

DRAIN SCORE CARD

DRAIN CARE INSTRUCTION ON BACK OF PAGE: PATIENT NAME _____
 PLEASE BRING DRAIN SCORE CARD TO OFFICE FOR REVIEW UNTIL DRAIN ARE REMOVED

DATE	DRAIN #1	DRAIN #2	DRAIN #3	DRAIN #4
	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's
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	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's
	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's	8:AM _____ cc's 3:PM _____ cc's 11:PM _____ cc's

* 11:PM or Bedtime