

McLaren Print System Order

Order No: 44898
 Order Date: 2019-04-28
 User: Rebecca (Becky) Roberts
 Phone: 810-342-2203

Ship Location: McLaren Flint - 2 Central
 401 S. Ballenger Hwy.
 Flint, MI

Forms

Quantity: 100
 Paragon Dept No: 23012
 Dept Name: McLaren Flint - 2 Central
 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:

BLAUENTHAL
 Fire Manager

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Headwear	Shoes	Accessories	Shoes/Boots	Coats
Hat	Sandals	Shawl	Shoes/Boots	Overalls
Sho	Sho	Shawl	Sho	Overalls
Coat/Jacket	Sho	Shawl	Sho	Other

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 3/1/18

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 (313) 342-2203 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

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

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: _____ Changes: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Indicated Above Date: _____ Initial: _____ Changes: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Indicated Above Date: _____ Initial: _____ Changes: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Indicated Above Date: _____ Initial: _____ Changes: _____ From room #: _____ To room #: _____

Spec Info:

Expense by Security only:

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

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____