

Site and Drug Record Intravitreal Injection



Patient ID	Name	Record allergies
D.O.B	Hospital No.	
Address	Postcode	

EYE TO BE TREATED (Delete as necessary. Start a new sheet if eye(s) changed. Use separate sheets if different drug in each eye)		
RIGHT EYE	BOTH EYES	LEFT EYE

DRUG TO BE INJECTED (Record in capitals)		
DATE COMMENCED	GENERIC NAME	BRAND NAME
1.		
Record drug specific points discussed with patient and written information given:		
Discussed by – Signature		Name
If discontinued record date		Reason

DRUG TO BE INJECTED (Record in capitals)		
DATE COMMENCED	GENERIC NAME	BRAND NAME
2.		
Record drug specific points discussed with patient and written information given:		
Discussed by – Signature		Name
If discontinued record date		Reason

DRUG TO BE INJECTED (Record in capitals)		
DATE COMMENCED	GENERIC NAME	BRAND NAME
3.		
Record drug specific points discussed with patient and written information given:		
Discussed by – Signature		Name
If discontinued record date		Reason