

Sanchez Adult Medical Care  
1661 Lucerne St  
Minden, NV 89423

Prescription History Consent Form

By signing this consent form you are agreeing to allow Sanchez Adult Medical Care to request and use your prescription medication history from other healthcare providers and/or pharmacies for treatment purposes.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_