Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

P.O BOX 3844 Thohoyandou 0950
E: eaglesambu@gmail.com
C: 084 561 9900
C: 073 710 0702
F: 086 670 9246

PRF NO: 10028

Pre/PostAuth No:	Date: 21/12/2018, 15:12:24

	Time	Odometer
Recieved	12:30	393936
Dispatched	12:30	393936
Arrival Scene	12:32	393937
Depart Scene	12:47	393937
At Facility	14:15	394009
Available		
With Patent		
Without Patient		

Patient Name	Tshifuralo Mudzimu	Age	30
I.D No	8901070756086	Gender	Female
Physical Address	No 881 muledane block j	P Code	0950
Postal Address	P O BOX 1270 Thohoyandou	P Code	0950
Work Details		Work Tell	
Home Tell		Cell	0792257765
Medical Aid Name	Bonitas standard option	M/Aid No	02026202969
Principal Member	Tshifuralo Mudzimu	MM I.D	8901070756086
Next of Kin	Mudzimu sc	Tell	0833687715

Amb No: E2	Transport From: Dr Makulana unit 4 metropolitan centre thohoyandou CBD 0950	Transport To:Zoutpansberg private hospital	CPRV No:

Crew 1: Masevhe ZR	HPCSA Reg: ANA0153079	ICD 10:
Crew 2: Nemadodzi F	HPCSA Reg: BAA1381199	Diagnosis:
Crew 3:	HPCSA Reg:	
Level of Care: ILS	Priority: P2	Call Type: Medical
Remark/Motivation:		

Clinical Notes

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

	Breath Rythm						Vitals							Neoro						
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	02 1/min	SPO2	Level of Consci..	Resp. rate	Heart Rate	Rhythm	BP	Perfusion	Pain Score	Temperature	Pupil Size		Pupil Reaction		GCS(E:4 V:5 M:6)	Apgar	HGT (mmol/l)
															L	R	L	R			

Fluid Type	Volume	Site	Time Start	Time Stop	Signature

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other

Treated by: Signature: Qualification:	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, 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: