***PLEASE REMEMBER TO BRING THIS SHEET WITH YOU WHEN YOU COME BACK TO SEE DR. GLATT. THE DRAINAGE AMOUNTS ON THE SHEET ARE VERY IMPORTANT IN DETERMINING WHEN YOUR DRAIN WILL COME OUT.***

**PATIENT: DOB:**

| Date | Time | Amount (List all drains separately) | Problems |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |