

NATRELLE® Tissue Expander Fill Volume Record



Patient: _____

Expander Style: _____ Size: _____ Serial No.: _____

DATE	CC VOLUME FILL	CUMULATIVE FILL VOLUME	COMMENTS
Surgery:	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	
	CC	CC	