

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: 10091

Pre/PostAuth No:	Date: 15/01/2019, 20:25:18
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	Time	Odometer	Patient Name	Mmbengwa Nkhangw	Age	63
Recieved	17:08	258258	I.D No	5603140914086	Gender	Female
Dispatched	17:08	258258	Physical Address	Stand no 4513 Makwarela Ext 3	P Code	0970
Arrival Scene	17:15	258260	Postal Address	P.o.box 3702 Thohoyandou	P Code	0950
Depart Scene	17:41	258260	Work Details		Work Tell	
At Facility	19:37	258434	Home Tell		Cell	0798745873
Available			Medical Aid Name	Gems Emerald	M/Aid No	000424950
With Patent			Principal Member	Mmbengwa Nkhangweni	MM I.D	5603140914086
Without Patient			Next of Kin	Mmbengwa v	Tell	0725090082

Amb No: E4	Transport From: Dr M.P. Thilivhali, Room 3, Tsetsetse Complex, Thohoyandou 0950	Transport To: Limpopo medi clinic	CPRV No:
Crew 1: Maamogo LR	HPCSA Reg: ECT 0009970	ICD 10:	
Crew 2: Nethengwe M	HPCSA Reg: BAA 1552953	Diagnosis:	
Crew 3:	HPCSA Reg:		
Level of Care: ALS	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:
Qualification:	Qualification:	Date:	COC No:

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