

McLaren Print System Order

Order No: 62542
 Order Date: 2021-05-22
 User: Renee Bell
 Phone: 810 342 2406

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

Forms

Quantity: 500
 Paragon Dept No: 23090
 Dept Name: transitional care unit telemetry
 Company Number: 60

Order Total Price: 94.75

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/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 3/1/01

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 60 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: Adm / Patient / Responsible Party Relationship (to patient) _____

Receiving Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____

Signature NOT Obtained Reunion: _____ 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 #

Spec Info:

Expense by Security only:

Continued/Expanded Check Entries and any Object clearly needs

Security Signature: _____ Date: ____/____/____

All of my belongings have been returned to me.

Patient Signature: _____ Date: ____/____/____

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 313.342.2406
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