

# Long Island Ophthalmic Care, P.L.L.C

230 Hilton Ave, Suite 118  
Hempstead, New York 11550  
Tel: 516-481-1570 Fax: 516-481-1786

## Medication List

Please list ALL medications you are currently taking:

*\*\*If you have any medication list with you, please have us make a copy\*\**

Medication	Dosage	Times Daily
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any vitamins/supplements you are currently taking:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have allergies to any MEDICATIONS: YES NO

Please list any/all allergies and reactions below:

_____	_____
_____	_____
_____	_____

Do you have allergies to any FOOD: YES NO

Are you Allergic to LATEX? YES NO

Are you taking any anticoagulation medications (blood thinners)? YES NO

Please circle any medications that you are currently taking:

Baby Aspirin, Ecotrin, Motrin, Ibuprofen, Naproxen, Indomethacin,  
Celebrex, Coumadin, Warfarin, Plavix, Pradaxa

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_