

**GLACIER EYE CLINIC, P.C.**

175 Timberwolf Parkway, Kalispell, MT 59901

406-257-2020

**MEDICATION LIST**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ALLERGIES AND REACTIONS: \_\_\_\_\_  
\_\_\_\_\_

PHARMACY NAME: \_\_\_\_\_

Medication Name	Strength/ Milligrams	By Mouth or Injection	Dosage/ How Many times per day

HERBS/VITAMINS			

**TECH INITIAL/DATE**
