

# FLORAL PARK OPHTHALMOLOGY

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## Present Medication

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

It is extremely important that we are made aware of ALL of the medications that you are presently taking. Please indicate if you are taking Viagra or Flomax:

<b>Drug Name:</b>	<b>Dose:</b>	<b>Frequency:</b>	<b>Review Date:</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

## **Allergies to Medication**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |