



**Medication Update**

The medications listed below are “beta-blockers”, commonly used to treat high blood pressure, angina (chest pain), irregular heartbeats, migraines, glaucoma, anxiety, and panic attacks. PLEASE NOTE SOME MEDICATIONS ARE EYEDROPS. **Please circle any medications** you are taking currently:

- |  |   |
|--|---|
| Betagan <b>eyedrops</b> (levobunolol)          | Levatol (penbutolol)                        |
| Betapace (sotalol)                             | Lokren (betaxolol)                          |
| Betimol <b>eyedrops</b> (timolol)              | Lopressor (metoprolol)                      |
| Betoptic (betaxolol)                           | Metipranolol <b>eyedrops</b>                |
| Brevibloc (esmolol)                            | Normodyne (labetalol)                       |
| Bystolic (nebivolol)                           | Occupress <b>eyedrops</b> (carteolol)       |
| Blocaden (timolol)                             | OptiPranolol <b>eyedrops</b> (metipranolol) |
| Cartrol (carteolol)                            | Sectral (acebutolol)                        |
| Combigan <b>eyedrops</b> (brimonidine/timolol) | Tenoretic (atenolol)                        |
| Coreg (carvedilol)                             | Tenormin (atenolol)                         |
| Corgard (nadolol)                              | Timolide (tomolol)                          |
| Corzide (nadolol)                              | Timoptic <b>eye drops</b> (timolol)         |
| Cosopt <b>eyedrops</b> (dozolamide /timolol)   | Toprol-XL (labetalol)                       |
| Dozolaminde/timolol <b>eyedrops</b>            | Trandate (labetalol)                        |
| Inderal (propranolol)                          | Visken (pindolol)                           |
| Innopran XL (propranolol)                      | Zebeta (bisoprolol)                         |
| Istalol <b>eyedrops</b> (timolol)              | Ziac (bisoprolol)                           |
| Kerlone (betaxolol)                            |   |

If your physician should start you on any NEW medication(s), please immediate notify either our nurses or physicians in the office of any changes. Please sign either of the statements below, as appropriate:

1) "I am presently **NOT TAKING** any of the medications listed above."

_____	_____	_____	_____
Patient Name (Printed)	DOB	Patient Signature	Date

2) "I am **TAKING** one/several of the medications listed above and have circled the name(s).

_____	_____	_____	_____
Patient Name (Printed)	DOB	Patient Signature	Date

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_____	_____	_____
MD Name (Printed)	MD Signature	Date

