

McLaren Print System Order

Order No: 54600
 Order Date: 2020-06-03
 User: Stacy LaForest
 Phone: 810-342-2065

Ship Location: McLaren Flint 12 South
 401 S. Ballenger Hwy.
 Flint, MI 48532,

Forms

Quantity: 1000
 Paragon Dept No: 23060
 Dept Name: 12 South
 Company Number: 60

Order Total Price: 184.50

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:

BLANKETING
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Underwear	Shoes	Accessories	Shower Slippers	Swimsuits
Hat	Shower Slippers	Shirt	Shower Slippers	Swimsuits
Shirt	Shoe	Shirt	Shoe	Swimsuits
Coat/Jacket	Shoe	Shirt	Shoe	Swimsuits
Other				

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phone	Medication	Eye Wear	Other
Watches	Cell Phone	Medication	Eye Wear	Other
Watches	Cell Phone	Medication	Eye Wear	Other
Watches	Cell Phone	Medication	Eye Wear	Other
Watches	Cell Phone	Medication	Eye Wear	Other

*Indicates items received on 3/1/14

I have read the following and acknowledge:

- McLaren Files will use for billing purposes 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 (810) 342-2065 to claim any valuables after discharge.

Patient Signature: _____ Date: ___/___/___

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

Receiving Unit: _____ Nursing Staff Signature: _____

Signature NOT Obtained Reuse: DUA

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

PATIENT TRANSFER BELONGING INFORMATION

Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ From room #: _____ To room #: _____
Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ From room #: _____ To room #: _____

Change to Security code:
 (Continued) Request (Check, Release and any Object security code)
 Security Signature: _____ Date: ___/___/___ Release #: _____

All of my belongings have been returned to me.
 Patient Signature: _____ Date: _____

10/10 - Medical Records
 10/10 - Patient as Change
 10/10 - Patient as Release
PATIENT BELONGINGS INVENTORY
 10/10 - Security

8700

10
 10
 10

Spec Info: