

McLaren Print System Order

Order No: 7769
 Order Date: 2014-12-22
 User: Jessica Mathiak
 Phone: 810-342-2994

Ship Location: Jessica Mathiak
 401 S. Ballenger Hwy
 Flint MI 48532,

Forms
 Quantity: 100
 Paragon Dept No: 91730
 Dept Name: Patient Experience
 Company Number: 60

Order Total Price: 18.35

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:
 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 11/1/14

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) 342-2994 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

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

Sending 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 Indicated Above	Date: _____ Initial: _____	Checking & Valuation with Patient as Indicated Above	Date: _____ Initial: _____
From room #: _____	Change Sheet Below: _____	From room #: _____	Change Sheet Below: _____
To room #: _____	_____	To room #: _____	_____

For use by Security only:

Continued/Unreported Items, Entries and any Object clearly needs:

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

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 C000000 - Patient Belongings Inventory
 0000 - Patient Belongings Inventory
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