

**McLaren Print System Order**

Order No: 56760  
 Order Date: 2020-09-11  
 User: Patricia Peterson  
 Phone: (810) 324-2193

Ship Location: McLaren Flint - P.A.T. ( 1 central ) Attn: Tricia P.  
 401 S, Ballenger Hwy.  
 Flint, MI 48532

**Forms**

Quantity: 1000  
 Paragon Dept No: 30510  
 Dept Name: Pre-Admission Testing  
 Company Number: 60

Order Total Price: 182.00

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
Coats/Jackets	Shirts	Shirts	Shirts	Shirts

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

VALUABLES BROUGHT TO HOSPITAL				
Watches	Cell Phones	Medications	Eye Wear	Other
Right	Chapters	Other Items	Other	Other
Left	Other	Other	Other	Other

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

\*Indicates items accepted on 8/1/08

I have read the following and acknowledge:

- McLaren Files 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 90 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 324-2193 to claim any valuables after discharge.

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

Witness:  Adm /  Patient /  Responsible Party Relationship (to patient) \_\_\_\_\_

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

Signature NOT Obtained Receiving: \_\_\_\_\_  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) (N/A) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Individual Above (Y/N) (N/A) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____
Checking & Valuation with Patient as Individual Above (Y/N) (N/A) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Individual Above (Y/N) (N/A) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____

Spec Info: Please always 5 hole punch top of form.

**For use by Security only:**

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

Security Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Handoff #: \_\_\_\_\_

All of my belongings have been returned to me.

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