



St. Clair Twp.
New Miami
Life Squad

Document No.: **OPS-F-024** | Revision: - | Pg. **1** OF **1**

Title: **Form, Patient Personal Property**

Date: _____ / _____ / _____ Run Number: _____

Patient Name: _____

Inventory of Patient Personal Property
(Be specific, include any damage visible)

Inventory By: _____

Witness: _____

Personal Property Transferred to:

Name: _____

Signature: _____

Relationship to Patient: _____

Witness: _____