

McLaren Print System Order

Order No: 61109
 Order Date: 2021-03-19
 User: Stacy LaForest
 Phone: 810-342-2065

Ship Location: McLaren Flint 12 South
 401 S. Ballenger Hwy.
 Flint, MI 48532,

Forms

Quantity: 500
 Paragon Dept No: 23060
 Dept Name: 12 South
 Company Number: 60

Order Total Price: 96.00

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: 5 Hole Top
 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/ID Cards	Cell Phones	Medications	Eye Wear	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other
Watches/ID Cards	Cell Phones	Medications	Eye Wear	Other

Other: _____

*Indicates items received on 3/18/14

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 (810) 342-2065 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: DCA

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

PATIENT TRANSFER BELONGING INFORMATION			
Checking & Valuation with Patient as Indicated Above (Y/N) (D/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Indicated Above (Y/N) (D/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____
Checking & Valuation with Patient as Indicated Above (Y/N) (D/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____	Checking & Valuation with Patient as Indicated Above (Y/N) (D/N) From room #: _____ To room #: _____	Date: _____ Initial: _____ Changes: _____

Spec Info:

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: ____/____/____

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 12 South - Patient Belongings
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8700