

McLaren Print System Order

Order No: 43042
 Order Date: 2019-02-23
 User: Renee Pifer
 Phone: 810-342-2325

Ship Location: McLaren Flint ICU / Renee Pifer
 401 S. Ballenger Hwy.
 Flint , Mi

Forms

Quantity: 100
 Paragon Dept No: 20010
 Dept Name: McLaren Flint ICU
 Company Number: 60

Order Total Price: 18.95

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:

BLAUENFLINT
 Flint, Michigan
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
Coats/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 Flint 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 Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2325 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

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

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

Patient has no belongings or belongings were taken with Patient Family or Representative. DQA

PATIENT TRANSFER BELONGING INFORMATION			
Checking & Valuable with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuable with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____
Checking & Valuable with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuable with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____

Spec Info:

For use by Security only:

Continued/Unreported Items, Entries and any Object already used.

Security Signature: _____ Date: ____/____/____ Handoff #: _____

All of my belongings have been returned to me.

Patient Signature: _____ Date: _____

8700 - Medical Records
 870001 - Patient as Change
 8700 - Patient as Release
PATIENT BELONGINGS
 8700 000000
 870000