

RECEIPT OF VALUABLES

Items brought with patient:

- Glasses/Contacts
- Dentures
- Hearing Aids
- Purse/Wallet
- Clothes
- Shoes
- Cane
- Jewelry: _____
- Prosthesis: _____
- _____
- _____

Items returned to patient upon discharge:

- Glasses/Contacts
- Dentures
- Hearing Aids
- Purse/Wallet
- Clothes
- Shoes
- Cane
- Jewelry: _____
- Prosthesis: _____
- _____
- _____

_____ I acknowledge that I have received all my personal belongings upon discharge.

Patient/Responsible Party

Nurse Signature

Date



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Alamogordo, New Mexico 88310