

McLaren Print System Order

Order No: 43052 Reprint Previous Order No: 7394
Order Date: 2019-02-25
User: Sandy Wright
Phone: 810-342-2401

Ship Location: McLaren Flint, ER - 2 South/ Attn: Sandy Wright
401 S. Ballenger Highway
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 31010
Dept Name: Emergency Department
Company Number: 60

Order Total Price: 94.75

Item Number: 3805
Item Description: Patient Belonging Inventory
Revision Date: 1/2014
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

BLANKETTING
Form 3000000

PATIENT BELONGINGS INVENTORY

| ARTICLES OF CLOTHING BROUGHT TO HOSPITAL | | | | |
|--|-----------|-------------|----------------|-------------|
| Underwear | Shoes | Accessories | Slippers/Socks | Coat/Jacket |
| Hat | Shoelaces | Shirt | Shoe Inserts | Overalls |
| Sho | Gloves | Footwear | Sho | Leggings |
| Cardigans | Archie | T-Shirt | Underwear | Other |

Other: _____

| VALUABLES BROUGHT TO HOSPITAL | | | | |
|-------------------------------|----------|-----------------------|----------|--------------------|
| Watches/Cell Phone/Keys | Jewelry | Medical Equipment | Eye Wear | Other Valuables |
| Cell Phone | Brooches | Medicine /Syringes | Eye Wear | Other Valuables |
| Charger | Brooches | Medicine /Syringes | Eye Wear | Other Valuables |
| Cell Phone | Brooches | Medicine /Syringes | Eye Wear | Other Valuables |
| Charger | Brooches | Medicine /Syringes | Eye Wear | Other Valuables |
| Cell Phone | Brooches | Medicine /Syringes | Eye Wear | Other Valuables |
| Charger | Brooches | Medicine /Syringes | Eye Wear | Other Valuables |

Other: _____ *Indicates items worth at least \$100

I have read the following and acknowledge:

- McLaren Files will not be held responsible for any money or property of any kind retained by me or kept in my possession while I am at the hospital.
- Please take all Valuables home when possible.
- After 60 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2400 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: All I am Patient Responsible Party Relationship (to patient)

Submitting Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____ DUA

Patient has no belongings or belongings were taken with Patient Family or Representative.

| PATIENT TRANSFER BELONGING INFORMATION | | | |
|---|-------------------|---|-------------------|
| Checking & Valuation with Patient as Individual Above | From room # _____ | Checking & Valuation with Patient as Individual Above | From room # _____ |
| Checking & Valuation with Patient as Individual Above | From room # _____ | Checking & Valuation with Patient as Individual Above | From room # _____ |
| Checking & Valuation with Patient as Individual Above | From room # _____ | Checking & Valuation with Patient as Individual Above | From room # _____ |

Expense by Security only:

Continued/Unreported Items, Entries and any Object clearly needs

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

FORM 3000000
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