

McLaren Print System Order

Order No: 85542 Reprint Previous Order No: 7394
 Order Date: 2024-05-15
 User: Samantha Chene
 Phone: 8103422401

Ship Location: McLaren Flint-Emergency Department Attn: Kevin Freeman
 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	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts
Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL										
Watches	Cell Phones	Medications	Eye Wear	Other	Other	Other	Other	Other	Other	Other
Watches	Cell Phones	Medications	Eye Wear	Other	Other	Other	Other	Other	Other	Other
Watches	Cell Phones	Medications	Eye Wear	Other	Other	Other	Other	Other	Other	Other
Watches	Cell Phones	Medications	Eye Wear	Other	Other	Other	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 purposes 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 Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (313) 424-2200 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: Self Patient Responsible Party Relationship (to patient): _____

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

Signature NOT Obtained Receiving: _____ DQA

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 #:	Checking & Valuation with Patient as Individual Above	From room #:	To room #:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Expense by Security only:

Continued/Unreported Items, Evidence and any Object clearly needs:

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

3805 - Medical Records
 3805 - Patient as Discharge
 3805 - Patient as Admission
PATIENT BELONGINGS
 3805 - 3805

8700