Pre-Hospital C	are Form	M	MIT			Alarm No	
Name:				THE WILLIAM STATES	Age:	DOB:	
Name:Last		First	First Middle			displaced to the Appropriate	
Patient Address	<u> </u>					Sex: M F	
Incident Addres	s:						
		Street		City	Sta	ate	
Injuries or Majo	or Complain	t:				Trauma ID No	
Date of Alarm:		Transported:	Yes No	A	mbulance	Private LifeFlight	
Time	F 1885 - 4			U		Considerations:	
Pulse				94-		Pupils	
Blood Pressure		A. A. F.		<u> </u>		Ears	
Respirations		1 /2 1				Skin Color & Feel	
SaO ₂						Motor Functions	
CAO x 1-2-3-4		4 / 1				Bowel Sounds	
Lung Sounds						Don't Sounds	
Blood Sugar		Aud Nat				Physician:	
Glascow Coma						i nysiciani.	
IV ATTEMPTS:	Time	By Who	Successful	Location	1	Type of Medication	
				A NO. O HOPE BOOK		Service State of the State of t	
				East Of The			
Physical Examinati	ion:					Transit Dragmont specific Dragmont specific specifics process	
Treatment:		To adopte					
A T Catalicate.							
SAL ADVICE	иови тер	M SCENE AGAIL	HARGE FROM				
Changes in Patient:	. pa						
had I bayleyni ziki	e potential t		ever Laptions				
Market and the second second				·			
Past Medical Histo	<u>ry:</u>			ś		ancilha	
Allergies:							
		Malajaji				ngture for Parlant by	
Medications:		120					
12							
EMT Senior EMT \ Level		EMT\I	EMT \ Level		EMT \ Level		