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| **Time & Date****DAY 1** | **Fluid intake** | **Urination** | **Time & Date****DAY2** | **Fluid intake** | **Urination** |
| Type of drink  | Volume (ml) | Volume (ml) | Type Of Drink  | Volume (ml) | Volume (ml) |
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| **Total mls** |  |  |  | **Total mls**  |  |  |  |
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