



Medication List, Allergies and Pharmacy Designation

PLEASE LIST ALL MEDICATION YOU TAKE INCLUDING
OVER-THE-COUNTER MEDICATIONS

Name of Medicine	Dosage	How Often

Please list any known allergies: _____

PRESCRIPTIONS

Buglisi Eye Care plans to utilize Surescripts, an E-Prescribing service, to efficiently and accurately provide your prescriptions. Please provide the name of the pharmacy that you would like your prescriptions sent to. Please sign below to allow electronic delivery of your prescription.

NAME AND ADDRESS OF PATIENT'S SELECTED PHARMACY

Signature

Printed Name

Date

