

RECEIPT FOR RECORDS AND PATIENTS PROPERTY DATE

TO: (Include ZIP Code) **FROM:** (Include ZIP Code)

TYPE OF SEPARATION

RECORDS

1. VA FORM 10-10, APPLICATION FOR MEDICAL BENEFITS 8. X-RAY FILM
2. VA FORM 21-526e, VET'S APPL. FOR COMPENSATION OR PENSION AT SEP FROM SVC 9.
3. MEMBER'S STATEMENT RE - VA FORM 21-526e 10.
4. DD FORM 214, REPORT OF SEPARATION FROM AD 11.
5. ORDERS TERMINATING ACTIVE SERVICE 12.
6. CLINICAL RECORDS 13.
7. HEALTH RECORDS 14.

CLOTHING, PERSONAL EQUIPMENT, ETC.

Table with 6 columns: NUMBER, DESCRIPTION, NUMBER, DESCRIPTION, NUMBER, DESCRIPTION. Lists items like ANKLETS, BAGS, BELTS, BERET, BLOUSE, BOOTS, BRASSIERES, BUCKLES, CAP COVERS, CAPS, COATS, DRAWERS, DRESSES, FOUNDATION GARMENTS, GLOVE INSERTS, GLOVES, HANDBAG, HANDKERCHIEFS, HATS, HAVELOCK, HOSE, INSIGNIA SETS, JACKETS, LUGGAGE, NECKERCHIEFS, NECKTIES, OVERCOATS, OVERSHOES, PANTIES, RAINCOATS, SCARVES, SHIRTS, SHOES, SHORTS, SKIRTS, SLACKS, SLIPS, SUITS, SWEATER, TROUSERS.

FUNDS - VALUABLES - OTHER PROPERTY

Empty table for recording funds, valuables, and other property.

\$ CASH. NORMALLY ATTENDANTS WILL NOT BE REQUIRED TO CARRY MORE THAN \$10.00 CASH FOR ANY PATIENT.

Records, clothing, and property indicated above for the person named are being forwarded to your custody at this time. Please acknowledge receipt hereon, returning signed copy of this form to address entered above.

FORWARDED BY (Name, Grade, Title) RECEIVED FOR DELIVERY BY (Name & Grade of Attendant)

PATIENT'S IDENTIFICATION (For typed or written entries give - Name - last, first, middle; grade; SSN; hospital or medical facility) RECEIVED BY DATE

FOR (Name, Title, Address (Include ZIP Code))