

McLaren Print System Order

Order No: 58917
 Order Date: 2020-12-09
 User: Renee Bell
 Phone: 810 342 2406

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

Forms

Quantity: 500
 Paragon Dept No: 23090
 Dept Name: transitional care unit telemetry
 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:

BLANKETING
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Headsets	Shoes	Accessories	Slippers/Socks	Coats	Ball	Shoelaces	Shirts	Shoe Inserts	Overalls
Shirts	Shirts	Shirts	Shirts	Shirts	Coat/Blanket	Shirts	Shirts	Shirts	Shirts
Coat/Blanket	Shirts	Shirts	Shirts	Shirts	Coat/Blanket	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys
Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys
Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys	Watches/Cell Phone/Keys

Other: _____

*Indicates items received 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: 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	From room #:	To room #:	Checking & Valuation with Patient as Individual Above	From room #:	To room #:
From room #:			From room #:		
To room #:			To room #:		

Other: _____

Expense by Security only:

Continued/Expanded Check Entries and any Object clearly needs:

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

10/10 Medical Records
 10/10 Patient as Discharge
 10/10 Patient as Admission
PATIENT BELONGINGS
 10/10/10
 10/10/10

Spec Info: