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: 10019

Pre/PostAuth No:	Date: 21/11/2018, 14:42:41

	Time	Odometer
Recieved	13:45	387132
Dispatched	13:45	387132
Arrival Scene	13:50	387134
Depart Scene	14:05	387134
At Facility	16:05	387312
Available		
With Patent		
Without Patient		

Patient Name	Muvari nyamukamadi ester	Age	76
I.D No	4302100170089	Gender	Female
Physical Address	Stand no 104 vuwani	P Code	0952
Postal Address	P O Box 2076 Vuwani	P Code	0952
Work Details		Work Tell	
Home Tell		Cell	0735592402
Medical Aid Name	Gems emerald	M/Aid No	1353097
Principal Member	Muvari alfheli	MM I.D	7806300641084
Next of Kin	Muvari patricia	Tell	0833416624

Amb No: E2	Transport From: Dr K.N Hadzhi 2/789 Thohoyandou block P east 0950	Transport To:Netcare pholoso hospital	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: Patient transported to netcare pholoso,no specialist at zoutpansberg			

Clinical Notes

Present History: Patient complaining of bleeding peptic ulceration
Primary Survey: No abnormalities was found
Secondary Survey: Patient appears to be weak
Ample History: A-none M-hypertension treatment p-known hypertensive L-breakfast E peptic ulcer

	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: Patient assessed iv sited up by the doctor vital signs monitored and recorded during transportation

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

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: