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In order to speed up your registration and to keep you from having to fill out this information/medication list all pre registration information can be entered on our website at www.lexeye.com. We strongly encourage using our website to update patient medical histories and medication lists prior to all office visits.

Date:		Allergies to Medicine	
Name:		Allergic To	Describe Reaction
Address:			
DOB:	Home Phone#:		
Preferred Pharmacy:		PRIMARY CARE PHYSICIAN:	

List all medications you are currently taking *INCLUDING* over the counter medications

Medication Name	Dose (How much)	Frequency (How often)

Please fax or mail to the highlighted fax/address above.