

McLaren Print System Order

Order No: 88065
Order Date: 2024-09-11
User: Sonia Harris
Phone: 810-342-2076

Ship Location: McLaren-Flint 7th Floor Central Elevators Attn: Mandi
401 S. Ballenger
Flint, 48532

Forms

Quantity: 500
Paragon Dept No: 60
Dept Name: 7 Central Behavior Health
Company Number: 60

Order Total Price: 96.00

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: 5 Hole Top
Poster:
Misc Info:

MLAREN/11/01
Form 3805/01
PATIENT BELONGING INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Headsets	Shoes	Accessories	Shoes/Boots	Shower
Shirts	Shirts/Blouses	Shirts	Shirts/Blouses	Shirts/Blouses
Coats/Jackets	Socks	T-Shirts	Underwear	Other

Other: _____

VALUABLES BROUGHT TO HOSPITAL				
Wearing Aid - Rite - Left	Watches/Clocks - Business - Other	Electronics - Camera - Laptop	Jewelry - Rings - Earrings	Tools - Wrench - Screwdriver
Cell Phone - Charger - USB - Other	Medications - Other Items - Laboratory	Eye Wear - Glasses - Contacts	Medical - X-Ray - Other	Other

Other: _____ *Monetary items accepted on 1 bill

I have read the following and acknowledge:

- McLaren Files will not be liable (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.
- When all 3's McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2076 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____
 Title: MRN / Patient / Responsible Party Relationship (to patient): _____
 Resolving Unit: _____ Resolving Staff Signature: _____
 Signature NOT Obtained Because: _____ DUA
 Patient has no belongings or belongings not listed with Patient Family or Representative.

PATIENT TRANSFER BELONGING INFORMATION

Checking & Valuables with Patient or Individual Above	Date	Initial	Checking & Valuables with Patient or Individual Above	Date	Initial
From room # _____	_____	_____	From room # _____	_____	_____
To room # _____	_____	_____	To room # _____	_____	_____

Checking & Valuables with Patient or Individual Above	Date	Initial	Checking & Valuables with Patient or Individual Above	Date	Initial
From room # _____	_____	_____	From room # _____	_____	_____
To room # _____	_____	_____	To room # _____	_____	_____

Carry In Separately only:
 Contained/Unopened Glass, Rubber and any Object directly used.
 Security Signature: _____ Date: ____/____/____ Storage # _____

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

MLAREN Medical Records
 C00001 - Patient at Discharge
 0000 - Patient at Intake
 000000 - Department
 00000000 - Unit Activity
 000000


 8700

Spec Info: