



The Tufts Medical Center and Floating Hospital for Children asks all of our patients to carry a complete and up-to-date list of their medications with them. Please bring it to all of your appointments.

Date	_		Please provide Pharmacy information			
DateName			Pharmacy Information			
DOB: Male Female			Preferred Pharmacy			
Zip Code: Home Phone:			Mail Away			
Eye Care Physician:			Street Address			
Primary Care Physician:			City State Zip Code			
Allergies:				State 2.ip C		
Medication	Dose		Times Per Day Reason for Use			Initials
					J	
EYE MEDICATIONS						
Medication	Eye Right/Left/Both Dose		Times Per Day Reason for Use			
Non-prescription vitamins,	herbs, minerals, etc					
Name	Dose		Times Per Day	Reason for Use		
					1	
					1	