

9

**PORTSMOUTH HEALTHCARE NHS TRUST**

GOSPORT WAR MEMORIAL HOSPITAL

79976

Name ARTHUR DENNIS CUNNINGHAM Age 79

Ward DEYAD Admission date 21.9.98

From THALASSA NURSING HOME

Date discharged/deceased \_\_\_\_\_

**LIST OF PROPERTY RECEIVED ON 23/9.98**

£	:	p
/		

PENSION BOOKS RECEIVED			
Pension Number and Source	Date of next order for encashment	Number of uncashed orders	Weekly rate
2T 054807C	25.9.98.	16	26.20

**JEWELLERY AND OTHER EFFECTS (including cheques and stamps):**

1 Cheque. N° 435537  
GIROBANK 72:06:26  
06992226.  
£104.80.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

It is hereby certified that the items listed above have been received from the patient for safe custody.

\_\_\_\_\_  
 Sister/Charge Nurse \_\_\_\_\_ Nurse  
 Date \_\_\_\_\_ Certified correct \_\_\_\_\_ Patient or representative

I understand that Portsmouth Healthcare NHS Trust will not be held responsible for any loss howsoever arising in respect of any articles retained in my possession. I also give authority to Portsmouth Healthcare NHS Trust to dispose of any of the above articles if not claimed within six years of the date I cease to be a patient in the hospital, and in the event of a subsequent claim to be accountable only for the proceeds.

Signed \_\_\_\_\_ Patient Signed \_\_\_\_\_ Witness  
 RECEIVED THE ITEMS LISTED ABOVE Signed: Nursing Administrative Officer  
 (WHERE APPROPRIATE) **Code A**  
 Date \_\_\_\_\_ Signed: Administrative Officer

**DISPOSAL OF THE ABOVE MENTIONED PROPERTY**

CASH BANKED OR REFUNDED DURING THE PATIENT'S STAY	
£	p
DATE AND RECEIPT NO. or PATIENT'S SIGNATURE	
_____	
_____	
_____	
_____	

**CASH AND PROPERTY REFUNDED AT THE PATIENT'S DISCHARGE OR DEATH**  
 Received Cash amounting to £ \_\_\_\_\_ and valuables as stated above.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to patient \_\_\_\_\_

OTHER DISPOSAL ACTION:

**DISTRIBUTION : PATIENTS COPY**