

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10074

Pre/PostAuth No:	Date: 20/11/2018, 12:08:17
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	Time	Odometer	Patient Name	Ntuli Mikateko	Age	32
Recieved	10:01	244230	I.D No	8709240521086	Gender	Female
Dispatched	10:01	244230	Physical Address	Stand no 242 Greenfarm	P Code	0982
Arrival Scene	10:06	244232	Postal Address	P.o.box 1649 Malamulele	P Code	0982
Depart Scene	10:23	244232	Work Details		Work Tell	
At Facility			Home Tell		Cell	0832047787
Available			Medical Aid Name	Gems Ruby	M/Aid No	001183666
With Patent			Principal Member	Ntuli M	MM I.D	8709240521086
Without Patient			Next of Kin	Mihlanga J	Tell	0760165962

Amb No: E4	Transport From: Dr Makulana T.V,Unit 4,Metropolitan centre, Thohoyandou 0950	Transport To:Netcare pholoso hospital	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2:	HPCSA Reg:	Diagnosis: Lower abdominal pain	
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:

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
hghgjhhgh					

Management of Patient:

Equipment Used	Alignment	Airway	Breathing	Circulation	Other
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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: