Angela Tsai, O.D., F.V.A.O.
Samuel C. Smart, O.D., F.V.A.O., F.A.A.O.
Bradley Church, O.D., F.V.A.O.

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Phone: 540.373.3021 Fax: 540.373.5565

**PATIENT** (Please print)_____ D.O.B._____

**Please bring this list of medications with you for your upcoming appointment. Many medications can cause problems for the eye.**

| MEDICATION NAME | STRENGTH (mg/mL) | DOSAGE (Once/twice per day) | REASON FOR MEDICATION |
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Pharmacy Name _____ Phone Number (____)____-_____

Pharmacy Address_____

Primary Care Physician_____ Phone Number (____)____-_____