DAILY	MEDICATIONS
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Name:	Date of Birth:	
Please list all daily medications you are taking and dosage of each.		
Date: Upo	lated:	

Illinois Retina & Eye Associates 4505 N. Rockwood Dr., Suite 1, Peoria, IL 61615 3602 Marquette Rd., Peru, IL 61354 illinoisretinaandeyeassociates.com