

McLaren Print System Order

Order No: 52002
 Order Date: 2020-01-28
 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										
Underwear	Shoes	Accessories	Shower Slippers	Slippers	Shower Slippers	Shower Slippers	Shower Slippers	Shower Slippers	Shower Slippers	Shower Slippers
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL										
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches
Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches	Watches

Other: _____

*Indicates items received on 1/28/20

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: _____

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	From room #:	To room #:	Checking & Valuation with Patient as Individual Above	From room #:	To room #:

Spec Info:

For use 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: ____/____/____

3805 - Medical Records
 3805 - Patient as Charge
 3805 - Patient as Receiver
PATIENT BELONGINGS
 3805 - 100
 3805