

Pr No: 00900030633941

Reg No: 2013/205784/07



P.O BOX 3844 Thohoyandou 0950

E: eaglesambu@gmail.com

C: 084 561 9900

C: 073 710 0702

F: 086 670 9246

PRF NO: 10022

Pre/PostAuth No:	Date: 27/11/2018, 17:41:29
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	Time	Odometer	Patient Name	Masithulela Maduvhahafani	Age	33
Recieved	11:35	388189	I.D No	8608240810087	Gender	Female
Dispatched	11:35	388189	Physical Address	No 20210 muswadi dipeni	P Code	0956
Arrival Scene	11:36	388189	Postal Address	P.O Box 132	P Code	0956
Depart Scene	11:55	388189	Work Details		Work Tell	
At Facility	12:51	388262	Home Tell		Cell	0738746711
Available	15:00	388333	Medical Aid Name	Gems emerald	M/Aid No	001514479
With Patient			Principal Member	Masithulela Maduvhahafani	MM I.D	8608240810087
Without Patient			Next of Kin	Ndou Malakia	Tell	0716189664

Amb No: E2	Transport From: Dr Makulana T.V unit 4 metropolitan centre thohoyandou CBD	Transport To: Zoutpansberg private 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:			

Clinical Notes

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

Breath Rythm						Vitals							Neuro							
Time	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 1/min	SPO2	Level of Consci..	Resp. rate	Heart Rate	Rhythm	BP	Perfusion	Pain Score	Temper ature	Pupil Size	Pupil Reaction		GCS(E:4 V:5 M:6)	Apgar	HGT (mmol/1)
															L R	L R				

Fluid Type	Volume	Site	Time Start	Time Stop	Signature
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Drug Name	Dosage	Time	Route	Qualification	Signature
hghgjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other

Treated by: Signature:	Handed over to: Signature:	Patient refuses Treatment or Transport Name: Signature:	WCA No: COC No:
Qualification:	Qualification:	Date:	Signature:
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.			
Date:			