

St. Joseph's Lifecare Centre
LAUNDRY DEPARTMENT LABELLING / TRACKING FORM

This section to be completed by family member.

Contact Person (Person completing this form) _____

Contact Telephone: () _____ - _____

Resident Name: _____ Unit / Area (if known) _____

Number of bags delivered:

Description of bags delivered: (colour, size, type)

This section for office use only.

Reception Staff Name

Reception Staff Signature

Date sent to laundry

Laundry Staff Name

Laundry Staff Signature

Date