

POST-OP RECOVERY TRACKER

Procedure Date: _____

Patient Name: _____

Surgeon / Clinic: _____

| DAY | PAIN LEVEL (1-10) | MEDS / ICE TAKEN | INCISION STATUS | NOTES & SYMPTOMS |
|-------|-------------------|------------------|-----------------|------------------|
| Day 1 | 1510 | | Clean Dry | |
| Day 2 | 1510 | | Clean Dry | |
| Day 3 | 1510 | | Clean Dry | |
| Day 4 | 1510 | | Clean Dry | |
| Day 5 | 1510 | | Clean Dry | |

RED FLAGS: Contact your doctor immediately if you experience: Fever over 101F, excessive swelling, pus/drainage, calf pain, or shortness of breath.