

McLaren Print System Order

Order No: 56174
Order Date: 2020-08-19
User: Deborah Terrian
Phone: 810-342-2504

Ship Location: McLaren Flint- 7 Central Attn: Deborah Terrian
401 S Ballenger Hwy
Flint, MI 48532

Forms
Quantity: 100
Paragon Dept No: 30155
Dept Name: 7 Central
Company Number: 60

Order Total Price: 65.65

Item Number: M-10368
Item Description: Patients Valuable Record of Deposit
Revision Date: 3/2016
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 3 part; ss; black and white trims to 5.5 x 10

The form is titled "McLaren FLINT PATIENT'S VALUABLES RECORD OF DEPOSIT". It contains several sections for data entry:

- PATIENT INFORMATION:** Fields for "PATIENT MEDICAL RECORD #", "PATIENT NAME", "RECEIVED BY", and "DELIVERED TO".
- CURRENCY COUNT:** A table with columns for "CURRENCY COUNT" and "CURRENCY VALUE". Rows are provided for \$100.00, \$50.00, \$20.00, \$10.00, \$5.00, and \$1.00. Below this table are fields for "TOTAL CURRENCY \$", "TOTAL COUNT", and "OTHER VALUABLES".
- COMPLETED BY:** A field for the name of the person completing the form.
- RECEIVED FROM PERSON OR REPRESENTATIVE:** A section with a disclaimer: "I have the items of personal property listed above in the care, control and custody of this hospital and I acknowledge that these items have been put in a container, sealed and marked with name and this has been done in my presence." It includes fields for "SIGNATURE OF DEPOSITOR" and "DATE DEPOSITED".
- RECEIVED FROM HOSPITAL OR REPRESENTATIVE:** A section with a disclaimer: "I hereby acknowledge that all personal property deposited with the hospital on the above mentioned date has been returned to me." It includes fields for "SIGNATURE OF DEPOSITOR", "DATE RECEIVED", "SIGNATURE OF WITNESS", and "SIGNATURE OF WITNESS".

Spec Info: