

McLaren Print System Order

Order No: 47201
 Order Date: 2019-07-24
 User: Nicholas Beaver
 Phone: 810-342-5085

Ship Location: 6C center nurse station
 McLaren-Flint

Forms
 Quantity: 100
 Paragon Dept No: 23090
 Dept Name: 6C
 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:

BLANKETING
 For Storage

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL									
Underwear	Shoes	Accessories	Slippers/Socks	Coat	Blanket	Shower Slippers	Headgear	Other	
Ball	Shoelaces	Shawl	Shower Slippers	Shawl	Blanket	Shawl	Headgear	Other	
Cap	Gloves	Shawl	Shower Slippers	Shawl	Blanket	Shawl	Headgear	Other	
Cardigan	Shawl	Shawl	Shower Slippers	Shawl	Blanket	Shawl	Headgear	Other	

Other: _____

VALUABLES BROUGHT TO HOSPITAL									
Wristband	Medical ID	Identification	Security	Phone	Keys	Medical Records	Other	Other	
Right	Left	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower
Cell Phone	Stethoscope	Medication	Eye Wear	Medical Records	Other	Other	Other	Other	
Charger	Other	Other	Other	Other	Other	Other	Other	Other	
Other									

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

I have read the following and acknowledge:

- McLaren Files will use for billing (regardless 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 (810) 342-5085 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 (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Individual Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____
Checking & Valuation with Patient as Individual Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Individual Above (Y/N) (Y/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____

For use by Security only:

Continued/Unreported Items, Entries and any Object already used.

Security Signature: _____ Date: ____/____/____ Handoff #: _____

All of my belongings have been returned to me.

Patient Signature: _____ Date: _____

Spec Info:

