

## THE NEW YORK EYE AND EAR INFIRMARY

MY MEDICATI	ON LIST		
		ION TESTING AT NYEEI C F ADMISSION	
lease bring your medication with you			
-	s important to provide sale and end	ective care.	
PATIENT NAME			
DATE OF ADMISSION	DATE OF BIRTI	H	
Do you have Allergies to Medication?	P □NO □YES If yes, list allergies		
st all of the medications that you are			
entraceptives, patches that contain merbal supplements.	ledication, over-the-counter medica	ation, dietary and	
Name of medication(s)	Dose strength: (milligrams,	Times of day you	
	units, drops, etc.)	take this product	
Print the name(s) of your Medical Docto	r(s)	Phone Number(s)	