

McLaren Print System Order

Order No: 8433
 Order Date: 2015-01-23
 User: kimberly johnson
 Phone: 810-342-2193

Ship Location: Kimberly Johnson
 McLaren-Flint P.A.T (1 Central)
 Flint , MI 48532

Forms
 Quantity: 1000
 Paragon Dept No: 30510
 Dept Name: McLaren-Flint P.A.T (1 Central)
 Company Number: 60

Order Total Price: 176.00

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:
 Drill: None
 Misc Info:

MCLAREN
 Flint, Michigan

PATIENT BELONGINGS INVENTORY

| ARTICLES OF CLOTHING BROUGHT TO HOSPITAL | | | | | | | | | |
|--|---------------|-------------|----------------|----------|--|--|--|--|--|
| Headsets | Shoes | Accessories | Slippers/Socks | Coatlets | | | | | |
| Hat | Undergarments | Shirts | Shoes/Beds | Overalls | | | | | |
| Shirts | Shirts | Shirts | Shirts | Shirts | | | | | |
| Coatlets/Blankets | Blankets | Blankets | Blankets | Blankets | | | | | |

Other: _____

| VALUABLES BROUGHT TO HOSPITAL | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|
| Watches/Cell --- Right --- Left | Medical/Case --- Prescription | Electronics --- Camera --- Laptop | Jewelry --- Rings --- Necklaces | Tools --- Wrench --- Hammer | Keys --- Car --- House | Stamps --- Collectible --- Postage | Books --- Textbook --- Novel | Other --- Cash --- Jewelry | Other --- Cash --- Jewelry |
| Cell Phone --- Charger --- Case --- Other | Medications --- Prescription --- Over-the-counter --- Other | Eye Wear --- Glasses --- Contact | Medical --- Stethoscope --- Sphygmomanometer --- Other | Medical --- Stethoscope --- Sphygmomanometer --- Other | Medical --- Stethoscope --- Sphygmomanometer --- Other | Medical --- Stethoscope --- Sphygmomanometer --- Other | Medical --- Stethoscope --- Sphygmomanometer --- Other | Medical --- Stethoscope --- Sphygmomanometer --- Other | Medical --- Stethoscope --- Sphygmomanometer --- Other |

Other: _____ *Indicates items received on 1/1/14

I have read the following and acknowledge:

- McLaren Flint 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 Flint will dispose of all unclaimed property left at the Medical Center. Please call Security at (810) 342-2193 to claim any valuables after discharge.

Patient Signature: _____ Date: ____/____/____

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

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

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

| 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: _____ |

Expense by Security only:

Continued/Unreported Items, Entries and any Object clearly needs:
 Security Signature: _____ Date: ____/____/____ Handoff #: _____

All of my belongings have been returned to me.
 Patient Signature: _____ Date: ____/____/____

10/10 - Medical Records
 10/10 - Patient as Charge
 10/10 - Patient as Admission
 PATIENT BELONGINGS
 10/10 - Security

8700