LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PATIENT PROPERTY RECEIPT

_____ Patient's Name

_____ Date

Money:

$1 X _____ = _____

$5 X _____ = _____

$10 X _____ = _____

$20 X _____ = _____

$___ X _____ = _____

Coins = _____

Total = _____

Credit Cards:

_____

_____

_____

_____

_____

_____

_____

Driver's License No.: _____ Expiration Date: _____

Jewelry: _____

_____

How is the property being transported to hospital? _____

Miscellaneous Articles: _____

_____

_____

_____

_____

Patient's Signature: _____

Sending Facility Staff Signature: _____

Ambulance Staff Signature: _____

Hospital Staff Signature: _____
(Receiving Facility)

Patient's Destination: _____

2/91
JM:dd

MH-331 76P34P