North Idaho Cataract and Laser Center Medication and Allergy Record

Take Surgery AM?	Name of Medication	Dose	Frequency	For What?	Continue to take?	RN Review	Date
	Ocular Medications						
Allergies: Rea			ion:		Date	PSC Init	MD Init
					_		
Consistivist	06:						
Sensitivities:					1		
					-		