**Nephrologische Sprechstunde: Miktionsprotokoll**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Vorname:\_\_\_\_\_\_\_\_\_\_\_**

**1.Tageskalender: ausfüllen an zwei schulfreien Tagen**

**1. Tag**

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| Datum/Zeit | Urinmenge (ml) | Uhrzeit | Trinkmenge (ml) | Urinverlust in Hose |
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**2. Tag**

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| Datum/Zeit | Urinmenge (ml) | Uhrzeit | Trinkmenge (ml) | Urinverlust in Hose |
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