

UW Medicine

Release of Patient Property Form

Entity:

- Harborview Medical Center & Clinics
- UW Medical Center & Clinics
- Valley Medical Center & Clinics

Department:

- Emergency Department
- Operating Room
- Inpatient Unit: _____
- Other: _____

Date of Removal of **Patient Property**: ____/____/____

Name of Staff Member Removing: _____

Envelope sealed by: _____

DISPOSITION OF PROPERTY:**Property Released to:** **Public Safety Officer**

Print Name: _____ Signature _____

Time: _____ Date: ____/____/____

 Law Enforcement Officer

Print Name: _____ Signature _____

Badge # _____ Time: _____ Date: ____/____/____

Agency: _____ Phone: _____

 Other: _____

Print Name: _____ Signature _____

Title: _____ Date: ____/____/____

AFFIX PATIENT LABEL
