Illinois Allergy & Asthma Specialists

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

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

_____ _____ _____
MD Name (Printed) MD Signature Date