



\* Important Note: This schedule requires monitoring by a physician. If any untoward effects, return to the prior level and wait until next visit. Go to Emergency Room or Urgent Care center if any symptoms are serious.

Week	Visit	Change	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Pills/ wk	Reduction compared w original	c/w prior wk	Note on back
0		Start	1	1	1	1	1	1	1	7.0	0%	0%	
1		Yes	1	1	1	1	1	1/2	1	6.5	7%	7%	
2		Yes	1	1	1	1/2	1	1/2	1	6.0	15%	8%	
3		Yes	1/2	1	1	1/2	1	1/2	1	5.5	21%	8%	
4		Yes	1/2	1	1/2	1/2	1	1/2	1	5.0	28%	9%	
5		Yes	1/2	1	1/2	1/2	1/2	1/2	1	4.5	35%	10%	
6		No	1/2	1	1/2	1/2	1/2	1/2	1	4.5	35%	0%	
7		Yes	1/2	1/2	1/2	1/2	1/2	1/2	1	4.0	42%	11%	
8		No	1/2	1/2	1/2	1/2	1/2	1/2	1	4.0	42%	0%	
9		Yes	1/2	1/2	1/2	1/2	1/2	1/2	1/2	3.5	50%	11%	
10		No	1/2	1/2	1/2	1/2	1/2	1/2	1/2	3.5	50%	0%	
11		Yes	1/2	1/2	1/2	1/2	1/2	0	1/2	3.0	57%	14%	
12		No	1/2	1/2	1/2	1/2	1/2	0	1/2	3.0	57%	0%	
13		Yes	1/2	1/2	1/2	0	1/2	0	1/2	2.5	64%	17%	
14		No	1/2	1/2	1/2	0	1/2	0	1/2	2.5	64%	0%	
15		Yes	1/2	0	1/2	0	1/2	0	1/2	2.0	71%	20%	
16		No	1/2	0	1/2	0	1/2	0	1/2	2.0	71%	0%	
17		Yes	1/2	0	1/2	0	0	0	1/2	1.5	79%	25%	
18		No	1/2	0	1/2	0	0	0	1/2	1.5	79%	0	
19		Yes	0	0	1/2	0	0	0	1/2	1.0	86%	33%	
20		No	0	0	1/2	0	0	0	1/2	1.0	86%	0	
21		Yes	0	0	0	0	0	0	1/2	0.5	93%	50%	
22		No	0	0	0	0	0	0	1/2	0.5	93%	0	
23		Yes	0	0	0	0	0	0	0	0	100%	100%	