

**McLaren Print System Order**

Order No: 46967  
 Order Date: 2019-07-15  
 User: kimberly johnson  
 Phone: 810-342-2193

Ship Location: Kimberly Johnson  
 McLaren Flint - P.A.T (1 Central) / Attn: Kim J.  
 Flint, MI 48532

**Forms**

Quantity: 2500  
 Paragon Dept No: 30510  
 Dept Name: McLaren-Flint P.A.T (1 Central)  
 Company Number: 60

Order Total Price: 459.25

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: 5 Hole Top  
 Misc Info:

BLAUENTLINT  
 For Storage  
**PATIENT BELONGINGS INVENTORY**

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Headwear	Shoes	Accessories	Shower Slippers	Goggles
Hat	Sandals	Shawl	Shower Slippers	Swimsuits
Sho	Slip	Apron	Mask	Swimsuit
Coat/Jacket	Shawl	V-Suit	Underwear	Other
Other: _____				
VALUABLES BROUGHT TO HOSPITAL				
Watches/Cell	Jewelry	Medical	Eye Wear	Other
Right	Neckties	Cell Phone	Contact Lenses	Other
Left	Handbags	Charger	Other	Other
Cell Phone	Handbags	Medication	Eye Wear	Other
Charger	Handbags	Other Items	Contact Lenses	Other
Cell Phone	Handbags	Other	Other	Other
Other	Handbags	Other	Other	Other
Other: _____				

*\*Indicate items brought on 3 sets*

I have read the following and acknowledge:  
 • McLaren Flint 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 90 Days McLaren Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (313) 342-2193 to claim any valuables after discharge.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Title:  Adm /  Patient /  Responsible Party Relationship (to patient) \_\_\_\_\_  
 Sending Unit: \_\_\_\_\_ Receiving Unit: \_\_\_\_\_ Nursing Staff Signature: \_\_\_\_\_  
 Signature NOT Obtained Reuse: \_\_\_\_\_  DCA  
 Patient has no belongings or belongings were lost with Patient Family or Representative.

**PATIENT TRANSFER BELONGING INFORMATION**

Checking & Valuable with Patient as Indicated Above	Date: _____ Initial: _____ Change: _____ Initial: _____	Checking & Valuable with Patient as Indicated Above	Date: _____ Initial: _____ Change: _____ Initial: _____
From room #: _____ To room #: _____	From room #: _____ To room #: _____	From room #: _____ To room #: _____	From room #: _____ To room #: _____
From room #: _____ To room #: _____	From room #: _____ To room #: _____	From room #: _____ To room #: _____	From room #: _____ To room #: _____

**For use by Security only:**  
 Continued/Expanded Check Entries and any Object already used.  
 Security Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 All of my belongings have been returned to me.  
 Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

10/10 Medical Records  
 10/10 Patient at Discharge  
 10/10 Patient at Admission  
 PATIENT BELONGINGS  
 10/10 Security

  
 8700

Spec Info: