

McLaren Print System Order

Order No: 57869
 Order Date: 2020-10-27
 User: Lyna Havalda
 Phone: 3422203

Ship Location: 2C Attn Lyn
 401 S Ballenger Hwy
 Flint, Mi 48507

Forms
 Quantity: 100
 Paragon Dept No: 23012
 Dept Name: 2C
 Company Number: 60

Order Total Price: 18.95

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:

BLANKETING
 For Storage

PATIENT BELONGINGS INVENTORY

| ARTICLES OF CLOTHING BROUGHT TO HOSPITAL | | | | | | | | | |
|--|---------|-------------|-----------------|----------|--|--|--|--|--|
| Headwear | Shoes | Accessories | Slippers/Socks | Coatwear | | | | | |
| Hat | Sandals | Shawl | Shower Slippers | Overalls | | | | | |
| Shirt | Slip | Pyjamas | Slippers | Overalls | | | | | |
| Cardigans | Shoes | Y-Shirt | Underwear | Other | | | | | |

Other: _____

| VALUABLES BROUGHT TO HOSPITAL | | | | | | | | | |
|-------------------------------|-------------|-------------|-------------|-------------|--|--|--|--|--|
| Watches | Cell Phones | Medications | Eye Wear | Other | | | | | |
| Right | Smart Cards | Cholesterol | Cholesterol | Cholesterol | | | | | |
| Left | Smart Cards | Cholesterol | Cholesterol | Cholesterol | | | | | |
| Cell Phone | Smart Cards | Medications | Eye Wear | Other | | | | | |
| Charger | | Cholesterol | Cholesterol | Cholesterol | | | | | |
| Car Key | | Cholesterol | Cholesterol | Cholesterol | | | | | |
| Other | | | | | | | | | |

Other: _____ *Indicates items received on 11/01

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 (313) 540-2000 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

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

Receiving Unit: _____ 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: _____ | Checking & Valuation with Patient as Individual Above | Date: _____ Initial: _____ |
|---|----------------------------|---|----------------------------|
| From room #: _____ | Changes: _____ | From room #: _____ | Changes: _____ |
| To room #: _____ | | To room #: _____ | |

 Security Signature Date: ____/____/____

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

Spec Info:

FORM: Medical Records
 CATEGORY: Patient as Discharge
 ITEM: Patient as Discharge
PATIENT BELONGINGS
 ITEM NUMBER: 3805



3805