

McLaren Print System Order

Order No: 48355
 Order Date: 2019-09-01
 User: Darlene Maguire
 Phone: 810-3422395

Ship Location: mclaren flint 8th floor attn darlene
 401 s. ballanger hwy
 flint, mi 48532

Forms

Quantity: 500
 Paragon Dept No: 23080
 Dept Name: 8th floor orthopedics
 Company Number: 60

Order Total Price: 96.00

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:

BLANKETTING
Form Manager

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Underwear	Shoes	Accessories	Shower Slippers	Swimsuits	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Watches	Gold	Silver	Diamond	Jewelry	Tools	Books	CDs	Video	Other
Watches	Gold	Silver	Diamond	Jewelry	Tools	Books	CDs	Video	Other
Watches	Gold	Silver	Diamond	Jewelry	Tools	Books	CDs	Video	Other
Watches	Gold	Silver	Diamond	Jewelry	Tools	Books	CDs	Video	Other
Watches	Gold	Silver	Diamond	Jewelry	Tools	Books	CDs	Video	Other

Other: _____

*Indicates items received on 3/1/14

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 90 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (313) 420-2300 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: Adm / Patient / Responsible Party Relationship (to patient) _____

Receiving Unit: _____ Nursing Staff Signature: _____ DQA

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 # _____	To room # _____	Checking & Valuation with Patient as Individual Above	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/Respectful Check, Entries and any Object clearly made.

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

8700 - Medical Records
 870001 - Patient as Discharge
 870002 - Patient as Admission
PATIENT BELONGINGS
 870003 - Security

8700

Spec Info: