

## McLaren Print System Order

Order No: 55960  
 Order Date: 2020-08-06  
 User: Renee Bell  
 Phone: 810 342 2406

Ship Location: 6 central mclaren flint attn renee  
 401 s ballenger hwy  
 flint michigan 48532,

### Forms

Quantity: 100  
 Paragon Dept No: 23090  
 Dept Name: transitional care unit telemetry  
 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	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 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) 342-2406 to claim any valuables after discharge.

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

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

Receiving Unit: \_\_\_\_\_ Receiving Unit: \_\_\_\_\_ Receiving Staff Signature: \_\_\_\_\_

Signature NOT Obtained Receiving: \_\_\_\_\_  DUA

Patient has no belongings or belongings were taken with Patient Family or Representative.

**PATIENT TRANSFER BELONGING INFORMATION**

Checking & Valuation with Patient as Individual Above	From room #:	To room #:	Checking & Valuation with Patient as Individual Above	From room #:	To room #:

Checking & Valuation with Patient as Individual Above	From room #:	To room #:	Checking & Valuation with Patient as Individual Above	From room #:	To room #:

**Expense by Security only:**

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

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

All of my belongings have been returned to me.

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

Spec Info:

