McLaren Business Products

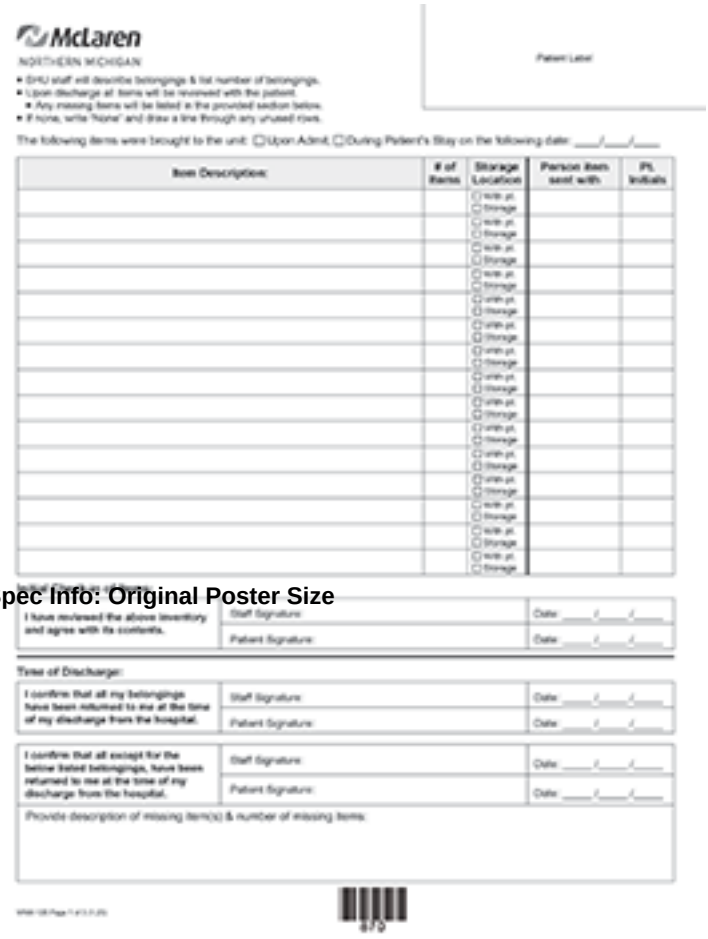
McLaren Print System Order

Order No: 91936
Order Date: 2025-01-28
User: Melissa Buzza
Phone: 989-370-2432

Ship Location: McLaren Northern - Cheboygan Campus - BH Attn. Meghan T.
748 S Main St
Cheboygan, MI 49721
Form
Quantity: 100
Paragon Dept No: 20600
Dept Name: Behavioral Health
Company Number:

Order Total Price: 6.62

Item Number: MNM-120
Item Description: BHU PATIENT BELONGINGS INVENTORY
Revision Date: 01/2025
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: SS, Black, 3 Sheets


McLaren
NORTHERN MICHIGAN

- BHU staff will describe belongings & list number of belongings.
- Upon discharge all items will be reviewed with the patient.
  - Any missing items will be listed in the provided section below.
- If none, write "None" and draw a line through any unused rows.

Patient Label

The following items were brought to the unit: ☐Upon Admit ☐During Patient's Stay on the following date: ___/___/___

Item Description:	# of Items	Storage Location	Person item sent with	Pt. Initials
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		
		☐ with pt. ☐ Storage		

Initial Check on all items

I have reviewed the above inventory and agree with its contents.	Staff Signature:	Date ___/___/___
	Patient Signature:	Date ___/___/___

Time of Discharge:

I confirm that all my belongings have been returned to me at the time of my discharge from the hospital.	Staff Signature:	Date ___/___/___
	Patient Signature:	Date ___/___/___
I confirm that all except for the below listed belongings, have been returned to me at the time of my discharge from the hospital.	Staff Signature:	Date ___/___/___
	Patient Signature:	Date ___/___/___

Provide description of missing item(s) & number of missing items:

Spec Info: Original Poster Size