CLOTHING TO BE LABELLED

Date Received: ——————————————————

By Whom:_____

Resident Name: ——————————————————

Room #: _____

Home Area: _____A Main _____A Second _____A Lower _____E Wing

**** Existing resident (not new admission). Please place any new clothing items in a plastic bag, fill out the form, affix it to the outside of the bag and take it to either the nursing station, or if possible, directly to the laundry department on Lower E Wing. Thank you!

DATE	QUANTITIY	ITEM	COLOUR

Form #1