## THE EYE SURGERY CENTER OF NORTHERN CALIFORNIA PATIENT HOME MEDICATION LIST

(PLEASE INCLUDE PERSCRIPTIONS, OVER THE COUNTER, HERBALS, VITAMINS, BIRTH CONTROL PILLS OR PATCH)

MEDICATION ALLERGIES	REACTION	LATEX ALLERGY: € YES € NO	
		REACTION:	
		IODINE ALLERGY: € YES € NO	
		REACTION:	

MEDICATION NAME	DOSE	FREQUENCY	REASON FOR TAKING	LAST TAKEN (DATE / TIME)	NOTES

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(PLEASE INCLUDE PERSCRIPTIONS, OVER THE COUNTER, HERBALS, VITAMINS, BIRTH CONTROL PILLS OR PATCH) PT USES O2 AT HOME  $\in$  \_\_\_\_LT/MIN

PATIENT LABEL