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www.uhlbd.com

Patient ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name:	<input type="text"/>											
Age:	<input type="text"/>				Sex:	M	<input type="checkbox"/>	F	<input type="checkbox"/>			
Ward/Unit:	<input type="text"/>				Bed:	<input type="text"/>						
Date:	<input type="text"/>											

PATIENT PROPERTY FORM

Property Received:

Item	Description	No.	Returned prior discharge	
			Signature (Patient)	Signature (Staff)
For safe keeping				

1. I confirm that I have given the above items in for safe keeping.

Signature of the Patient

Signature of the Witness

Date: _____

Date: _____

2. I confirm that I have received the above items which were returned to me from the hospital safekeeping.

Signature of the Patient

Signature of the Witness

Date: _____

Date: _____

3. I confirm, that I have been advised to handover items such as cash, jewellery, hand phone etc to my husband/wife/relative to take home.

Signature of the Patient

Signature of the Witness

Date: _____

Date: _____