

McLaren Print System Order

Order No: 63282
 Order Date: 2021-06-29
 User: Stacy LaForest
 Phone: 810-342-2065

Ship Location: McLaren Flint 12 South
 401 S. Ballenger Hwy.
 Flint, MI 48532,

Forms

Quantity: 100
 Paragon Dept No: 23060
 Dept Name: 12 South
 Company Number: 60

Order Total Price: 19.20

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: 5 Hole Top
 Misc Info:

BLANKETING
 For Storage

PATIENT BELONGING INVENTORY

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

Other: _____

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

Other: _____

*Indicates items accepted on 5/1/08

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) 360-2000 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	From room #:	To room #:	Checking & Valuation with Patient as Individual Above	From room #:	To room #:
Yes/No			Yes/No		

 Security Signature Date: ___/___/___

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

Spec Info: Please remember to use 5 hole punch paper!!