial effects on bone health, and have been associated with increased bone mineral density and improved bone strength when provided in physiological amounts.<sup>3,4,5</sup> Both vitamin C and L-Arginine contribute to bone formation and remodelling, as well as increased calcium absorption and retention. In addition, vitamin C is essential for collagen formation and fracture healing.

Zinc and copper also play key roles in bone health. In the context of fracture, zinc aids in callus formation and enhances production of bone protein.<sup>6</sup> Copper is needed for the formation of collagen.<sup>7</sup> However, care must be taken with supplementation of these two nutrients as over-consumption may be harmful.

The recommended daily allowance of zinc is 8 mg/day for women and 11 mg/day for men, and the tolerable upper limit recommended by that National Institutes of Health is 40 mg/day. After the age of 60, approximately 35 to 45 percent of Americans have inadequate dietary zinc intake. Supplementation with zinc should be less than 20 milligrams per day, unless the person is malnourished or a vegetarian, but many popular multi-vitamins provide more than 30 milligrams of zinc per day.

For copper, the recommended dietary allowance is 0.9 milligrams per day. Copper is widely available in the typical American diet, so dietary copper insufficiency is rare. The average American consumes 1.1 to 1.4 milligrams of copper per day, and the National Academy of Sciences recommends that daily copper intake should be less than 10 mg/day, so it is important to not over-supplement.

---

1– Volpe S, Taper LJ, Meacham S. The relationship between boron and magnesium status and bone mineral density in the human: a review. *Magnes Res* 1993;6(3):291-296.

2– Newnham R. Essentiality of boron for healthy bones and joints. *Environ Health Perspect* 1994;102S(S7):83S-95S.

3– Hall S, Greendale GA. The relation of dietary vitamin C intake to bone mineral density: results from the PEPI study. *Calcif Tissue Int* 1998;63(3):183-189.

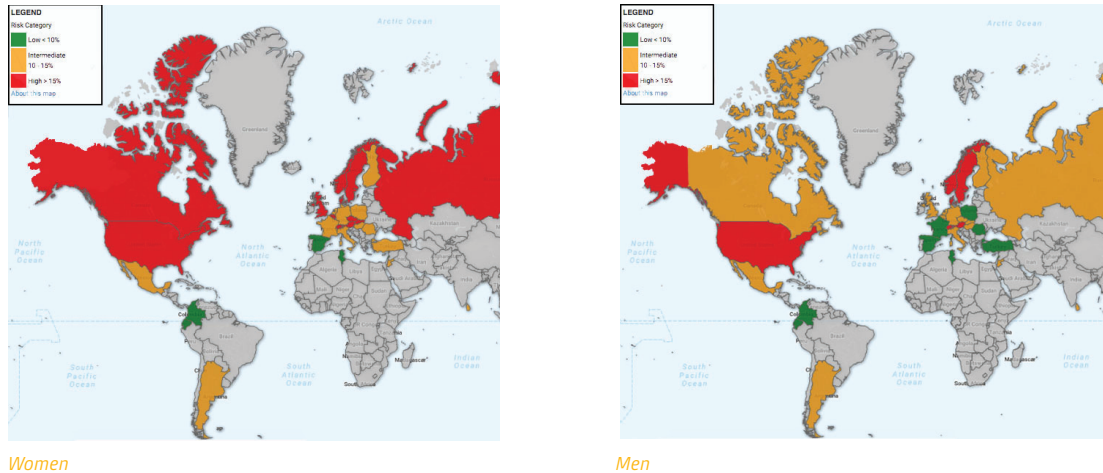
4– McCarty M. Supplemental arginine and high-dose folate may promote bone health by supporting the activity of endothelial-type nitric oxide synthase in bone. *Med Hypotheses* 2005;64(5):1030-1033.

5– Leveille S, et al. Dietary vitamin C and bone mineral density in postmenopausal women in Washington State, USA. *J Epidemiol Community Health* 1997;51(5):479-485.

6– Igarashi A, Yamaguchi M. Great increase in kDa protein and osteocalcin at later stages with healing rat fractures: effect of zinc treatment. *Int J Mol Med* 2003;11(2):223-228.

7– Simsek A, et al. Is there a correlation between severity of trauma and serum trace element levels? *Acta Orthop Traumatol Turc* 2006;40(2):140-143.

Figure 2. Fracture risk map—ten-year probability of a major osteoporotic fracture for a 65-year-old with a priority fragile fracture<sup>1</sup>



About this map: Developed by J.A. Kanis et al. on behalf of International Osteoporosis Foundation (IOF) Epidemiology/Quality of Life Working Group. "A systematic review of hip fracture incidence and probability of fracture worldwide." Osteoporosis International 2012.

