Lanter EYECARE AND LASER SURGERY

Earl E. Lanter MD James E. Wilson OD, FAAO Donald H. Hulsey OD Allison L Nowak OD, FAAO

Patient Name: _____

Date: _____/_____/_____

Drug Name	Strength	How taken	How often
EXAMPLE: CELEBREX	100 MG	ORALLY	ONCE DAILY

Known Allergies	Reaction	Past Surgeries	Date
EX: PENICILLIN	RASH	EX: APPENDECTOMY	07-11-1977

This form will be updated by you at every visit.

REVISED 09 2007 FORM #202

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PATIENT SIGNATURE