

McLaren Print System Order

Order No: 59350
 Order Date: 2021-01-02
 User: jacqueline silva
 Phone: 810-342-2270

Ship Location: McLaren Flint- 10 South Attn: Ann
 401 south ballenger hwy
 flint, michigan 48532

Forms

Quantity: 500
 Paragon Dept No: 23040
 Dept Name: 10 south
 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:

BLANKETTING
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Underwear	Shoes	Accessories	Slippers/Socks	Coat/cape					
Hat	Shoelaces	Shawl	Shower Slippers	Overalls					
Shirt	Gloves	Apron	Mask	Stethoscope					
Cardigan/Sweater	socks	T-shirt	Underwear	Other					

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Watches/Cell Phone	Computer	Security	Tools	Other					
Right	Camera	Keys	Stethoscope	Medical					
Left	Other	Other	Other	Other					
Cell Phone	Stethoscope	Medication	Eye Wear	Other					
Charger	Other	Other	Other	Other					
Lab Log	Other	Other	Other	Other					
Other									

Other: _____ *Indicates items accepted on 1/1/01

I have read the following and acknowledge:

- McLaren Flint will not be held responsible 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 60 Days McLaren Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2270 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

From: Admit Patient Responsible Party Relationship (to patient)

Receiving Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____

Signature NOT Obtained Reversion: DCA

Patient has no belongings or belongings were lost with Patient Family or Representative.

PATIENT TRANSFER BELONGING INFORMATION			
Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ From room #: _____ To room #: _____	Checking & Valuation with Patient as Individual Above Date: _____ Initial: _____ 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: ____/____/____