## Osteoporosis: Global Impact and Risk Reduction

Worldwide, osteoporosis causes more than 8.9 million fractures each year, resulting in an osteoporotic fracture every three seconds.<sup>2</sup> One in three women over the age of 50 and one in five men over the age of 50 will experience an osteoporotic fracture. While osteoporosis is present within all demographics, older adults, Caucasian and Asian women, post-menopausal women, people with a low body weight, and those with low calcium intake are particularly vulnerable to osteoporosis. In the U.S., osteoporosis-related hip fractures account for 300,000 hospitalizations each year and one in five people with a hip fracture ends up in a nursing home within a year.<sup>3</sup> Alarming, nearly 25 percent of hip fracture patients aged 50 years and older die in the year following their fracture. In fact, after the age of 50, a woman's risk of dying from hip fracture is equal to her lifetime risk of dying from breast cancer.<sup>4,5</sup>

The risk for osteoporosis can often be reduced or eliminated by following healthy lifestyle guidelines and providing the body with the essential nutrients for bone health. The primary determinants of bone health—namely, nutrition, physical activity, weight, smoking cessation, avoidance of heavy alcohol consumption, and fall prevention—are largely modifiable and greatly affect one's risk for osteoporosis and fractures.<sup>6</sup>

Healthy weight maintenance and daily physical activity, including strength training, are vital to bone health. Research has demonstrated that bone mineral density can be improved with only 20 minutes of modest impact activity, resistance training, or vibration therapy three times a week.<sup>4,7</sup> Exercise also has the benefit of decreasing fall risk by improving muscle tone, balance, and coordination.<sup>8</sup> Although it is ideal to prevent osteoporosis through behavioral changes, nutritional supplementation can help to decrease or avert damage.

1– International Osteoporosis Foundation. Fracture Risk Map. Available at <http://www.iofbonehealth.org/facts-and-statistics/fracx-map>.

2– Johnell O, Kanis J. An estimate of the worldwide prevalence and disability associated with osteoporotic fractures. *Osteoporos Int* 2006;17:1726.

3– U.S. Department of Health and Human Services. The 2004 Surgeon General's Report on bone health and osteoporosis: what it means to you. Washington: HHS, Office of the Surgeon General; 2004.

4– Chan K, Anderson M, Lau EMC. Exercise interventions: defusing the world's osteoporosis time bomb. *Bull World Health Organ* 2003;81(11):827-830.

5– Faucett S, et al. Is prophylactic fixation a cost-efficient method to prevent a future contralateral fragility hip fracture? *J Orthop Trauma* 2010;24(2):65-74.

6– U.S. Department of Health and Human Services. The 2004 Surgeon General's Report on bone health and osteoporosis: what it means to you. Washington: HHS, Office of the Surgeon General; 2004.

7– Merriman H, Jackson K. The effects of whole-body vibration training in aging adults: a systematic review. *J Geriatr Phys Ther* 2009;32:134-145.

8– de Kam D, et al. Exercise interventions to reduce fall-related fractures and their risk factor in individuals with low bone density: a systematic review of randomized controlled trials. *Osteoporos Int* 2009;20(12):2011-2025.



## Providing the Right Nutrients in the Right Doses

Many of the nutritional needs for bone health can be met with proper food choices, but experts recommend regular exercise and supplementation for calcium, vitamin D, magnesium, silicon, and boron, based on the average American diet.<sup>1</sup> For vegetarians and older individuals, modest amounts of zinc supplementation may also be appropriate.

The Forté Elements Bone supplement provides ample, but not excessive, amounts of the nutrients needed for bone health, while also taking into account the relative deficiency or abundance of these nutritional factors in the typical American diet. Some supplements may inadvertently contain too much of certain minerals because they do not take into account normal dietary intake of those minerals. For example, magnesium is important for bone health and daily intake is usually sufficient in the average American diet, so the National Institutes of Health recommends against more than 350 milligrams of supplemental magnesium on a regular basis.<sup>2</sup> The Forté Elements Bone supplement contains only 100 milligrams of magnesium, as most healthy individuals are able to meet their minimum magnesium needs through diet alone

### Forté Elements Bone Supplement

Unlike over-the-counter supplements, the Forté Elements Bone supplement is a Mediceutical— nutritional support system formulated by physicians and supported by evidence-based research. Mediceuticals are condition-specific combinations of vitamins, minerals, amino acids, and other nutrients that address the unique nutritional needs of common health concerns and clinical conditions. To ensure that each nutritional support system meets strict guidelines for quality and safety, Forté Elements has developed Mediceutical criteria. In order to qualify as a Mediceutical, a supplement must:

1. Be formulated to support a specific health condition or situation
2. Contain only non-synthetic, pharmaceutical-grade ingredients that are Generally Recognized as Safe (GRAS)
3. Contain elements that have been validated by clinical research for the specific health condition or situation, as published in peer reviewed journals
4. Conform to pharmaceutical-grade dosage standards for the specific health condition or situation
5. Be produced in FDA-compliant manufacturing facilities using pharmaceutical-grade manufacturing practices
6. Product has a Certificate of Analysis available confirming that product ingredients meet the Mediceutical standard and are as listed on the product label

All Forté Elements Mediceutical supplements conform to the above criteria, ensuring that the right nutrients are provided at the right doses for the right clinical conditions.

