

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10057

Pre/PostAuth No:	Date: 26/11/2018, 16:12:05
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	Time	Odometer	Patient Name	Makhoshi Tshimangadzo Colleen	Age	51
Recieved		162659	I.D No	6802140957088	Gender	Female
Dispatched		162659	Physical Address	Stand no: 693 Ngovhela Backside	P Code	0970
Arrival Scene	14:56	162664	Postal Address	P.O Box 3407 Sibasa	P Code	0970
Depart Scene	15:27	162664	Work Details		Work Tell	
At Facility			Home Tell		Cell	0791966029
Available			Medical Aid Name	Cash call	M/Aid No	
With Patent			Principal Member		MM I.D	
Without Patient			Next of Kin	Makhomu mashudu eiles	Tell	0723143768

Amb No: E3	Transport From: Tshilidzini hospital	Transport To: Limpopo medclinic	CPRV No:
Crew 1: Ntsonda v	HPCSA Reg:	ICD 10:	
Crew 2: Mukondeleli f	HPCSA Reg: BAA 1058347	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History:
Primary Survey:
Secondary Survey:
Ample History:

Breath Rythm							Vitals							Neuro						
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 l/min	SPO2	Level of Consci..	Resp. rate	Heart Rate	Rhythm	BP	Perfusion	Pain Score	Temper ature	Pupil Size	Pupil Reaction	GCS(E:4 V:5 M:6)	Apgar	HGT (mmol/1)	
															L R	L R				

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
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Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
	- Trac 3		- SP 02		

Treated by: Signature:	Handed over to: Signature:	Patient refuses Treatment or Transport Name: Signature:	WCA No:
Qualification:	Qualification:	Date:	COC No:

I the undersigned: I.D No describe herein as the patient, principal member or guarantor, acknowledge and accept liability for all costs involved for the services rendered by Eagles 911 Emergency Services, even though I am a member of aid.

Signature:

Date: