

CLINICAL HISTORY

PHARMACY NAME: _____

PCP NAME : _____

PHARMACY ADDRESS: _____

PCP ADDR: _____

PHARMACY PHONE: _____

PCP PHONE: _____

PCP FAX: _____

PRIOR MEDICAL Hx: _____

PRIOR OCULAR Hx: _____

MEDICATIONS: _____

| DATE | PI | | CE | | YAG | | ALT | | FOCAL | | PRP | | PTY | | OTHER |
|------|----|----|----|----|-----|----|-----|----|-------|----|-----|----|-----|----|-------|
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| DATE | REFR | 30-2 | OCT | GON | PACH | DFE | PHOTOS | MAC OCT | PLUGS | OTHER |
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ALLERGIES: _____

PACHYMETRY <

NAME: _____

DOB: _____