1- Price CT, Langford JR, Liporace FA. Essential nutrients for bone health and a review of their availability in the average North American diet. The Open Orthopaedics Journal 2012;6:143- 149.

2- National Institutes of Health, Office of Dietary Supplements. Zinc: Dietary supplement fact sheet.

## Supplement Facts

Serving Size 1 Pack (5 Tablets)  
Servings Per Container 60

Amount Per Serving	% Daily Value*
<b>Vitamin A</b> (Beta-Carotene and Acetate) 1750 IU	35%
<b>Vitamin C</b> (Calcium Ascorbate) 500mg	833%
<b>Vitamin D</b> (Cholecalciferol) 1000 IU	250%
<b>Vitamin E</b> (d-Alpha Tocopheryl) 25 IU	83%
<b>Vitamin K</b> (Fat Soluble) 50mcg	63%
<b>Vitamin B1</b> (Thiamin) 50mg	3333%
<b>Vitamin B2</b> (Riboflavin) 5mg	294%
<b>Vitamin B3</b> (Niacin) 10mg	50%
<b>Vitamin B6</b> (Pyridoxine) 5mg	250%
<b>Folic Acid</b> 200mcg	50%
<b>Vitamin B12</b> (Cyanocobalamin) 50mcg	833%
<b>Biotin</b> 40mcg	13%
<b>Pantothenic Acid</b> 10mg	100%
<b>Calcium</b> (Carbonate, Phosphate & Ascorbate) 750mg	75%
<b>Iron</b> (Fumarate) 9mg	50%
<b>Phosphorus</b> (Calcium Phosphate) 450mg	45%
<b>Iodine</b> 75mcg	50%
<b>Magnesium</b> (Oxide) 100mg	25%
<b>Zinc</b> (Sulfate) 12.5mg	83%
<b>Selenium</b> 35mcg	50%
<b>Copper</b> (Sulfate) 1mg	50%
<b>Manganese</b> (Sulfate) 2.5mg	125%
<b>Chromium</b> (Polynicotinate) 25mcg	21%
<b>Potassium</b> (Potassium Chloride) 40mg	1%

**Proprietary Blend** 1225mg \*\*  
Strontium Citrate, L-Lysine, Silicon, and Boron.

\*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.  
\*\*Daily Value not established.

**OTHER INGREDIENTS:** DEXTROSE, VEGETABLE LUBRICANTS, MAGNESIUM STEARATE AND SILICA. **CONTAINS FISH.**

**WARNING:** ACCIDENTAL OVERDOSE OF IRON-CONTAINING PRODUCTS IS A LEADING CAUSE OF FATAL POISONING IN CHILDREN UNDER 6. KEEP THIS PRODUCT OUT OF REACH OF CHILDREN. IN CASE OF ACCIDENTAL OVERDOSE, CALL A DOCTOR OR POISON CONTROL CENTER IMMEDIATELY.

## Supplement Facts

Serving Size 1 Softgel  
Servings Per Container 60

Amount Per Serving	% Daily Value*
<b>Calories</b> 10	<1%
Calories from Fat 10	
<b>Total Fat</b> 1g	<2%
Polyunsaturated Fat 0.5g	**
<b>Vitamin E</b> 1.1 IU	4%
(d-Alpha Tocopherol plus d-Alpha, d-Beta, d-Gamma, & d-Delta)	
<b>Fish Oil</b> 1,000mg	**
EPA (Eicosapentaenoic Acid) 180mg	**
DHA (Docosahexaenoic Acid) 120mg	**

\*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.  
\*\*Daily Value not established.

**OTHER INGREDIENTS:** GELATIN AND GLYCERIN

**THIS STATEMENT HAS NOT BEEN EVALUATED BY THE FDA. THIS PRODUCT IS NOT INTENDED TO DIAGNOSE, TREAT, CURE, OR PREVENT ANY DISEASE**



**Purchase Forté Bone Here >**





*Prepare*



*Recover*



*Revitalize*

A fusion of science and practical medical experience unlike anything that has come before.



Forté Elements  
Toll Free: (855) 872-6405 | 522 South 100 West | Provo, Utah 84601

[www.ForteElements.com](http://www.ForteElements.com)