

5 Day Weaning Sheet

Name: _____ Tattoo: _____ Location/Status: _____

Weaning From: _____ Weaning To: _____

Date	/	/	/	/	/
A.M.	$\frac{1}{4}$	$\frac{1}{3}$	$\frac{1}{2}$	$\frac{2}{3}$	$\frac{3}{4}$
	$\frac{3}{4}$	$\frac{2}{3}$	$\frac{1}{2}$	$\frac{1}{3}$	$\frac{1}{4}$
P.M.	$\frac{1}{4}$	$\frac{1}{3}$	$\frac{1}{2}$	$\frac{2}{3}$	$\frac{3}{4}$
	$\frac{3}{4}$	$\frac{2}{3}$	$\frac{1}{2}$	$\frac{1}{3}$	$\frac{1}{4}$

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P.M.	$\frac{1}{4}$	$\frac{1}{3}$	$\frac{1}{2}$	$\frac{2}{3}$	$\frac{3}{4}$
	$\frac{3}{4}$	$\frac{2}{3}$	$\frac{1}{2}$	$\frac{1}{3}$	$\frac{1}{4}$