

Priority: _____ **Log:** _____
 Location:.....
 Directions:.....
R Code:-.....-.....
Name:.....
Address:.....
D.O.B....../...../..... **Tel:**.....
 Sign & Symptoms:.....

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Radio Message
 Unit: M/F Age: Status:
 C/C: E.T.A.

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Baselines
 Pulse: Resps: GCS: /15
 B.P. / Pupils: Temp: °C
 B.S. mmols pO2: % I.V. ge

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