Valley Ear, Nose and Throat Specialists, P.A.

MEDICATION LIST

Valley Ear, Nose and Throat Specialists, P.A.
2101 S. Cynthia, Plex A
McAllen, TX 78503
(956) 687-7896

Account #:

Patient Name: _____ DOB: _____

Pharmacy Name: _____ Pharmacy Ph #: ( ) _____

Please document ALL current medications below.

(Note: Please make the medical assistant aware of any **NEW** medications at each visit.)

RX Medication:	Date Given:	RX Medication:	Date Given:

Are you allergic to any medications? □ YES □ NO

If yes, please list the medication below in the chart.

Medication:	Date:	Reaction:	Medication:	Date:	Reaction: