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: 10125

Pre/PostAuth No: 190097277E01	Date: 26/02/2019, 13:49:33

	Time	Odometer
Recieved	12:09	133408
Dispatched	12:09	133408
Arrival Scene	12:20	133415
Depart Scene	13:09	133415
At Facility		
Available		
With Patent		
Without Patient		

Patient Name	Nelwamondo Tshenzhelani	Age	-6
I.D No	2610100530082	Gender	Female
Physical Address	No 533 Muledane	P Code	0950
Postal Address	P O Box 1042 Thohoyandou	P Code	0950
Work Details		Work Tell	
Home Tell		Cell	0796377674
Medical Aid Name	Gender Emerald	M/Aid No	000048421
Principal Member	Nelwamondo Mmberegeni	MM I.D	6503235664080
Next of Kin	Nelwamondo Vhonani	Tell	0766969436

Amb No: E5	Transport From: Tshilidzini Hospital	Transport To:Netcare Pholoso Hospital	CPRV No:
Crew 1: Masevhe ZR	HPCSA Reg: ANA0153079	ICD 10:	
Crew 2: Nengovhela N	HPCSA Reg: BAA1540190	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			
12:25	Regular	Normal	Good	Central	room air	91%	Conscious	18	131	Regular	97/62	Fair		36 1	3	3	Brisk	Brisk	14/15		14.1

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: