Montgomery Eye
PHYSICIANS

SYSTEMIC MEDICATION LIST

Name: _____ **Age:** _____ **Date of Birth:** _____

Allergies: ☐ NKDA ☐ Latex ☐ Betadine (Iodine) ☐ Other – Listed Below

☐ *Other Allergies* _____

Has the patient ever taken the prescription medication Flomax®? No Yes If yes, when? _____

Medication	Start	Stop	Date/ Tech

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