RECEIPT FOR RECORDS AND PATIENTS PROPERTY								DATE		
TO: (Include ZIP Code)						ROM: (Include ZIP Code)				
TYPE OF SEPARATION										
RECO						os .				
1. VA FORM 10-10, APPLICATION FOR MEDICAL BENEFITS						8. X-RAY FILM				
	2. VA FORM 21-526e, VET'S APPL. FOR COMPENSATION OR]] 9.				
H	3. MEMBER'S STATEMENT RE - VA FORM 21-526e					10.				
H						11.				
	4. DD FORM 214, REPORT OF SEPARATION FROM AD					<u></u>				
	5. ORDE	5. ORDERS TERMINATING ACTIVE SERVICE			Ļ	12.				
	6. CLINIC	6. CLINICAL RECORDS				13.				
	7. HEAL	HEALTH RECORDS				14.				
CLOTHING, PERSONAL EQUIPMENT, ETC.										
NU	IMBER	DESCRIPTION	NUMBER		DESC	CRIPTION	NUMBER	DESCR	IPTION	
		ANKLETS		HOSE				UNDERSHIRTS		
		BAGS, DUFFEL AND BARRACKS		INSIGNIA SETS						
		BELTS		JACKETS						
		BERET		LUGGAGE (type)						
		BLOUSE		NECKERCHIEFS						
		BRASSIERES		NECKTIES OVERCOATS						
		BUCKLES		OVERCOATS						
		CAP COVERS		PANTIES						
		CAPS		RAINCOATS						
		COATS		SCARVES						
		DRAWERS, LIGHT AND HEAVY		SHIRTS						
		DRESSES		SHOES						
		FOUNDATION GARMENTS		SHORTS						
		GLOVE INSERTS		SKIRTS						
		GLOVES		SLACKS						
		HANDBAG		SLIPS						
		HANDKERCHIEFS		SUITS						
		HATS		SWEATER						
		HAVELOCK		TROUSERS						
FUNDS - VALUABLES -						THER PROPERTY				
\$ CASH. NORMALLY ATTENDANTS WILL NOT BE REQUIR						TO CARRY MORE THA	N \$10.00 C	CASH FOR ANY PAT	IENT.	
		clothing, and property indicated above for eon, returning signed copy of this form to		rwarded to your custody	at this tim	e. Please acknowledg	ge			
FORWARDED BY (Name, Grade, Title)						CEIVED FOR DELIVERY BY (N	ame & Grade o	of Attendant)		
, , , ,						·		,		
DATIFATIO DENTIFICATION (Factors 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						CEIVED BY			DATE	
PATIENT'S IDENTIFICATION (For typed or written entries give - Name - last, first, middle; grade; SSN; hospital or medical facility)						CEIVED BY			DATE	
					FOF	R (Name, Title, Address (Include	ZIP Code)		1	