My Record after the 8th INSTILLATION

Please fill out the record on two consecutive days.

(approx. 5 months after start of treatment)

1st day — Date:

Time hh : mm	Amount drunk no. of glasses/cups	Urination (ml)	Urge to urinate: none 0 – 5 – 10 stronge	Pain: none 0 – 5 – 10 maximum
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
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 – 10 strong	Pain: none 0 – 5 – 10 maximum
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
Total				

Amount drunk: number of glasses/cups (approx. 150 mL)

FARCO-PHARMA