RECEIPT FOR PATIENT'S VALUABLES

(This Form is Subject to The Privacy Act of 1974 - Use Blanket PAS - DD Form 2005.)

All entries will be made in ink. This form will be accomplished in four copies. One copy to be placed in Patient's Record, one copy retained by Flight Nurse, and two copies to accompany Patient's Valuables to Registrar's Office.

AEROMEDICAL EVACUATION SQUADRON	TRIP IDENTIFIER NUMBER	
NAME *(Last, First, M.I.)*	GRADE	SSN
ORIGINATING HOSPITAL	DESTINATION HOSPITAL	

LIST ITEMS BELOW

DATE	SIGNATURE OF FLIGHT NURSE	SIGNATURE OF WITNESS

SIGNATURE OF HOSPITAL REPRESENTATIVE AND UNIT ASSIGNED