ARTISAN AESTHETICS
PLASTIC SURGERY & LASER CENTER

DRAIN RECORD

Call Office when Drain ouput is less than 30cc for 24 hours for each drain

NAME: _____ DATE OF PROCEDURE: _____

DATE	TIME	DRAIN #1 / RIGHT	DRAIN #2 / LEFT	NOTES
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
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/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	
/ /	: am pm	cc	cc	

Please bring this sheet with you to your Post Op appointment