

McLaren Print System Order

Order No: 91920
Order Date: 2025-01-28
User: Danielle Miller
Phone: 989-894-3975

Ship Location: McLaren Bay Region - Facilities 4th floor Attn: Mark Burch
1900 Columbus Ave
Bay City, MI 48708

Forms

Quantity: 2500
Paragon Dept No: 210
Dept Name: Security
Company Number: 210

Order Total Price: 453.00

Item Number: MHCC-561
Item Description: Patient Valuables Form
Revision Date: 09/2022
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: 3 Part, SS, Black, 5.5 x 10

		PATIENT'S VALUABLES RECORD OF DEPOSIT	
PATIENT MEDICAL RECORD #	SIGNATURE OF PATIENT OR REPRESENTATIVE		
PATIENT NAME	RECORD NUMBER (SEE ENVELOPE NUMBER HERE)		
RECEIVED BY			
DELIVERED TO			
CURRENT CASH		CREDIT CARDS - CHECKS	
\$100.00			
\$50.00			
\$25.00			
\$10.00			
\$5.00			
\$2.00			
\$1.00			
TOTAL CURRENCY \$			
TOTAL CASH \$			
TOTAL DEPOSIT \$			
OTHER VALUABLES			
COMMENTS BY:			
SPEC INFO: HOLD HERE TO PRINT CONTENTS LISTED ABOVE			
RECEIVED FROM PATIENT OR REPRESENTATIVE			
I leave the items of personal property listed above in the care, control and custody of this hospital and I acknowledge that these items have been put in a container, sealed and marked with name and this has been done in my presence.			
SIGNATURE OF PATIENT OR REPRESENTATIVE		CARE RECEIVED	
SIGNATURE OF WITNESS		SIGNATURE OF WITNESS	
RETURNED TO PATIENT OR REPRESENTATIVE			
I hereby acknowledge that all personal property deposited with the hospital on the above mentioned date has been returned to me.			
SIGNATURE OF PATIENT OR REPRESENTATIVE		CARE RECEIVED	
SIGNATURE OF WITNESS		SIGNATURE OF WITNESS	