

# TAPERING-OFF PROGRAM

We recommend that you follow this schedule under the supervision of your doctor or your pharmacist.

WEEKS	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1 and 2								
3 and 4								
5 and 6								
7 and 8								
9 and 10								
11 and 12								
13 and 14								
15 and 16								
17 and 18								

## EXPLANATIONS

Full dose
 Half dose
 Quarter of a dose
 No dose