

Dear Sir/Madam,

Please pay close attention to the following information:

- We recommend you keep only personal belongings that are strictly necessary, thus please do not keep large sums of money, credit cards, ATM cards, jewelry and other valuables with you.
- Any cell phones, computers, electronic devices should be stored carefully and used in accordance with the rules of coexistence, consistent with health-related needs.

The unit shall not be held responsible for loss, destruction, or misappropriation of money and other valuables (cell phones, computers, wallets, etc.) following delivery of this notice.

Please specify whether you use:

- Denture upper lower total;
 Hearing aid device right left bilateral;
 Glasses;
 Other.

Do you need staff to provide a container to store your denture/hearing aid device?

YES NO, I already have my own container

- Please note that you are kindly requested to look after your prostheses and/or eyeglasses and to refrain from leaving them on the bedside table or among the bed linen used for the bed or under the pillow, so as to prevent them from being inadvertently removed during cleaning.

The unit shall not be held responsible for loss of prostheses and/or eyeglasses following the delivery of this information note due to failure to comply with the requirements contained herein.

I, the undersigned _____ born on _____
 declare that I have read and understood the foregoing.

**LABEL
 PATIENT'S DATA**

Signature of patient

Legible signature _____ degree of family relationship _____
of the guardian/conservator or family member in the case of individuals who are incapacitated or have temporary or permanent impairments resulting in difficulty in understanding this information note

Signature of member of staff (who has informed the patient and delivered the container, if requested)

DATE _____