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Job # 578765 pg3 bk. Proof # 1 May 17, 2004

PMS 423 Gray

71 71 B₃C_K 81 81 81 (Front) 81 81 18 (Bsck) (Front) (PERCENT) **Body Surface Estimation of Burned** 6 THE RULE OF NINES

TNA-INI

NON-HOSPITAL DISPOSITION CODES: NURSING HOME OTHER MEDICAL FACILITY RESIDENCE BY ANOTHER UNIT, TRANSPORTED BY ANOTHER UNIT. REFUSED MEDICAL AID OR TRANSPORT

Hospital Receiving Agent

CALL CANCELLED

(IF REQUIRED)

COMPLETE ON WHITE (AGENCY) COPY ONLY

SIGNATURE

Glasgow Coma Scale

TJUQA

CCODE)ILS(ICD DIAGNO	
	GL	- £ : 8	roo2 200 latoT
	Ļ	None	
Patient's Best Motor Response Response to command or painful stimulus.	7	Extension (pain)	
	3	Flexion (pain)	
	7	Withdraw (pain)	- - - - -
	G	Localizes Pain	
	9	Obeys Command	NotoM
Palient's Best Verbal Response Arouse patient with voice or painful stimulus.	ļ.	Mone	- - - - - - - - -
	2	sbnuo2 əldiznəhərqmoənl	
	3	Inappropriate Words	
	7	basuinoO	
	G	bətnəinO	Verbal
	Į.	None	
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4 COMMERCIAL

SELF PAY

RELATION:

PHONE (_

PHONE (

INSURANCE CODE

MEDICARE 2 MEDICAID 3 CROSS

REFUSAL OF TREATMENT/TRANSPORTION

NEGATIVA A RECIBIR TRATAMIENTO/SER TRASLADADO

RELEASE

EXONERACION DE RESPONSABILIDADES

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LENE UNICAMENTE LA COPIA BLANCA (DE LA AGENCIA)

I hereby refuse (freatment/transport to a hospital) and I acknowledge that such treatment/transportation was advised by the ambulance crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

Mediante la presente declaro que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la ambulancia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responasbilidad por haber respetado y cumplido mid deseos expresos.

	:AIZ)		SS=ADDA
			RESPONSIBLE PARTY:
			EMPLOYER'S ADDRESS:
			PATIENT'S EMPLOYER:
	ON 🗌	□ AES	WAS THIS A WORKER'S COMPENSATION INJURY:
IAAO			ID # ID #
	-		Witness: Testigo:
	_		Signed: Firms:

578765 ONCR Systemedia