



EYE SURGERY CENTER
OF MIDDLE TENNESSEE
MEDICATION RECORD

PT STICKER

PT STICKER

MEDICATION ALLERGIES & REACTIONS	ENVIRONMENTAL ALLERGIES & REACTIONS	FOOD ALLERGIES & REACTIONS
	<input type="checkbox"/> LATEX	
	<input type="checkbox"/> ADHESIVES	
<input type="checkbox"/> NO KNOWN DRUG ALLERGIES		

PLEASE LIST ALL PRESCRIPTION AND OVER THE COUNTER MEDICATIONS

MEDICATION	DOSE	ROUTE	FREQUENCY	1 ST EYE LAST DOSE (NURSE ONLY)	2 ND EYE LAST DOSE (NURSE ONLY)

NURSE REVIEWED: (1ST EYE): _____ DATE: _____

NURSE REVIEWED: (2ND EYE): _____ DATE: _____