SARATOGA HOSPITAL
CENTER FOR BREAST CARE

# DAILY DRAINAGE RECORD

**Record drainage and empty bulb at same time twice daily (e.g. 8 a.m. & 8 p.m. or 9 a.m. & 9 p.m.)**

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| Date _____ | AM Amount _____ | PM Amount _____ | 24 Hour Total _____ | Date _____ | AM Amount _____ | PM Amount _____ | 24 Hour Total _____ |
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