NORTH IDAHO CATARACT AND LASER CENTER- MEDICATION AND ALLERGY RECORD

Patient name:	Birthdate:

Name of Medication		When do you take	
Prescription, Over the Counter, Vitamins	Dose	When do you take it? (AM or PM)	What do you take it for?
Allergies / Sensitivities	What was your reaction?		
5		•	

(please use reverse side if more room needed)