MEDICATIONS INSTRUCTIONS

BENJAMIN EYE INSTITUTE

Patient Name: _____

DOB: _____ **Date:** _____

MEDICATION	TYPE	INSTRUCTION
	Antibiotic	
	Steriod	
	NSAID	
	Glaucoma 1	
	Glaucoma 2	
	Glaucoma 3	
	Glaucoma 4	
	Allergy	
	Lubricant	
	Ointment	
	Other	

Notes: _____

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