

VALUABLES RELEASE SHEET

BLAYK, BONZE ANNE ROSE

BLAYK, BONZE ANNE ROSE A00088518428 M000597460 05/01/1956 62 F

A Member of Cayuga Health System

I hereby release Cayuga Medical Center from all liability resulting from loss or damage to me on admission or subsequently received by me while I am a patient in this medical center. This includes money, jewelry, electrical devices, clothing, prosthetic devices (dentures, limbs, etc.) and any other personal items.

All valuables and personal items not needed by the patient while in the hospital should be taken home by the family. If the patient elects to keep valuables in the hospital, it is recommended that said valuables be stored in the hospital safe in the Admissions Office.

If the patient elects to keep said valuables with them (in their room or on their person), these valuables must be itemized below (including anything the patient considers to be of value).

(includin	g anythin	g the patient considers to be of value).	
PERSO	NAL EFF	ECTS RETAINED BY PATIENT Listed By: ☐ Patient ☐ Family	Employee
YES	N/A	Dentures: ☐ Partial ☐ Full ☐ Upper ☐ Lower	
	(XO)	Glasses	
	(X)	Contact Lenses	
	(Hearing Aide (☐ R ☐ L ☐ Both)	
	$\stackrel{\sim}{\boxtimes}$	Jewelry: Ring - Color Stone Color Stone Color	
		☐ Watch - Color	
		☐ Other:	
	A C	Money: Amount	
	网	MEDICATION RETAINED BY PATIENT ☐ Sent to Pharmacy (In-patient units please complete form 17122 if patient's medication	☐ Sent home with patient's family as need to be sent to pharmacy)
Á		Shoes - Description: ON MAN POLL Socks Dacket - Description: Purse	Description: DUCK TANK TOO - Description: 1
		☐ Cell Phone ☐ Charger ☐ Computer ☐ Other Personal Effects: ☐	
		certifies that s/he has read the foregoing and is the patient or duly author e and accepts its terms.	rized by the patient as the patient's agent to
Signatu	ıres:		
1	mar	do to som	
Patient	I Employe	ee Withess	Date / Time Date / Time Date / Time
Discha	rge/Trans	sfer: \square Taken to ED Flex or Behavioral Services Unit \square Taken	n with Patient to Room #:
		d certifies that s/he is the patient or duly authorized by the patient a inted for upon discharge/transfer.	s the patient's agent and agrees that all
Patient	A STATE OF THE STA		Date / Time
Hospita	al Employ	ee Witness	Date / Time



17004 (10/03/17)

BLAYE, BONZE ANNE ROSE

17004

,	VALUABLES RELEASE SHEET AD0088518428 M000597460 05/01/1956 62 MO00597460	
A Member of (ayuga Health System	
me on adm	ease Cayuga Medical Center from all liability resulting from loss or damage to ission or subsequently received by me while I am a patient in this medical center. This includes money, jewelry, electrical othing, prosthetic devices (dentures, limbs, etc.) and any other personal items.	7
All valuable to keep val	s and personal items not needed by the patient while in the hospital should be taken home by the family. If the patient ele uables in the hospital, it is recommended that said valuables be stored in the hospital safe in the Admissions Office.	ci
If the patier	t elects to keep said valuables with them (in their room or on their person), these valuables must be itemized below nything the patient considers to be of value).	
PERSONA	L EFFECTS RETAINED BY PATIENT Listed By: Patient Family Employee	
YES N/	· '`	
	Dentures: ☐ Partial ☐ Full ☐ Upper ☐ Lower Glasses	
	Contact Lenses	
	Hearing Aide (☐ R ☐ L ☐ Both)	
	Jewelry: Ring - Color Stone Color	
	□ Watch - Color	
	☐ Other:	
	Money: Amount	
口 風	MEDICATION RETAINED BY PATIENT ☐ Sent to Pharmacy ☐ Sent home with patient's family (In-patient units please complete form 17122 if patient's medications need to be sent to pharmacy)	
É 0	Clothing: A Pants - Description: DACK SKYT Shore Description: DACK SKYT Shore Description: DACK SKYT Shirt - Description: DACK SKYT)
B. 110 1	Shoes - Description: DIAL NO DELL SINT - Description: DIAL PURS - Description: Desc	-
The undersig	ned certifies that s/he has read the foregoing and is the patient or duly authorized by the patient as the patient's agent to	
Signatures:		
Un	able to sign	
Patient	Date / Time	
1///		
Hospital Emp	loyee Witness Date Time	
Discharge/Tr	ansfer: ☐ Taken to ED Flex or Behavioral Services Unit ☐ Taken with Patient to Room #:	
The undersig tems are acc	ned certifies that s/he is the patient or duly authorized by the patient as the patient's agent and agrees that all counted for upon discharge/transfer.	
Patient	Date / Time	
lospital Empl	pyee Witness	
Prison Empi	Date / Time	

101 Dates Drive ● Ithaca, New York 14850 ● (607) 274-4011



VALUABLES RELEASE SHEET

BLAYK, BONZE ANNE ROSE A00088518428 M000597460 05/01/1956 62 F

A Member of Cayuga Health System

I hereby release Cayuga Medical Center from all liability resulting from loss or damage to me on admission or subsequently received by me while I am a patient in this medical center. This includes money, jewelry, electrical devices, clothing, prosthetic devices (dentures, limbs, etc.) and any other personal items.

All valuables and personal items not needed by the patient while in the hospital should be taken home by the family. If the patient elects to keep valuables in the hospital, it is recommended that said valuables be stored in the hospital safe in the Admissions Office.

If the patient elects to keep said valuables with them (in their room or on their person), these valuables must be itemized below (including anything the patient considers to be of value).

(includi	ng anythii	ng the patient considers to be of value).	
PERSO	ONAL EFF	FECTS RETAINED BY PATIENT Listed By: Patient Family Employee	
YES	N/A		
	Ø	Dentures: ☐ Partial ☐ Full ☐ Upper ☐ Lower	
	(XI)	Glasses	
	\boxtimes	Contact Lenses	
	(20)	Hearing Aide (☐ R ☐ L ☐ Both)	
	$\stackrel{\sim}{\boxtimes}$	Jewelry: Ring - Color Stone Color	
		☐ Watch - Color	
		☐ Other:	
	(AC	Money: Amount	
	Ø	MEDICATION RETAINED BY PATIENT ☐ Sent to Pharmacy ☐ Sent home with patient's family (In-patient units please complete form 17122 if patient's medications need to be sent to pharmacy)	
Ą	0 //A	Clothing: A Pants - Description: Shoes - Description: Dacket - Description: Cell Phone Charger Computer Clothing: Computer Shirt - Description: Purse - Description: Purse - Description:	ρ
		□ Other Personal Effects: d certifies that s/he has read the foregoing and is the patient or duly authorized by the patient as the patient's agent to ve and accepts its terms.	-
Signat	ures:		
	Inal	of to som	
Patient	hs	Date / Time 9/19/18@ 0834	
Hospita	al Employ	pee Withess Date / Time /	
Discha	arge/Tran	sfer: ☐ Taken to ED Flex or Behavioral Services Unit ☐ Taken with Patient to Room #:	
		ed certifies that s/he is the patient or duly authorized by the patient as the patient's agent and agrees that all unted for upon discharge/transfer.	
Patien	t months and	Date / Time	
Hospit	al Employ	vee Witness Date / Time	,,