

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Medication: [Medication Name]

Dear [Patient Name],

This letter outlines the structured tapering plan for your medication, [Medication Name]. The goal of this plan is to gradually reduce your dose to improve your long-term health and safety while minimizing withdrawal symptoms.

Tapering Schedule:

- **Phase 1:** [Dose] [Frequency] for [Number] days/weeks.
- **Phase 2:** [Dose] [Frequency] for [Number] days/weeks.
- **Phase 3:** [Dose] [Frequency] for [Number] days/weeks.
- **Final Stop Date:** [Date]

Important Instructions:

- Do not take more than the prescribed dose.
- Do not stop the medication abruptly, as this may cause serious side effects.
- Contact the office immediately if you experience severe withdrawal symptoms such as extreme anxiety, tremors, or rapid heart rate.

We will monitor your progress during your next appointment on [Date/Time]. If you have questions regarding this schedule, please contact our office.

Sincerely,

[Provider Name]
[Provider Title]