

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: 10071

Pre/PostAuth No: \_\_\_\_\_ Date: 19/11/2018, 13:11:36

			Patient Name	Remeregi Ntsengi	Age	57
Recieved	12:20	243849	I.D No	6206200064084	Gender	Female
Dispatched	12:20	243849	Physical Address	Stand no 296 maungani	P Code	0985
Arrival Scene	12:22	243850	Postal Address	P.o.box 649 Shayandima	P Code	0985
Depart Scene	12:50	243850	Work Details		Work Tell	
At Facility			Home Tell		Cell	0724455408
Available			Medical Aid Name	Gems emerald	M/Aid No	000660012
With Patent			Principal Member	Remeregi T	MM I.D	6206200064084
Without Patient			Next of Kin	Ramagoma T	Tell	0721276936

Amb No: E4	Transport From: Doctor Nangambi,Stand no 259,Thohoyandou 0950	Transport To:Limpopo medi clinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nengovhela N	HPCSA Reg: BAA 1540190	Diagnosis: Chest pain and dizziness	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	Priority: P2	Call Type: Medical	
Remark/Motivation:			

## Clinical Notes

<b>Present History:</b> Patient complaining of pain on right shoulder radiating to the neck and the jaws. Dizziness
<b>Primary Survey:</b> No abnormalities detected
<b>Secondary Survey:</b> Painful right shoulder on palpitations
<b>Ample History:</b> A-none,M-atroiza,P-none,L-morning,E-Dizziness and pain on the right shoulder radiating to the neck and the jaws

Time	Breath Rythm						Vitals						Neuro								
	Breath Rythm	Breath Sound	Air Entry	Trachea Position	O2 l/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/l)	
															L	R	L	R			

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

Management of Patient: \_\_\_\_\_

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
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Treated by: Signature:	Handed over to: Signature:	<b>Patient refuses Treatment or Transport</b> Name: Signature:	<b>WCA No:</b>
Qualification:	Qualification:	Date:	<b>COC No:</b>

I the undersigned: I.D No describe herein as the patient, princpal 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: \_\_\_\_\_