

McLaren Print System Order

Order No: 44155
Order Date: 2019-04-02
User: Darlene Maguire
Phone: 810-3422395

Ship Location: mclaren flint 8th floor attn darlene
401 s. ballanger hwy
flint, mi 48532

Forms

Quantity: 500
Paragon Dept No: 23080
Dept Name: 8th floor orthopaedics
Company Number: 60

Order Total Price: 94.75

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:

BLANK/FLINT
Flint, Michigan
PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Headsets	Shoes	Accessories	Shower Slippers	Coatcases
Hats	Shower Slippers	Shirts	Shower Slippers	Coatcases
Shirts	Shirts	Shirts	Shirts	Coatcases
Coatcases	Shirts	Shirts	Shirts	Coatcases

(Other)

VALUABLES BROUGHT TO HOSPITAL				
Showering Aid	Watches/Clocks	Electronics	Jewelry	Tools
Right	Smartphones	Cameras	Keys	Tools
Left	Smartphones	Cameras	Keys	Tools
Cell Phones	Smartphones	Medications	Eye Wear	Small Credit Cards
Chargers	Smartphones	Other Items	Glasses	Other Items
Lab Kits	Smartphones	Other Items	Other Items	Other Items
Other	Smartphones	Other Items	Other Items	Other Items

(Other) *Indicates items received on 3/1/14

I have read the following and acknowledge:

- McLaren Flint 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 60 Days McLaren Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2395 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: _____
Signature NOT Obtained Reversion: _____ DONA
 Patient has no belongings or belongings were taken with Patient Family or Representative.

PATIENT TRANSFER BELONGING INFORMATION			
Checking & Valuation with Patient as Individual Above	Date: _____ Initial: _____	Checking & Valuation with Patient as Individual Above	Date: _____ Initial: _____
From receipt: _____	Changes: _____	From receipt: _____	Changes: _____
To room #: _____		To room #: _____	
Checking & Valuation with Patient as Individual Above	Date: _____ Initial: _____	Checking & Valuation with Patient as Individual Above	Date: _____ Initial: _____
From receipt: _____	Changes: _____	From receipt: _____	Changes: _____
To room #: _____		To room #: _____	

Spec Info:

Consent to Security Audit:
 Continued/Waiver of Consent, Release and any Object liability needs.
Security Signature: _____ Date: ____/____/____
 All of my belongings have been returned to me.
Patient Signature: _____ Date: ____/____/____

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C000001 - Patient Belongings
Flint - Patient Belongings
PATIENT BELONGINGS INVENTORY
810-342-2395


8700