

PREDNISONE 60MG WEAN DOSAGE CALENDAR

Please complete the table by marking the box that corresponds to each dose given. Note the time each dose was given.

DAY	TOTAL DOSAGE	BREAKFAST DOSE	TIME	LUNCH TIME DOSE	TIME
DAY 1	60mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 3 tablets	_____AM / PM
DAY 2	60mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 3 tablets	_____AM / PM
DAY 3	60mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 3 tablets	_____AM / PM
DAY 4	60mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 3 tablets	_____AM / PM
DAY 5	50mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 6	50mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 7	50mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 8	50mg (4 tablets)	<input type="checkbox"/> 3 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 9	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 10	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 11	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 12	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 13	30mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablets	_____AM / PM
DAY 14	30mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablets	_____AM / PM
DAY 15	30mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablets	_____AM / PM
DAY 16	30mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablets	_____AM / PM



Marc A. Darst MD, FAAD

11301 Golf Links Drive North Suite 203 Charlotte NC 28277 T: 704.321.DERM (3376) F: 704.541.6588

www.darstderm.com

DAY 17	20mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 18	20mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 19	20mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 20	20mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 21	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 22	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 23	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 24	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 25	PREDNISONE WEAN THERAPY COMPLETED.				



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