

McLaren Print System Order

Order No: 80625
Order Date: 2023-10-18
User: Amanda Agosta
Phone: 8109893301

Ship Location: McLaren Port Huron- Security
1221 Pine Grove
Port Huron, MI 48060

Forms

Quantity: 500
Paragon Dept No: 8110
Dept Name: Security
Company Number: 480

Order Total Price: 24.44

Item Number: MPH-046
Item Description: Patient Package Receipt
Revision Date: 06/2023
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill:
Poster:
Misc Info: 4x4.5 BW 3-Part

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-048 (8.23)

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.

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-048 (8.23)

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.

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-048 (8.23)

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.

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-048 (8.23)

Spec Info:

NOTE:

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