PLEASE PRINT **MEDICATION UPDATE** *PLEASE PRINT*

MEDICATION UPDATE

THANK YOU FOR TAKING A MOMENT TO UPDATE YOUR MEDICAL FILE. PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING OR MAY HAVE CHANGED SINCE YOUR LAST VISION EXAMINATION.

MEDICATION	DOSAGE (if available)	START DATE (approx.)	STOP DATE (approx.)	FOR WHAT MEDICAL CONDITION OR ALLERGY	MEDICATIONS TO WHICH YOU ARE ALLERGIC (Please List)