

McLaren Print System Order

Order No: 9187
 Order Date: 2015-02-19
 User: Sandra Dodge
 Phone: 810-342-2308

Ship Location: Sandy Dodge
 401 South Ballenger Highway
 Flint, Mi 48532

Forms

Quantity: 100
 Paragon Dept No: 31010
 Dept Name: Emergency
 Company Number: 60

Order Total Price: 18.35

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
Hat	Shower Slippers	Shawl	Shower Slippers	Swimsuits
Shirt	Shawl	Shawl	Shawl	Swimsuits
Coat/Jacket	Shawl	Shawl	Shawl	Swimsuits
Other:				

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phones	Medications	Eye Wear	Other
Right	Cell Phone	Medications	Eye Wear	Other
Left	Cell Phone	Medications	Eye Wear	Other
Other:				

*Indicates items accepted on 2/1/08

I have read the following and acknowledge:

- McLaren Files 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 90 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2308 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: Att. / Patient / Responsible Party Relationship (to patient): _____

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

Patient has no belongings or belongings were taken with Patient Family or Representative. DQA

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 #: _____

For use by Security only:

Continued/Unreported Items, Entries and any Object clearly needs
 Security Signature: _____ Date: ____/____/____ Handoff #: _____

All of my belongings have been returned to me.
 Patient Signature: _____ Date: _____