

McLaren Print System Order

Order No: 62752
 Order Date: 2021-06-02
 User: Samantha Chene
 Phone: 8103422401

Ship Location: McLaren Flint-Emergency Department 2S Attn: Samantha Chene
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 31010
 Dept Name: Emergency Department
 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:

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 3/1/14

I have read the following and acknowledge:

- McLaren Files will use for billing (regardless 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 Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (517) 360-2330 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	From room #	To room #	Checking & Valuation with Patient as Individual Above	From room #	To room #

Spec Info:

Expense by Security only:

Continued/Expanded Check Entries and any Object identity needs

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

