OPTOMETRIST NAME: _____ **LICENSE NUMBER:** _____

PRACTICE ADDRESS: _____ **PHONE:** _____

Optometry Injection Log

	Patient Information	Diagnosis	Medication, Dosage	Type/Site	Date and Admin By	Treatment	PCP notified
	initials, age, gender, race	Code				X Mark	Date and Method
1	Example JD,41,F,W	1234567	X Drug	Sub Conj.	5/12/12 John Smith	x	5/13/12 Fax
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