

THIS FACILITY HAS PLACED _____ ITEMS (LISTED BELOW)

511016

CURRENCY IN THE AMOUNT OF \$ _____

AND CHECKS IN THE AMOUNT OF \$ _____ IN VALUABLES ENVELOPE #

PATIENT/RELATIVE/OTHER _____

DATE _____

HOSPITAL REPRESENTATIVE _____

DATE _____

FOLD HERE

PATIENT VALUABLES ENVELOPE

511016

THIS FACILITY CANNOT ASSUME RESPONSIBILITY FOR ITEMS RETAINED IN YOUR POSSESSION. PATIENT UNDERSTANDS THAT BY SIGNING BELOW HE/SHE IS AWARE OF THIS POLICY AND VERIFIES THAT THE ITEMS LISTED BELOW AS INVENTORY ARE CORRECT AND THAT THE ENVELOPE HAS BEEN SEALED IN HIS/HER PRESENCE.

NAME _____

ROOM # _____

HOSP. NO. _____

PHYSICIAN _____

DATE _____

SIGNATURE OF PATIENT _____ DATE _____

ACCEPTED BY _____ DATE _____

CASH

CURRENCY

CHECKS

| NO. | VALUABLES (DESCRIPTION) | DISC. LIST (Y/N) |
|-----|-------------------------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

REPOSESSION OF VALUABLES — PATIENT ACKNOWLEDGEMENT OF RECEIPT IN ENTIRETY

PATIENT/RELATIVE/OTHER _____

DATE _____

HOSPITAL REPRESENTATIVE _____

DATE _____

INSTRUCTIONS

- 1.) Use a ballpoint pen for best results to fill in information
- 2.) Peel backing from ADHESIVE STRIP, fold top of bag on FOLD HERE Line & Press Down.
- 3.) Fill out receipt flap for Patient.
- 4.) If duplicate copies are required, bag can be copied on a copy machine.

✂

TO REMOVE CONTENTS — CUT ON DOTTED LINE

✂