VOIDING DIARY

Patient's name: _____ Date of birth: _____ / _____ / _____ Medical record #: _____

Date	Void time	Void amount	Drink time	Drink type	Drink amount	Notes

AAFP FPM

***FPM* Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

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