

McLaren Print System Order

Order No: 58471
 Order Date: 2020-11-18
 User: Tracy Hawk
 Phone: 810-342-4917

Ship Location: McLaren Flint /2N Attn: Tracy Hawk
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 35210
 Dept Name: Heart & Vascular
 Company Number: 60

Order Total Price: 182.00

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: None
 Misc Info:

BLANKETING
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Underwear	Shoes	Accessories	Shower Slippers	Swimsuits
Socks	Shower Slippers	Shirts	Shower Slippers	Swimsuits
Shirts	Shirts	Shirts	Shirts	Shirts
Coat/Jackets	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phones	Medications	Eye Wear	Other
Right	Charger	Other Items	Other	Other
Left	Other	Other	Other	Other

Other: _____

*Indicates items received on 3/1/08

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) 342-2200 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

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

Receiving Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____

Signature NOT Obtained Receptor: _____ DDA

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

PATIENT TRANSFER BELONGING INFORMATION			
Checking & Valuation with Patient as Indicated Above (Y/N) (D/A) From receipt: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Indicated Above (Y/N) (D/A) From receipt: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____
Checking & Valuation with Patient as Indicated Above (Y/N) (D/A) From receipt: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Indicated Above (Y/N) (D/A) From receipt: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____

Caution to Security only:

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

Security Signature: _____ Date: ____/____/____ Receipt #: _____

All of my belongings have been returned to me.

Patient Signature: _____ Date: _____

Spec Info:

FORM - Medical Records
 COUNTRY - United States
 PAPER - 8.5 x 11
PATIENT BELONGINGS
 3805-00000



8700