## **Record of Drainage**

Drain #1		Drain #2		Drain #1		Drain #2	
Date		Date:		Date		Date	
Morning		Morning		Morning		Morning	
Mid Day		Mid Day		Mid Day		Mid Day	
Evening		Evening		Evening		Evening	
	Total		Total		Total	8	Total
Date		Date:		Date		Date	
Morning		Morning		Morning		Morning	
Mid Day		Mid Day		Mid Day		Mid Day	
Evening		Evening		Evening		Evening	
_	Total		 Total		Total	_	Total
Date		Date:		Date		Date	
Morning		Morning		Morning		Morning	
Mid Day		Mid Day		Mid Day		Mid Day	
Evening		Evening		Evening		Evening	
	Total		Total		Total		Total
-		-		<b>.</b>		-	
Date		Date:		Date		Date	
Morning		Morning		Morning		Morning	
Mid Day		Mid Day		Mid Day		Mid Day	
Evening		Evening		Evening		Evening	
	Total		Total		Total		Total
Date		Date:		Date		Date	
Morning		Morning		Morning		Morning	
Mid Day		Mid Day	<del></del>	Mid Day		Mid Day	
•		-	<del></del>	_			
Evening	 Total	Evening	 Total	Evening	 Total	Evening	 Total
	10tai		10tai		10tai		10tai
Date		Date:		Date		Date	
Morning		Morning		Morning		Morning	
Mid Day		Mid Day		Mid Day		Mid Day	
Evening		Evening		Evening		Evening	
2 volume	Total	Zyeming	Total	Zyoning	Total	Zyoning	Total
	10111		10111		10111		10111
Date		Date:		Date		Date	
Morning		Morning		Morning		Morning	
Mid Day		Mid Day		Mid Day		Mid Day	
Evening		Evening		Evening		Evening	
	Total		Total		Total		Total

Please total after each day and bring the paper to doctor's appointment post-op. If you have any questions about these instructions after you are at home, call the office at 937-886-2980.

Public Files: Surgery Documents

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