

DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE

RESIDENT'S CLOTHING

Name of Resident: _____

Date of Admission: _____

Articles	No. on Admission	Date and Disposition of Clothing									
		5/1/2006 Discard-1	7/1/2006 New-1								
e.g. Slippers	2										
Bathrobe											
Coat											
Dress Shirt											
Jacket											
Pajamas											
Shoes											
Shorts											
Slippers											
Socks											
Stockings											
Sweater											
T-Shirt											
Trousers											
Underpants											
Undershirt											