

# DRAIN LOG

PLEASE BRING THIS TO YOUR FIRST POST-OP FOLLOWING SURGERY

Date	Drain # ____		Drain # ____		Drain # ____	
	AM	PM	AM	PM	AM	PM
_/_/_	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
_/_/_	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
_/_/_	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
_/_/_	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
_/_/_	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
_/_/_	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:
_/_/_	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:	____ml Time:

**WHEN TO CONTACT US:**  
PLEASE CONTACT US IF YOU EXPERIENCE A FEVER, WARMTH TO THE TOUCH, OR NO DRAIN OUTPUT DESPITE STEPS PROVIDED.

**MAIN OFFICE NUMBER:**  
**(701) 412-2400**

**MOLLY, RN, PATIENT CARE COORDINATOR**  
**MOLLY@CFPSFARGO.COM**  
ALL QUESTIONS CAN BE ADDRESSED TO MOLLY.

**OUR ADDRESS:**  
3171 44TH ST S. STE 102  
FARGO, ND 58104

**VIEW DRAIN CARE FAQ'S ON OUR YOUTUBE PAGE -**

