Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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PRF NO: 10033

Pre/PostAuth No:	Date: 02/01/2019, 11:49:10

	Time	Odometer
Recieved		
Dispatched		
Arrival Scene		
Depart Scene		
At Facility		
Available		
With Patent		
Without Patient		

Patient Name	Mavhivha elphus	Age	63
I.D No	5605145811087	Gender	Male
Physical Address	Stand no 3241 tshwinga	P Code	0944
Postal Address	P O Box 148 masia	P Code	0944
Work Details		Work Tell	
Home Tell		Cell	0760476078
Medical Aid Name	Gems Emerald	M/Aid No	000070716
Principal Member	Mavhivha Elphus	MM I.D	5605145811080
Next of Kin	Mavhivha Abazwitami	Tell	0713235258

Amb No: E2	Transport From: 2/789 Thphoyandou block p east punda maria Rd 0950	Transport To:Limpopo medi clinic	CPRV No:

Crew 1: Mathonsi p	HPCSA Reg: ANA0186570	ICD 10:
Crew 2: Tshikororo s	HPCSA Reg: Baa1427547	Diagnosis:
Crew 3:	HPCSA Reg:	
Level of Care: ILS	Priority: P2	Call Type: Medical
Remark/Motivation:		

Clinical Notes

Present History: Patient complaining of persisting pain on the right ankle
Primary Survey: No abnormalities was detected
Secondary Survey: Swollen right ankle
Ample History: A-none M- diabetic medication P- known hypertensive patient L- breakfast E- painful right ankle

	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
Normal saline	900ml	Right hand			

Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient: Patient assesed calmed and reassured iv line sited up by the doctor.vital signs taken and monitored enroute to fcility for furthur management

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

Treated by: Mathonsi 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, 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: