

McLaren Print System Order

Order No: 50989
 Order Date: 2019-12-12
 User: Tracy Hawk
 Phone: 810-342-4917

Ship Location: McLaren Flint /2N Attn: Tracy Hawk
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 35210
 Dept Name: Heart & Vascular
 Company Number: 60

Order Total Price: 182.00

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:

BLANKET/UNIT
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Headsets	Shoes	Apparel	Slippers/Socks	Coats	Shirts	Shirts/Shorts	Shorts	Underwear	Other
Shirts	Shirts/Shorts	Shorts	Underwear	Other	Headsets	Shoes	Apparel	Slippers/Socks	Coats
Shirts	Shirts/Shorts	Shorts	Underwear	Other	Headsets	Shoes	Apparel	Slippers/Socks	Coats
Headsets	Shoes	Apparel	Slippers/Socks	Coats	Shirts	Shirts/Shorts	Shorts	Underwear	Other

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Watches/Cell Phone/Smart Phone/Other	Medical Equipment	Medicine /Prescription /Other	Jewelry /Glasses /Other	Tools /Other	Books /Other	Stamps /Other	Art /Other	Other	Other
Watches/Cell Phone/Smart Phone/Other	Medical Equipment	Medicine /Prescription /Other	Jewelry /Glasses /Other	Tools /Other	Books /Other	Stamps /Other	Art /Other	Other	Other

Other: _____

*Indicates items received on 3/1/14

I have read the following and acknowledge:

- McLaren Files will use for billing (regardless 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 Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (313) 360-2000 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: Adm / Patient / Responsible Party Relationship (to patient) _____

Receiving Unit: _____ Nursing Staff Signature: _____

Signature NOT Obtained Receptor: _____ DQA

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 #: _____	
From receipt: _____	Changes: _____	From receipt: _____	Changes: _____
To room #: _____		To room #: _____	

Expense by Security only:

Continued/Expanded Check Entries and any Object already used.

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

Spec Info:

