My Record after the 4th INSTILLATION

Please fill out the record on two consecutive days.

(approx. 1 month after start of treatment)

1st day

Date:

Time hh : mm	Amount drunk no. of glasses/cups	Urination (ml)	Urge to urinate none 0 — 5 — stronge 10	Pain none 0 — 5 — maximum 10
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:				
Total			Amount drunk: number of glasses/cups (approx. 150 mL)	

2nd day

Date:

Time hh : mm	Amount drunk no. of glasses/cups	Urination (ml)	Urge to urinate none 0 — 5 — strong 10	Pain none 0 — 5 — maximum 10
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:				
Total			Amount drunk: number of glasses/cups (approx. 150 mL)	

FARCO-PHARMA