

## McLaren Print System Order

Order No: 45773  
 Order Date: 2019-05-30  
 User: kimberly johnson  
 Phone: 810-342-2193

Ship Location: Kimberly Johnson  
 McLaren Flint - P.A.T (1 Central) / Attn: Kim J.  
 Flint , MI 48532

### Forms

Quantity: 1000  
 Paragon Dept No: 30510  
 Dept Name: McLaren-Flint P.A.T (1 Central)  
 Company Number: 60

Order Total Price: 184.50

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  
 Misc Info:

BLAUENFLINT  
Flint, Michigan

**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
Coat/Jackets	Shirts	Shirts	Shirts	Shirts

Other: \_\_\_\_\_

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phones	Medications	Eye Wear	Other
Watches	Cell Phones	Medications	Eye Wear	Other
Watches	Cell Phones	Medications	Eye Wear	Other
Watches	Cell Phones	Medications	Eye Wear	Other

Other: \_\_\_\_\_

I have read the following and acknowledge:

- McLaren Flint will not be held 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.
- After 60 Days McLaren Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2193 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 Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____
Checking & Valuation with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Indicated Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____

For use by Security only:

Continued/Unreported Items, Entries and any Object clearly needs:

Security Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

All of my belongings have been returned to me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Spec Info:

