

Pr No: 00900030633941

Reg No: 2013/205784/07



P.O BOX 3844 Thohoyandou 0950

E: eaglesambu@gmail.com

C: 084 561 9900

C: 073 710 0702

F: 086 670 9246

PRF NO: 10119

Pre/PostAuth No:	Date: 27/11/2018, 15:15:20
------------------	----------------------------

	Time	Odometer	Patient Name	Mulaudzi vhahangwele	Age	71
Recieved			I.D No	4807050138084	Gender	Female
Dispatched			Physical Address		P Code	
Arrival Scene			Postal Address		P Code	
Depart Scene			Work Details		Work Tell	
At Facility			Home Tell		Cell	
Available			Medical Aid Name		M/Aid No	
With Patent			Principal Member		MM I.D	
Without Patient			Next of Kin		Tell	

Amb No:	Transport From:	Transport To:	CPRV No:
Crew 1:	HPCSA Reg:	ICD 10:	
Crew 2:	HPCSA Reg:	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: BLS	Priority: P1	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
------------	--------	------	------------	-----------	-----------

Drug Name	Dosage	Time	Route	Qualification	Signature
hghjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
----------------	-----------	--------	-----------	-------------	-------

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, princepal 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: