

# Instructions on Completion

This diary should be completed every day for **14 consecutive** days.

If you have any queries about completion of this diary, **please phone** on the number on the front of this leaflet.

## **BOWEL DIARY**

### **14 Days**

*Patient name*.....

*Hospital number*.....

**Alison Ebanks**  
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**Tel : 01743 261083**

