PERSONAL ITEMS/LAUNDRY TO BE LABELED

FAMILY/RESIDENT TO COMPLETE

Resident Name_____ Room #_____

Date items taken to laundry room for labeling _____/_____/_____

Name of person bringing laundry in for labeling _____

Description of ALL items to be labeled (type of item, color, pattern, etc.):

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FORM MUST BE TURNED IN TO LAUNDRY STAFF WITH ITEMS FOR LABELING

LAUNDRY STAFF TO COMPLETE:

Items for labeling received by _____ on _____/_____/_____
Employee Name DATE

Items were labeled by _____ on _____/_____/_____
Employee Name DATE