

PREPARE IN DUPLICATE:  
 1 - Patient or responsible party  
 1 - medical record

PATIENT NAME		<b>INVENTORY OF PERSONAL EFFECTS</b>							
ROOM NO.		PATIENT NO.		DATE OF INVENTORY					
QTY.	ARTICLES	✓	ITEMS OF SPECIFIC VALUE <small>(RINGS, WATCHES, RADIOS, ETC)</small>					VALUE	✓
			DESCRIPTION						
	DRESSES								
	LADIES SUITS								
	COATS								
	FURS								
	LADIES SHOES								
	LADIES HATS								
	BLOUSES								
	LADIES SWEATERS								
	GLOVES								
	HOSE								
	LADIES HANKERCHIEFS								
	SLIPS								
	FOUNDATION GARMENTS		ACQUIRED AFTER ORIGINAL ENTRY						
	BRASSIERES		DATE	ITEM	HOW RECEIVED				✓
	NIGHTGOWNS								
	HOUSECOATS - ROBES								
	HOUSE SLIPPERS								
	POCKET BOOKS								
	OVERNIGHT CASE								
	MEN'S SUITS								
	TOPCOATS								
	SLACKS								
	SPORT JACKETS								
	MEN'S HATS								
	MEN'S SHOES								
	MEN'S GLOVES								
	SOCKS								
	SHORTS								
	UNDERSHIRTS								
	TIES								
	BELTS-SUSPENDERS								
	MEN'S HANKERCHIEFS								
	PAJAMAS				NOTES ON ARTICLES <small>(LISTING OF ITEMS DAMAGED, LOST, ETC.)</small>				
	ROBES								
	SLIPPERS								
	SHAVING KIT								
	TRAVELING BAGS								
	OTHER:								
REMARKS:									
<b>CERTIFICATION OF RECEIPT</b>									
ON ADMISSION				ON DISCHARGE					
SIGNED	_____ PATIENT OR RESPONSIBLE PARTY		DATE	SIGNED	_____ PATIENT OR RESPONSIBLE PARTY		DATE		
SIGNED	_____ TITLE		DATE	SIGNED	_____ TITLE		DATE		

**INVENTORY OF PERSONAL EFFECTS**