

## McLaren Print System Order

Order No: 59232 Reprint Previous Order No: 7394  
 Order Date: 2020-12-30  
 User: Samantha Chene  
 Phone: 8103422401

Ship Location: McLaren Flint-Emergency Department 2S Attn: Samantha Chene  
 401 S. Ballenger Hwy  
 Flint, MI 48532

### Forms

Quantity: 500  
 Paragon Dept No: 31010  
 Dept Name: Emergency Department  
 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				
Underwear	Shoes	Accessories	Shower Slippers	Swimsuits
Socks	Shower Slippers	Shirts	Shower Slippers	Swimsuits
Shirts	Shirts	Shirts	Shirts	Shirts
Coats/Jackets	Shirts	Shirts	Shirts	Shirts

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

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phones	Medications	Eye Wear	Other Valuables
Right	Charger	Other Items	Other	Other
Left	Other	Other	Other	Other

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

\*Indicates items received on 3/1/01

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 (517) 393-2222 to claim any valuables after discharge.

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

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

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

Signature NOT Obtained Reuse: \_\_\_\_\_  DOA

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 #:
Date: _____ Initial: _____ Changes: _____ QTY in QTY: _____	_____	_____

Checking & Valuation with Patient as Individual Above	From room #:	To room #:
Date: _____ Initial: _____ Changes: _____ QTY in QTY: _____	_____	_____

**Expense by Security only:**

Continued/Unreported Items, Entries and any Object clearly needs

Security Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

All of my belongings have been returned to me.

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

FORM 1 - Medical Records  
 COUNCIL - Patient as Charge  
 PRE - Patient as Charge  
 PATIENT BELONGINGS  
 00000000

8700

11  
 12  
 13