Resident Clothing & Personal Belongings





Resident Name:	Room #:	Date:	
Special Instructions:			
Please list all Items to be labelled and include description (size, colour, etc.)			
Item:		Quantity	Laundry Staff Initial once Labelled
Nursing Department			
Date Labelling Request Received:	Initial:		
Laundry Department			
Date Labelling Request Received:		Initial:	
Date Clothing Returned to Resident:		Initial:	