



DOH 343-104 March 2011

TB Program Videophones Report of Loss, Theft, or Damage

1. Report filed by:

Name: _____

Local Health Jurisdiction: _____

Phone: _____

Email: _____

2. Videophone (serial number _____) has been:

Lost Stolen Damaged

3. Description of events leading to loss, theft, or damage of videophone:

4. For lost or stolen videophone only:

Videophone loaned to (name of patient/parent/guardian):

DOB _____

Address _____

Describe efforts for recovery:

