# Stoken Wagner Ophthalmic Associates

# Medicine List

| **Name:** | **Date of Birth:** |
|---|---|
| **Doctors:** | |
| **Pharmacy:** | |
| **Allergic to any medication and reaction:** | |
| | |

**Date**:_____

| **Name of Medication** | **Dosage** | **Frequency** | **Way it enters the body** |
|---|---|---|---|
| **(including vitamins & herbal)** | **(Ex. mg)** | **(Ex. How often)** | **(Ex. Oral, injection, etc.)** |
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# Office Use Only

| Date | Tech | Date | Tech | Date | Tech |
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