

McLaren Port Huron agrees to accept the following package (sealed and marked per MPH policy 2.3.100). McLaren Port Huron shall in no event be liable for the contents of the package; responsibility is accepted for the package alone.

Date: _____	Patient's Name: _____
Said to Contain:	
<u>IN</u>	
Date/Time _____	_____
MPH staff: _____	_____
Security: _____	_____
Witness: _____	_____
<u>OUT</u>	
Date/Time _____	_____
MPH staff: _____	_____
Security: _____	_____
Witness: _____	_____

MPH-046 (6.23)

McLaren Port Huron agrees to accept the following package (sealed and marked per MPH policy 2.3.100). McLaren Port Huron shall in no event be liable for the contents of the package; responsibility is accepted for the package alone.

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<u>OUT</u>	
Date/Time _____	_____
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Security: _____	_____
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MPH-046 (6.23)

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MPH-046 (6.23)

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MPH-046 (6.23)

**NOTE:**

This document will measure 4 x 4.5 inches when cut, and is 3-part.