

McLaren Print System Order

Order No: 43458
Order Date: 2019-03-08
User: Colette Rutkowski
Phone: 8103422268

Ship Location: McLaren Flint HR 1 North Colette
401 Ballenger Hwy
Flint, MI 48532

Forms
Quantity: 1000
Paragon Dept No: 92210
Dept Name: HR
Company Number: 60

Order Total Price: 580.00

Item Number: M-10368
Item Description: Patients Valuable Record of Deposit
Revision Date: 3/2016
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 3 part; ss; black and white trims to 5.5 x 10

The form is titled "McLaren FLINT PATIENT'S VALUABLES RECORD OF DEPOSIT". It contains several sections for data entry:

- PATIENT INFORMATION:** Fields for "PATIENT MEDICAL RECORD #", "PATIENT NAME", "RECEIVED BY", and "DELIVERED TO".
- CURRENCY COUNT:** A table with columns for "CURRENCY COUNT" and "UNIT VALUE". Rows include \$100.00, \$50.00, \$20.00, \$10.00, \$5.00, and \$1.00. Below this table are fields for "TOTAL CURRENCY \$", "TOTAL COUNT", "TOTAL WEIGHT", and "OTHER INFORMATION".
- COMPLETED BY:** A field for the name of the person completing the form.
- RECEIVED FROM PERSON OR REPRESENTATIVE:** A section with a disclaimer: "I have 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." It includes fields for "SIGNATURE OF DONOR" and "DATE DEPOSITED".
- RECEIVED FROM HOSPITAL OR REPRESENTATIVE:** A section with a disclaimer: "I hereby acknowledge that all personal property deposited with the hospital on the above mentioned date has been returned to me." It includes fields for "SIGNATURE OF DONOR", "DATE RECEIVED", "SIGNATURE OF WITNESS", and "SIGNATURE OF WITNESS".

Spec Info: