

## 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_____    | 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_____    |
| 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_____    |
| 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_____    |

*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.*