

MAKE SECURING AND TRACKING
PATIENT VALUABLES EASY

PATIENT VALUABLES ENVELOPE



SJH 00001 PATIENT ID LABEL

PATIENT VALUABLE ENVELOPE

NAME: _____ PHYSICIAN: _____
ROOM #: _____ DATE: _____
HOSPITAL #: _____

I have turned over to Saint John's Hospital the following items for safe keeping, and I do not hold the hospital responsible for any other valuables, money, or possessions which I am retaining now or will have with me.
Saint John's Hospital, Security Policy #: SS2-87

#	ITEMS	RETURN CHECKLIST
1		
2		
3		
4		
5		
6		
7		
8		

Signed _____ Date _____ Verified by _____ Date _____
Patient _____ Nurse _____
Deposited in Safety & Security by: _____ Date _____ Time _____
Safety & Security Officer _____

I hereby authorize Saint John's Hospital to release the above listed items to _____
in the event of a situation which would restrict my ability to receive them. *Specify by name or "anyone" or "no one"

Signed** _____ Date _____ Time _____
Returned by _____ Date _____ Time _____

** To be signed by patient or responsible individual

WHITE - PATIENT MEDICAL RECORD
ENVELOPE - SECURED AREA

REV 12/20

Provides both the patient and the hospital with a record of the valuables received as well as the vessel in which the valuables are stored.

Perfect for small valuables including wallets, jewelry, cell phones, etc.



MARKETS

- Laboratories
- Hospitals
- Hospice
- Long term care facilities
- Surgery centers



APPLICATIONS

- Patient valuable envelope
- Patient valuable envelope with matching correspondence form



FEATURES

- Customize to the size you need
- Print up to 8 colors
- Printed up to 6 parts plus envelope
- Can be combined with labels
- 1/2" transfer tape perm for envelope flap closure
- Numbering available on form and envelope



BENEFITS

- Competitive Turn Times
- Increased efficiencies and increased accuracy
- Matching form with envelope
- Allows for one inventory
- Different paper thicknesses available
- Different strength glue for envelopes

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