Name:	Date of Surgery:
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Date	Time	If more than one drain, which one	Drainage Amount (per drain)	Total Amount (per drain; in 24 hours)

Name:	Date of Surgery:	

Date	Time	If more than one drain, which one	Drainage Amount (per drain)	Total Amount (per drain; in 24 hours)

Date	Time	If more than one drain, which one	Drainage Amount (per drain)	Total Amount (per drain; in 24 hours)

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Date	Time	If more than one drain, which one	Drainage Amount (per drain)	Total Amount (per drain; in 24 hours)

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