

McLaren Print System Order

Order No: 16727
 Order Date: 2016-02-01
 User: Sandy Dodge
 Phone: 342-2987

Ship Location: McLaren Flint/ Attn ER. SANDY DODGE
 401 S. Ballenger Hwy.
 Flint, Mi 48532

Forms
 Quantity: 2500
 Paragon Dept No: 31010
 Dept Name: emergency
 Company Number: 60

Order Total Price: 453.00

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: None
 Misc Info:

BLANKET/UNIT
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL				
Underwear	Shoes	Accessories	Shower Slippers	Swimsuits
Socks	Shower Slippers	Shirts	Shower Slippers	Swimsuits
Shirts	Shirts	Shirts	Shirts	Shirts
Coats/Jackets	Shirts	Shirts	Shirts	Shirts

Other: _____

VALUABLES BROUGHT TO HOSPITAL				
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other

Other: _____ *Indicates items received on 3/1/14

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 90 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (313) 342-2987 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

Witness: All I am Patient Responsible Party Relationship (to patient): _____

Receiving Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____ 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	Date: _____ Initial: _____	Checking & Valuation with Patient as Individual Above	Date: _____ Initial: _____
From room #: _____	Changes: _____	From room #: _____	Changes: _____
To room #: _____		To room #: _____	

Spec Info:

Caution to Security only:

Continued/Expanded Check Entries and any Object already used.

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

3131 - Medical Records
 313101 - Patient at Discharge
 313102 - Patient at Admission

PATIENT BELONGINGS INVENTORY

313101

313101