

DRAIN CARE

Please empty the containers and measure the drainage every day. Measuring morning and evening may make it easy to track. Bring this list in with you to the clinic so we can determine when to remove the drains.

DRAIN #	DRAIN #
Date:	Date:
Amount (AM):	Amount (AM):
Amount (PM):	Amount (PM):
Total:	Total:
DRAIN #	DRAIN #
Date:	Date:
Amount (AM):	Amount (AM):
Amount (PM):	Amount (PM):
Total:	Total:
DRAIN #	DRAIN #
Date:	Date:
Amount (AM):	Amount (AM):
Amount (PM):	Amount (PM):
Total:	Total:
DRAIN #	DRAIN #
Date:	Date:
Amount (AM):	Amount (AM):
Amount (PM):	Amount (PM):
Total:	Total: