|  | | | | | | | PATIENT I.D. DATA:  (Name, DOC#, DOB) | | | | | |
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| **GENDER-AFFIRMING PROPERTY ISSUANCE REQUEST** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Date of request: | Facility: | | Unit: | | | | |  | | | |
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| Item Requested | | To be completed by Practitioner: | | | | | | | | | |
| Usage Needs (e.g., times per day, duration per use, etc.) | | | | | | | HSR Needed | Notes | |
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| PATIENT SIGNATURE | | | | | | | | |  | | |
| PRACTITIONER REVIEW COMPLETED BY:  (typed/printed name or name stamp) | | | | | DATE | | | |  | | |
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| After Practitioner review and completion, email form to Captain. | | | | | | | | | | | |
| CAPTAIN REVIEW | | | | | | | | | | | |
| Comments (e.g., adjustments, coordination needed, etc.): | | | | | | | | | | | |
| CAPTAIN REVIEW COMPLETED BY (typed/printed name): | | | | | | DATE | | |  | | |
|  | | | | | | | | |  | | |
| After Captain review and completion, email form to Practitioner above. | | | | | | | | | | | |
| FINAL PRACTITIONER REVIEW/APPROVAL | | | | | | | | | | | |
| The following requested item(s) are approved: (Order and route to Property for logging and distribution) | | | | | | | | | | | |
| The following requested item(s) are not approved: (Comments required for each item.) | | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
| PRACTITIONER:  (typed/printed name or name stamp) | | | | SIGNATURE  Click or tap here to enter text. | | | | | | | DATE |
| Distribution: **ORIGINAL** – Health Record **COPY** – Property, Patient, HSM, CUS | | | | | | | | | | | |