WD FIX

SR17018

CUSTOMER USE MANUAL

Each tablet contains 50mg SR17018. This guide gives you a clear plan: start carefully, wait long enough to judge the dose, find the amount that keeps you stable, then taper down.

- 3ct blister = 3 tablets
- 8ct blister = 8 tablets
- Take with food + water
- Wait 2 hours before adding more

READ THIS BEFORE YOUR FIRST DOSE

The 5 rules that matter

1 Take WD FIX with food.
A small meal or snack is enough. Keep water or electrolytes nearby.

2 Wait at least 2 hours.
Do not keep taking tablets every 20-30 minutes. Let the dose fully show itself before adding more.

3 Aim for stable, not sedated.
Stable means symptoms are manageable, you can drink fluids, think clearly, and function. It does not mean you feel perfect.

4 Use the smallest amount that works.
Once you find the amount that holds you, do not chase extra comfort.

5 Taper after you stabilize.
First find your stable rhythm. Then reduce gradually by using fewer tablets and longer time gaps.

Do not mix. Do not combine WD FIX with alcohol, sedatives, benzodiazepines, opioids, kratom, 7-OH, or other intoxicants. If you take prescribed medication, ask a healthcare professional before changing anything.

WHAT THE PLAN IS TRYING TO DO

Simple goal: calibrate - maintain - taper

1
Calibrate
During the first 24-48 hours, find the lowest amount that keeps you stable.

2
Maintain
Repeat that amount on a steady schedule long enough to stop guessing.

3
Taper
Once stable, slowly reduce. The direction is fewer tablets and longer gaps.

STEP-BY-STEP PROTOCOL

Day 0 through Day 10+

0

Day 0 - Prepare

Goal: make tomorrow easier. Do not start exhausted, dehydrated, hungry, or disorganized.

- ✔ Pick a start time.
- ✔ Have food, water, and electrolytes ready.
- ✔ Keep your schedule as light as possible.
- ✔ If you are on prescribed medication, do not change it without your prescriber.

1

Day 1 - Calibrate

Take your first dose with food. Choose the starting point that best matches your situation:

Low discomfort: 1 tablet | **Moderate discomfort: 2 tablets** | **High discomfort: 3 tablets**

Wait about **2 hours**. If you are stable or improving, do not take more yet. If symptoms are still hard to manage, add **1 tablet**, then wait again. Higher-discomfort customers may need **1-2 tablets** at a time after the waiting period.

The goal of Day 1 is not to be perfect. The goal is to find what keeps you steady.

2

Day 2 - Find your rhythm

Look back at Day 1. How many tablets held you for a 6-8 hour block? That becomes your starting maintenance rhythm.

Common timing: every 6-8 hours | **Some people stretch to 12 hours**

If symptoms return early, your interval may be too long. If you feel too heavy, take less next time and wait longer.

3

Days 3-5 - Maintain and simplify

Stay with the amount and timing that works. Do not keep changing everything. Once you are stable for a full day, you can begin tapering down.

- ✔ Same basic timing.
- ✔ Smallest useful amount.
- ✔ Food, fluids, and rest.
- ✔ No mixing with other substances.

10

Days 6-10+ - Taper down

Begin reducing. Use one lever at a time: take fewer tablets, wait longer between doses, or remove one dose from the day.

A simple taper is to reduce by about **1/2 to 1 tablet per day** when comfortable. If that feels too fast, hold the same amount for another day, then continue.

TABLET MATH

How to choose a starting amount

Each tablet = 50mg

AMOUNT	SR17018	BEST USE
1 tablet	50mg	Cautious start, low discomfort, or taper step
2 tablets	100mg	Standard start for moderate discomfort
3 tablets	150mg	High-discomfort starting point
8ct blister	400mg total	More complete Day 1 / Day 2 support

Do not exceed package directions or professional medical advice. If you feel like you need escalating amounts to stay safe, get help rather than continuing alone.

How to judge a dose

Use a simple 1-10 score:

SCORE	MEANING	ACTION
1-3	Stable / manageable	Do not add more yet.
4-6	Uncomfortable but manageable	Hydrate, eat, wait, reassess.
7-10	Hard to manage	If 2 hours have passed, add 1 tablet and reassess. Seek medical help if severe.

PACK GUIDANCE

3ct vs 8ct

3ct blister

Total: 3 tablets / 150mg SR17018.

- Best for a cautious start or lower-discomfort customer.
- Simple path: take 1 tablet, wait 2 hours, add 1 if needed, save 1 for later.
- If the full 3ct blister is not enough to get stable, do not keep guessing - move to a more complete plan or get guidance.

