

McLaren Print System Order

Order No: 63852
 Order Date: 2021-07-27
 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:

BLAUVENT/INT
 Form Manager

PATIENT BELONGINGS INVENTORY

ARTICLES OF CLOTHING BROUGHT TO HOSPITAL

Headsets	Gown	Appointments	Shower Socks	Shower
Shoe	Subgarters	Shawl	Shower Boots	Showerpans
Shoe	Shoe	Surgical	Shawl	Sterile Drapes
Shower Socks	Socks	T-Shirt	Underwear	Other

Other: _____

VALUABLES BROUGHT TO HOSPITAL

Showering Aid Right Left	Widow's Cravat Sunglasses	Glasses Cup Lenses	Jewelry Eyes	Keys MONEY \$ _____ # of Credit Cards _____
Cell Phone Charger I.D. Card Other	Prosthetics	Medication Shard Boxes Catheters	Eye Wear Glasses Contacts	Shard Boxes Catheters Bandage # _____

Other: _____ *Indicates items received on 3 bills

I have read the following and acknowledge:
 • McLaren Files will use for bills (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 Valuable Items when possible
 • After 90 Days McLaren Files will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2000 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____
 Title: Adm / Patient Responsible Party Relationship (to patient) _____
 Sending Unit: _____ Receiving Unit: _____ Nursing Staff Signature: _____ DONA
 Patient has no belongings or belongings were taken with Patient Family or Representative. DONA

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: _____ _____ _____

Caution for Security only:
 Continued/Unreported Items, Entries and any Object already used.
 Security Signature: _____ Date: ____/____/____ Handicap #: _____
 All of my belongings have been returned to me.
 Patient Signature: _____ Date: _____

11/11/13 - Medical Records
 11/11/13 - Patient as Change
 11/11/13 - Patient as Indicated
PATIENT BELONGINGS
 11/11/13
 11/11/13

8700

Spec Info: Please remember to use 5 hole punch paper!!