

PREDNISONE 40MG 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	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 2	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 3	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 4	40mg (4 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 2 tablets	_____AM / PM
DAY 5	30mg (3 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 6	30mg (3 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 7	30mg (3 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 8	30mg (3 tablets)	<input type="checkbox"/> 2 tablets	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 9	20mg (2 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 10	20mg (2 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 11	20mg (2 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 12	20mg (2 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 1 tablet	_____AM / PM
DAY 13	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 14	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 15	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 16	10mg (1 tablets)	<input type="checkbox"/> 1 tablet	_____AM	<input type="checkbox"/> 0 tablet	_____AM / PM
DAY 17	PREDNISONE WEAN THERAPY COMPLETED.				



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