

### Patient Medications

Please list any prescription or non-prescription medications you take with dosage:

1. \_\_\_\_\_

7. \_\_\_\_\_

2. \_\_\_\_\_

8. \_\_\_\_\_

3. \_\_\_\_\_

9. \_\_\_\_\_

4. \_\_\_\_\_

10. \_\_\_\_\_

5. \_\_\_\_\_

11. \_\_\_\_\_

6. \_\_\_\_\_

12. \_\_\_\_\_

**Additional Medications:**

Please list any **medication allergies** in the box below

---

### Medication Policy

Valley Oximetry and Sleep Disorder Center staff is **not** authorized to administer prescription or non-prescription medication at any time. Patients can self-administer their own medication as prescribed by their physician. Patients' must inform their Technologists of any medication taken so the time and medication type can be documented in the medical record.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_