

**PAIN DIARY**

Pre-Procedure Pain Level \_\_\_\_\_

Post-Procedure Pain Level \_\_\_\_\_

PLEASE FILL OUT THIS FORM COMPLETELY  
It is required to properly evaluate the effects of your Procedure!  
Bring this form in on your next follow up visit  
**PLEASE DO NOT MAIL THIS FORM!**  
Thank you 😊

<b>Time</b>	<b>Pain Level (1-10)</b>	<b>Time</b>	<b>Pain Level (1-10)</b>
1 HR	_____	10 HR	_____
2 HR	_____	11 HR	_____
3 HR	_____	12 HR	_____
4 HR	_____	24 HR	_____
5 HR	_____	36 HR	_____
6 HR	_____	2 DAYS	_____
7 HR	_____	3 DAYS	_____
8 HR	_____	4 DAYS	_____
9 HR	_____	5 DAYS	_____