

McLaren Print System Order

Order No: 46683
 Order Date: 2019-06-29
 User: Rebecca (Becky) Roberts
 Phone: 810-342-2203

Ship Location: McLaren Flint - 2 Central
 401 S. Ballenger Hwy.
 Flint, MI

Forms

Quantity: 100
 Paragon Dept No: 23012
 Dept Name: McLaren Flint - 2 Central
 Company Number: 60

Order Total Price: 18.95

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:

BLAUENTLIND
 Form Manager

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: _____

*Indicates items received on 3/1/14

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) 342-2203 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

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

Receiving Unit: _____ Nursing Staff Signature: _____

Signature NOT Obtained Revisions: _____ 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	From room #:	To room #:	Checking & Valuation with Patient as Indicated Above	From room #:	To room #:

Spec Info:

Expense by 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: ____/____/____

10/10 - Medical Records
 10/10 - Patient as Change
 10/10 - Patient as Change
PATIENT BELONGINGS
 10/10 - Security
 10/10 - Security

8700