

Pr No: 00900030633941

Reg No: 2013/205784/07



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PRF NO: 10028

Pre/PostAuth No:	Date: 21/12/2018, 15:12:24
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	Time	Odometer	Patient Name	Tshifuralo Mudzimu	Age	30
Recieved	12:30	393936	I.D No	8901070756086	Gender	Female
Dispatched	12:30	393936	Physical Address	No 881 muledane block j	P Code	0950
Arrival Scene	12:32	393937	Postal Address	P O BOX 1270 Thohoyandou	P Code	0950
Depart Scene	12:47	393937	Work Details		Work Tell	
At Facility	14:15	394009	Home Tell		Cell	0792257765
Available			Medical Aid Name	Bonitas standard option	M/Aid No	02026202969
With Patent			Principal Member	Tshifuralo Mudzimu	MM I.D	8901070756086
Without Patient			Next of Kin	Mudzimu sc	Tell	0833687715

Amb No: E2	Transport From: Dr Makulana unit 4 metropolitan centre thohoyandou CBD 0950	Transport To: Zoutpansberg private hospital	CPRV No:
Crew 1: Masevhe ZR	HPCSA Reg: ANA0153079	ICD 10:	
Crew 2: Nematodzi F	HPCSA Reg: BAA1381199	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:

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:	Patient refuses Treatment or Transport Name: Signature:	WCA No:
Qualification:	Qualification:	Date:	COC No:

I the undersigned: I.D No describe herein as the patient, principal 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: _____