

Weekly Tapering Calendar: 10-15% of dose every week

Medication: _____

Current dose: _____

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

EXPLANATIONS:



Week: _____

TAPERING SCHEDULE



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

