Pr No: 00900030633941

Reg No: 2013/205784/07

EAGLES 911
Real Help. Real Fast

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F: 086 670 9246

PRF NO: 10119

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

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

Patient Name	Mulaudzi vhahangwele	Age	71
I.D No	4807050138084	Gender	Female
Physical Address		P Code	
Postal Address		P Code	
Work Details		Work Tell	
Home Tell		Cell	
Medical Aid Name		M/Aid No	
Principal Member		MM I.D	
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							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:
Mulaudzi
Date: