

**Drain Log**

Depending on the number of drains you have, you may or may not need to use every column below.

Date	Drain # _____		Drain # _____		Drain # _____		Drain # _____	
	AM	PM	AM	PM	AM	PM	AM	PM
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
__/__/__	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:

**Please bring this log to your first office appointment following surgery.**