

**DRAIN CARE SHEET**

**Please bring this sheet to all postoperative appointments**

	JP # 1	JP # 2	JP # __	JP # __
Date:			Date:	
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
	JP # 1	JP # 2	JP # __	JP # __
Date:			Date:	
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
	JP # 1	JP # 2	JP # __	JP # __
Date:			Date:	
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
	JP # 1	JP # 2	JP # __	JP # __
Date:			Date:	
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
	JP # 1	JP # 2	JP # __	JP # __
Date:			Date:	
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
	JP # 1	JP # 2	JP # __	JP # __
Date:			Date:	
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL
	JP # 1	JP # 2	JP # __	JP # __
Date:			Date:	
Morning				
Midday				
Evening				
	TOTAL	TOTAL	TOTAL	TOTAL