Blanchard Valley Sleep Disorders Center
419.427.2604 • Fax 419.427.2607 • 1909 South Main Street • Findlay, Ohio 45840

Medication List

Allergies/Reaction:____

Medication (prescription, over-the-counter aspirin, vitamins, herbs, inhalers, aerosol treatments, oxygen)	**Dose** **mg, mcg, ml, units**	**Route** **Oral, nasal, inhalation, injection**	**Frequency** ____X daily, or as needed for ________	**OFFICE USE:** Document:√ if same, **New**, **DC** for discontinued Or last time taken for sleep study					
Staff Date/Time:				/	/	/	/	/	/

Medication list provided by:
- ❒ patient report
- ❒ meds brought in
- ❒ healthcare provider

- ❒ Gave copy of list to patient or care provider
- ❒ Patient declined copy of list

Staff Signature

Patient Signature: