

INTERI™ SYSTEM FLUID JOURNAL

Therapy Unit Number: (First, Second, Third, etc.)

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Record when this Therapy Unit was first connected.			
DATE	TIME	Therapy Unit Size	
		<input type="checkbox"/> 150 mL	<input type="checkbox"/> 300 mL <input type="checkbox"/> 500 mL
Record fluid levels at least twice per day, or as instructed by your doctor.			
DATE	TIME	FLUID LEVEL (Top of fluid in window)	
Record when this Therapy Unit was disconnected.			
DATE	TIME	FLUID LEVEL	Was Therapy Unit Full? (Red stripe in circular band at top) YES <input type="checkbox"/> NO <input type="checkbox"/>

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