



1122 Kenilworth Drive
 Suite 17
 Towson, MD 21204
 410-337-0022
 410-337-0196 fax

VALUABLES/CLOTHING WAIVER FORM

The Surgical Center shall not be held responsible for the loss of or damage to my personal property itemized below. By virtue of my signing this statement, I agree to assume all risk of loss or damage to my personal property.

(X) PATIENT SIGNATURE

STAFF WITNESS SIGNATURE

VALUABLES & CLOTHING:

SHOES _____
 SOCKS _____
 UNDERWEAR _____
 T-SHIRT _____
 BRA _____
 SHIRT _____
 SWEATER _____
 PANTS _____
 SHORTS _____
 DRESS _____
 DENTURES _____
 EAR RINGS _____
 EYE GLASSES _____
 CONTACTS _____
 WALLET _____
 PURSE _____
 CASH \$ _____
 CREDIT CARDS _____

BRACELET(S): _____
 (YELLOW METAL) _____
 (WHITE METAL) _____
 MISC. DESCRIPTION _____

NECKLACE(S): _____
 (YELLOW METAL) _____
 (WHITE METAL) _____
 MISC. DESCRIPTION _____

RING(S): _____
 (YELLOW METAL) _____
 (WHITE METAL) _____
 MISC. DESCRIPTION _____

WATCH _____
 BODY PIERCING(S) _____

**NURSE: ALL VALUABLES
 GIVEN TO SIGNIFICANT** _____

**OTHER:
 ALL VALUABLES LOCKED
 IN LOCKER:** _____

CHECK ONE: (THIS SECTION COMPLETED AT DISCHARGE**))**

___ All property itemized above has been returned to me in good condition.

___ The following items were not returned to me or have been damaged:

*Staff comments: _____

PATIENT SIGNATURE

STAFF WITNESS SIGNATURE