

McLaren Print System Order

Order No: 54851
 Order Date: 2020-06-18
 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: 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:

BLANKET/FLINT
 Flint, Michigan
PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Underwear	Shoes	Accessories	Slippers/Socks	Coat/Jacket	Blanket	Shower Slippers	Shower Socks	Swimsuits	Other
Ball	Shower Slippers	Shawl	Shower Socks	Shower Slippers	Shower Socks	Shower Socks	Shower Socks	Shower Socks	Shower Socks
Cap	Gloves	Apron	Mask	Stethoscope	Stethoscope	Stethoscope	Stethoscope	Stethoscope	Stethoscope
Cardigan/Sweater	Blanket	Blanket	Blanket	Blanket	Blanket	Blanket	Blanket	Blanket	Blanket

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Watches/Cell Phone	Medical Equipment	Medications	Eye Wear	Other	Other	Other	Other	Other	Other
Right	Upper	Lower	Other	Other	Other	Other	Other	Other	Other
Left	Upper	Lower	Other	Other	Other	Other	Other	Other	Other
Cell Phone	Medications	Medications	Eye Wear	Other	Other	Other	Other	Other	Other
Charger	Other Items	Other Items	Other	Other	Other	Other	Other	Other	Other
Car Key	Other	Other	Other	Other	Other	Other	Other	Other	Other
Other	Other	Other	Other	Other	Other	Other	Other	Other	Other

Other: _____ *Indicates items were not on 1/1/14

I have read the following and acknowledge:

- McLaren Flint 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 60 Days McLaren Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2395 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: All I am 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 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 #: _____

Spec Info:

Expense to Security only:

Continued/Unreported Items, Entries and any Object already used.

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

FORM 1 - Medical Records
 C00001 - Patient as Charge
 000 - Patient as Admission
PATIENT BELONGINGS
 000-000000



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 0000
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