<u>Name:</u>	<u>Date:</u>
My Medications, Supplements and Drug Allergies Please list all medications, supplements and eye products currently used, both prescription and non-prescription, and whether used daily or only occasionally "as needed".	
□Other Allergies (please list):	
Medication or Supplement	Purpose (or Condition used for)
Example: Lisinopril	High blood pressure
Example: Centrum Silver	Health maintenance
Eye Meds, Supplements and Drops	Purpose or Condition
Example: Visine	Redness or irritation
Example: Ocuvite with lutein	Macular degeneration