



**Medication Policy**

Valley Sleep Center staff is **not** authorized to administer or assist in administration of prescription or non-prescription medication at any time. Patients can take their own medication as prescribed by their physician or have their caretaker assist them. Patients' must inform their Technologists of any medication taken during testing so the time and medication type can be documented for the Reviewing Sleep Physician.

- I currently take prescription and/or non-prescription drugs. Please list medications in the box provided.
- I currently **do not** take prescription and/or non-prescription drugs.
- I have Allergies to Medication. Please list the medications I am Allergic to in the box below.

**Allergies to Medications**

Please list your prescription or non-prescription **MEDICATIONS** you take with dosage in the box below:

|          |           |
|----------|-----------|
| 1. _____ | 8. _____  |
| 2. _____ | 9. _____  |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

Printed Name \_\_\_\_\_

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

**MESA**  
 4555 E. INVERNESS  
 BLDG. 3  
 MESA, AZ 85206

**BILTMORE**  
 4141 N. 32<sup>ND</sup> ST.  
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 PHOENIX, AZ 85018

**ARROWHEAD**  
 6320 W. UNION HILLS  
 BLDG. B, SUITE 1000  
 GLENDALE, AZ 85308

**CHANDLER**  
 1120 S. DOBSON RD.  
 BLDG. B, SUITE 100  
 CHANDLER, AZ 85286

**SCOTTSDALE**  
 9767 N. 91<sup>ST</sup> ST.  
 BLDG. B, SUITE 104  
 SCOTTSDALE, AZ 85258