

McLaren Print System Order

Order No: 51398
 Order Date: 2020-01-01
 User: Renee Bell
 Phone: 810 342 2406

Ship Location: 6 central mclaren flint attn renee
 401 s ballenger hwy
 flint michigan 48532,

Forms

Quantity: 100
 Paragon Dept No: 23090
 Dept Name: transitional care unit telemetry
 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:

BLANKETING
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Headsets	Shoes	Accessories	Slippers/Socks	Coats					
Hats	Shoelaces	Shirts	Shoe Inserts	Overalls					
Shirts	Gloves	Pyjamas	Shoes	Underwear					
Cardigans	Blankets	T-Shirts	Underwear	Other					

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Watches	Cell Phones	Medications	Eye Wear	Tools					
Right	Chargers	Check Books	Glasses	Stethoscopes					
Left	Other	Other Items	Contact	Other					

Other: _____

*Indicates items accepted on 1/1/01

I have read the following and acknowledge:

- McLaren Files 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 90 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (313) 342-2406 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: Adm / 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 Individual Above	Date: _____ Initial: _____	Checking & Valuation with Patient as Individual Above	Date: _____ Initial: _____
From room #: _____	Changes: _____	From room #: _____	Changes: _____
To room #: _____		To room #: _____	

Spec Info:

Expense by Security only:

Continued/Expanded Check Entries and any Object security needs.

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

10/10 Medical Records
 10/10 Patient as Charge
 10/10 Patient as Adm
PATIENT BELONGINGS
 10/10 Security

8700