

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: 10032

Pre/PostAuth No:	Date: 30/11/2018, 16:52:43
------------------	----------------------------

	Time	Odometer	Patient Name	Neveri ntsundeni	Age	40
Recieved	15:50	389231	I.D No	7907140390088	Gender	Female
Dispatched	15:50	389231	Physical Address	Lufule 2 Thohoyandou	P Code	0904
Arrival Scene	15:55	389232	Postal Address	P.O Box 1192 Phangami	P Code	0904
Depart Scene	16:05	389232	Work Details		Work Tell	
At Facility			Home Tell		Cell	0798338687
Available			Medical Aid Name	Gems emerald	M/Aid No	001207714
With Patent			Principal Member	Neveli ntsundeni	MM I.D	7907140390088
Without Patient			Next of Kin	Neveri nyambeni	Tell	0827171883

Amb No: E2	Transport From: Dr Makulana unit 4 metropolitan centre Thphoyandou CBD	Transport To: Zoutpansberg private hospital	CPRV No:
Crew 1: Mathonsi p	HPCSA Reg: ANA0186570	ICD 10:	
Crew 2:	HPCSA Reg:	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ILS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

Clinical Notes

Present History: G1,P0 +/-4 weeks pregnant complainong of abdominal pain and pv bleeding**Primary Survey:** No abnormalities was detected**Secondary Survey:** Pv bleeding +/-4weeks pregnant**Ample History:** A-none M-none P-none L-breakfast E-abdominal pain and pv bleeding

Breath Rythm						Vitals							Neuro							
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 1/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
Ringer lactate	1200ml	L hand	16:00		

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
			- SP 02	- IV Access	

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