

## McLaren Print System Order

Order No: 49492  
 Order Date: 2019-10-15  
 User: jacqueline silva  
 Phone: 810-342-2270

Ship Location: McLaren Flint- 10 South Attn: Ann  
 401 south ballenger hwy  
 flint, michigan 48532

### Forms

Quantity: 500  
 Paragon Dept No: 23040  
 Dept Name: 10 south  
 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:

BLANKETTING  
 For Storage

**PATIENT BELONGINGS INVENTORY**

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Headsets	Shoes	Accessories	Slippers/Socks	Coatlets	Shirts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts
Shirts	Shirts/Shorts	Shirts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts
Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts
Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts	Shirts/Shorts

Other: \_\_\_\_\_

VALUABLES BROUGHT TO HOSPITAL									
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other	Other	Other	Other	Other	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other	Other	Other	Other	Other	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other	Other	Other	Other	Other	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other	Other	Other	Other	Other	Other

Other: \_\_\_\_\_

\*Indicates items accepted on 11/01/14

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) 342-2270 to claim any valuables after discharge.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Receiving Unit: \_\_\_\_\_ Receiving Unit: \_\_\_\_\_ Nursing Staff Signature: \_\_\_\_\_

Signature NOT Obtained Reunion: \_\_\_\_\_  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	Date: _____ Initial: _____	Checking & Valuation with Patient as Individual Above	Date: _____ Initial: _____
From room #: _____	Changes: _____	From room #: _____	Changes: _____
To room #: _____		To room #: _____	
From room #: _____	Changes: _____	From room #: _____	Changes: _____
To 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: \_\_\_\_/\_\_\_\_/\_\_\_\_