



P.O. Box 7988, St. Thomas, USVI 00801  
340-714-1122

Re: The Handling of Valuables

I, \_\_\_\_\_, have been informed by  
the above office NOT to bring money, jewelry or other valuables to  
the hospital for my procedure.

Your signature to this note affirms that you understand this and will comply.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name