The Center for Eyecare

Dr. George M. Thurber
Dr. Katherine Sanders
Dr. Kathryn Latch

Medication Sheet

Patient Name_____ Chart #_____

Medication	Strength	Dosage

Date Verified_____ Tech Initials _____ Date Verified_____ Patient Initials _____

Date Verified_____ Tech Initials _____ Date Verified_____ Patient Initials _____

Date Verified_____ Tech Initials _____ Date Verified_____ Patient Initials _____

Date Verified_____ Tech Initials _____ Date Verified_____ Patient Initials _____