

## McLaren Print System Order

Order No: 63050  
 Order Date: 2021-06-16  
 User: Patricia Peterson  
 Phone: (810) 324-2193

Ship Location: McLaren Flint - P.A.T. ( 1 central ) Attn: Tricia P.  
 401 S, Ballenger Hwy.  
 Flint, MI 48532

### Forms

Quantity: 1000  
 Paragon Dept No: 30510  
 Dept Name: Pre-Admission Testing  
 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	Chapters	Other Items	Other	Other
Left	Other	Other	Other	Other

Other: \_\_\_\_\_

\*Indicates items received on 3/1/01

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 (810) 324-2193 to claim any valuables after discharge.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Receiving Unit: \_\_\_\_\_ Receiving Unit: \_\_\_\_\_ Receiving Staff Signature: \_\_\_\_\_

Signature NOT Obtained Reversion:   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: \*\*\* Please 5 hole punch \*\*\*

For use by Security only

Continued/Expanded Check Entries and any Object details needs

Security Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Handicap # \_\_\_\_\_

All of my belongings have been returned to me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10/10 Medical Records  
 10/10 Patient as Change  
 10/10 Patient as Change  
**PATIENT BELONGINGS**  
 10/10 Security