



**VALLEY INTENSIVISTS, PULMONOLOGISTS AND
SLEEP SPECIALISTS**

1200 E. Savannah Ave. Suite 12
McAllen, TX 78503
Tel: (956) 688-6300 Fax: (956) 688-6303

MEDICATION HISTORY CONSENT

Patient Name: _____

I hereby consent to have Valley Intensivists, Pulmonologists and Sleep Specialists obtain a list of the medication prescribed in the last 12 months from my insurance company(ies). This information will be used to provide me with the best possible care.

Patient Signature

Date