

**PATIENT'S VALUABLES  
RECORD OF DEPOSIT**

PATIENT MEDICAL RECORD #	IMPORTANT RECORD VALUABLES ENVELOPE NUMBER HERE
PATIENT NAME	
RECEIVED BY	
DELIVERED TO	

CURRENCY COUNT	CREDIT CARDS / CHECKS
x \$100. =	
x 50. =	
x 20. =	
x 10. =	
x 5. =	
x 2. =	
x 1. =	
TOTAL CURRENCY \$	
TOTAL COINS	
TOTAL DEPOSIT \$	
OTHER VALUABLES:	
COMPLETED BY:	

----- FOLD HERE TO CONCEAL CONTENTS LISTED ABOVE -----

**RECEIVED FROM PATIENT OR REPRESENTATIVE**

I leave the items of personal property listed above in the care, control and custody of this hospital and I acknowledge that these items have been put in a container, sealed and marked with name and this has been done in my presence.

SIGNATURE OF DEPOSITOR	DATE DEPOSITED
SIGNATURE OF WITNESS	SIGNATURE OF WITNESS

**RETURNED TO PATIENT OR REPRESENTATIVE**

I hereby acknowledge that all personal property deposited with the hospital on the above mentioned date has been returned to me.

SIGNATURE OF DEPOSITOR	DATE RECEIVED
SIGNATURE OF WITNESS	SIGNATURE OF WITNESS