

SX LOG: STUDENT AND LAB NAME: _____ CONTACT #: _____ PROTOCOL #:

ID:	DATE	WEIGHT	Analgesia (name) Dose Time	Analgesia (name) Dose Time	Eating	Drinking	NOTES (RECOVERY STATUS - BAR?, URINE, FECES, STAPLE/SUTURES INTACT, WOUND)
SURGERY					3-4 food pellets in cage	SC fluids? <input type="checkbox"/>	
DAY 1 POST							
Day 2 POST							
DAY 3 POST							
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