

Monthly Tapering Calendar: 10-15% of dose every month

Medication: _____

























































Current dose: _____

We recommend that you follow this schedule under the supervision of your health care provider.

EXPLANATIONS:

 Full dose: _____
  Half dose: _____

 Quarter dose: _____
  No dose.

Month:	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1: _____								
2: _____								
3: _____								
4: _____								
5: _____								
6: _____								
7: _____								
8: _____								
9: _____	