McLaren Business Products

**McLaren Print System Order**

**Order No: 87075**
**Order Date: 2024-07-19**
**Order Request Date:**
**User: Brooke Pearson**
**Phone: 2316271370**

**Ship Location: McLaren Cheboygan- BHU Attn: Brooke Pearson**
**748 South Main St**
**Cheboygan, Mi 49721**
**Brochures**
**Quantity: 500**
**Paragon Dept No: 30462**
**Dept Name: BHU**
**Company Number:**

**Order Total Price: 16.75**

**Item Number: MHCC-637-MNM**
**Item Description: Personal Property Receipt**
**Revision Date: 04/2023**
**Print: 1 sided black and white**
**Paper: 20# White Text**
**Size: 8.5 x 11**
**Fold:**
**Finish: None**
**Drill: None**
**Poster:**
**Misc Info: SS, Black**

MCLAREN NORTHERN REGION
BEHAVIORAL HEALTH
PERSONAL PROPERTY RECEIPT

| ITEMS/UNIT LOCK UP | RETURNED TO PATIENT | | ITEMS/UNIT LOCK UP | RETURNED TO PATIENT | |
|---|---|---|---|---|---|
| | | | | | |
| ☐ DENTAL | | | | | |
| ☐ OPTICAL | | | | | |
| ☐ HEARING DEVICE | | | | | |
| ☐ MEDICAL DEVICE | | | | | |

| ITEMS TO CASHIER | RETURNED TO PATIENT | | MEDICATIONS |
|---|---|---|---|
| | | | |
| | | | MEDS TO PHARMACY ☐ YES ☐ NO ☐ HOME/FAMILY ☐ OWN MEDS ON UNIT ☐ MEDS IN MED ROOM |

Do you with anyone else to receive a copy of this receipt? ☐ YES ☐ NO
If yes, specify: _____

LUGGAGE AND CONTENTS: ☐ ROOM (CLOSET) ☐ HOME FAMILY _____

OTHER _____

☐ ROOM CHECKED ☐ CLOSET CHECKED ☐ MED ROOM CHECKED PT. INT. STAFF INT.

I have checked the above inventory, and agree with its contents. — SIGNATURE OF PATIENT / SIGNATURE OF STAFF — DATE SIGNED / DATE SIGNED

I acknowledge that all of my personal belongings have been returned to me at time of discharge. — SIGNATURE OF PATIENT / SIGNATURE OF STAFF — DATE SIGNED / DATE SIGNED

**Spec Info:**

770 PERSONAL PROPERTY RECEIPT