Sinus surgery follow-up observations

Date range _____ Name or initials (optional) _____

My surgical team contact _____ Urgent contact instructions _____

Date and time	What I noticed / daily impact	My team’s instructions for this situation	Action, contact and response

Mark a missed check “not recorded”. Mark uncertain times as estimates. A pattern does not establish a cause. Follow the product leaflet and your own care instructions.

My question

Personal observations only. Not clinically reviewed. These sheets do not diagnose symptoms or replace your care team’s instructions. Do not delay care to complete a diary.