

Kryger Institute
of Plastic Surgery
DRAINAGE RECORD

Bring this with you to your next Doctor's visit.

Drain #: _____	() left side of body	() right side of body	
Date:			
Time: (a.m.)			
mL/cc:			
Time: (p.m.)			
mL/cc:			
TOTAL:			

Drain #: _____	() left side of body	() right side of body	
Date:			
Time: (a.m.)			
mL/cc:			
Time: (p.m.)			
mL/cc:			
TOTAL:			

Drain #: _____	() left side of body	() right side of body	
Date:			
Time: (a.m.)			
mL/cc:			
Time: (p.m.)			
mL/cc:			
TOTAL:			

Drain #: _____	() left side of body	() right side of body	
Date:			
Time: (a.m.)			
mL/cc:			
Time: (p.m.)			
mL/cc:			
TOTAL:			