McLaren Business Products

McLaren Print System Order

Order No: 49378 Reprint Previous Order No: 7394
Order Date: 2019-10-10
User: Sandy Wright
Phone: 810-342-2401

Ship Location: McLaren Flint, ER - 2 South/ Attn: Sandy Wright
401 S. Ballenger Highway
Flint, MI 48532
Forms
Quantity: 500
Paragon Dept No: 31010
Dept Name: Emergency Department
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:

MCLAREN FLINT
Flint, Michigan

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL

	Underwear		Dress		Sweatpants		Slippers/Socks		Sweater
	Belt		Nightgown		Shirt		Shoes/Boots		Sweatpants
	Bra		Tie		Pajamas		Shirt		Sweatshirt
	Coat/Gloves		Jacket		T-Shirt		Underwear		Other

Other:

VALUABLES BROUGHT TO HOSPITAL

	Hearing Aid ___Right ___Left		Walker/Cane Braces/Splints		Dentures __Upper __Lower		Jewelry Rings		Purse Wallet Money $ ____ # of Credit Cards ____ ☐Bank Home ☐Cashier Envelope #_____
	Cell Phone/ Charger Lap Top Other		Prosthetics _____ _____		Medication ☐Bank Home ☐Pharmacy		Eye Wear ___Glasses ___Contacts		

Other: *Dentures/Hearing aids opt out of VIP

I have read the following and acknowledge:

- McLaren Flint will not be liable (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 48 DAYS McLaren Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2410, to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____
Time: ____ am / pm ☐ Patient ☐ Responsible Party Relationship (to patient): _____
Sending Unit: _____ Receiving Unit: ____ Nursing Staff Signature: _____
Signature NOT Obtained Because: _____ ☐ DOA
☐ Patient has no belongings or belongings sent home with Patient Family or Representative.

PATIENT TRANSFER BELONGING INFORMATION

Clothing & Valuables with Patient as Indicated Above ☐Yes ☐No From room#: _____ To room #: _____	Date: ____ Initials: ____ Changes Noted Below: _____ _____ _____	Clothing & Valuables with Patient as Indicated Above ☐Yes ☐No From room#: _____ To room #: _____	Date: ____ Initials: ____ Changes Noted Below: _____ _____ _____
Clothing & Valuables with Patient as Indicated Above ☐Yes ☐No From room#: _____ To room #: _____	Date: ____ Initials: ____ Changes Noted Below: _____ _____ _____	Clothing & Valuables with Patient as Indicated Above ☐Yes ☐No From room#: _____ To room #: _____	Date: ____ Initials: ____ Changes Noted Below: _____ _____ _____

For use by Security only:
☐ Controlled/Weapon(s) (Guns, Knives and any Object similarly used): _____
Security Signature: _____ Date: ____/____/____ Envelope #: _____

☐ All of my belongings have been returned to me.
Patient Signature: _____ Date: _____

WHITE - Medical Records
CANARY - Patient at Discharge
PINK - Patient at Admission
PATIENT BELONGINGS INVENTORY
REV 1/14

870b