8ct blister

Total: 8 tablets / 400mg SR17018.

- Best when you want enough tablets for Day 1 and early Day 2 flexibility.
- Standard path: start with 2 tablets, wait 2 hours, add 1 if needed, then use 1 tablet only when symptoms return.
- Higher-discomfort path: start with 3 tablets, wait 2 hours, then add 1-2 if still unstable.

TAPERING CLEARLY

How to reduce without making it harder

Use one lever at a time

- ✔ **Fewer tablets:** reduce by 1/2 to 1 tablet when comfortable.
- ✔ **Longer gaps:** stretch from 6 hours to 8 hours, then longer.
- ✔ **Fewer daily doses:** remove the easiest dose first.

Do not rush to zero

If you feel good, that is the time to taper gradually - not abruptly stop. If symptoms spike, pause the taper, hold the same amount for another day, then continue.

Good taper sign: each day is a little less, not dramatically harder.

WHAT TO EXPECT

Timing and feel

First 30-60 minutes

Some people begin noticing improvement here. Do not judge the full dose yet.

Around 2 hours

This is the better checkpoint. Decide here whether you need more.

6-12 hour window

Duration varies. Many people plan around 6-8 hours at first, then stretch longer as they stabilize.

TROUBLESHOOTING

If this happens, do this

SITUATION	WHAT IT USUALLY MEANS	WHAT TO DO
Still uncomfortable after first dose	The starting amount may be low, or you judged too early.	Wait the full 2 hours. If still unstable, add 1 tablet and reassess.
Feel too heavy or sedated	You may have taken more than you needed.	Do not add more. Wait longer before the next dose and use less next time.
Nausea or stomach issues	Food, hydration, and stress may be contributing.	Take with food, sip fluids, use electrolytes, and avoid large greasy meals.
Symptoms return before 6 hours	Your dose may not be holding long enough yet.	Reassess. If needed, use the smallest amount that returns you to stable.
Feeling good by Day 3	Progress is happening.	Start tapering gradually. Do not abruptly stop if you are still early in the window.

FAQ

Clear answers

Can I use WD FIX with alcohol?

No. Avoid alcohol and sedatives. Mixing can increase risk and make symptoms harder to understand.

Can I use it with opioids, kratom, or 7-OH?

Do not casually combine them. Mixing makes the reset harder to manage and can increase risk. If you are dependent or prescribed medication, use medical guidance.

Can it make me high?

That is not the goal of WD FIX. The goal is steadiness and function, not intoxication or sedation.

What if I miss a dose?

Do not double up automatically. Check how you feel. If stable, keep spacing. If uncomfortable, take the smallest amount needed and wait before adding more.

Should I write doses down?

Yes. Use your phone notes. Write the time, number of tablets, whether you ate, and your 1-10 symptom score.

When do I stop?

Stop when you are comfortable at zero. If you still need support, taper more slowly instead of forcing it.

SAFETY

When WD FIX is not enough

Get urgent help for trouble breathing, chest pain, fainting, seizures, confusion, hallucinations, severe dehydration, nonstop vomiting, suicidal thoughts, or feeling unsafe.

Do not attempt high-risk withdrawal alone. Alcohol, benzodiazepines, barbiturates, heavy opioid use, multiple substances, pregnancy, serious medical conditions, or complex prescriptions require medical guidance.

Overdose risk after a reset

Tolerance can drop quickly. Returning to an old opioid amount can be dangerous. If opioids may be involved, keep naloxone nearby and do not use alone.

Support resources

SAMHSA National Helpline: 1-800-662-HELP (4357)
988 Lifeline: Call or text 988
Emergency: 911

MEDICAL SAFETY NOTES

Why these warnings are here

- CDC naloxone guidance: naloxone can reverse opioid overdose and is an important safety tool.
- SAMHSA National Helpline: 24/7 confidential referral and information support for substance use and mental health.
- FDA information on medications for opioid use disorder: FDA-approved treatments include buprenorphine, methadone, and naltrexone.
- MedlinePlus on delirium tremens: severe alcohol withdrawal can involve sudden, serious nervous system changes.

*These statements have not been evaluated by the Food and Drug Administration. WD FIX is not intended to diagnose, treat, cure, or prevent any disease. This guide is for adult customer education and is not a substitute for professional medical advice, diagnosis, detox, or treatment. Do not use if pregnant or nursing. Keep out of reach of children. Consult a healthcare professional before use if you have a medical condition, take medication, or are at risk of severe withdrawal.