

McLaren Print System Order

Order No: 9944 Reprint Previous Order No: 7394
 Order Date: 2015-03-20
 User: kimberly johnson
 Phone: 810-342-2193

Ship Location: Kimberly Johnson
 McLaren Flint - P.A.T (1 Central) / Attn: Patricia P.
 Flint , MI 48532

Forms

Quantity: 2500
 Paragon Dept No: 30510
 Dept Name: McLaren-Flint P.A.T (1 Central)
 Company Number: 60

Order Total Price: 438.00

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:

McLAREN
 Flint, Michigan

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Underwear	Shoes	Accessories	Shower Slippers	Slippers	Slippers	Shower Slippers	Shower Slippers	Shower Slippers	Shower Slippers
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches

Other: _____

*Indicates items received on 3/15/15

I have read the following and acknowledge:

- McLaren Flint will use for billing (regardless of 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 Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (313) 342-2193 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: Self Patient Responsible Party Relationship (to patient): _____

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

Signature NOT Obtained Receiving: _____ DUA

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 #

Expense 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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 SECURITY - Patient as Checkpoint
 P.A.T - Patient as Checkpoint
PATIENT BELONGINGS INVENTORY
 8700