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NCR
Job # 578765 pg1 bk.
Proof # 1
May 17, 2004
PMS 423
Gray

NON-HOSPITAL DISPOSITION CODES:

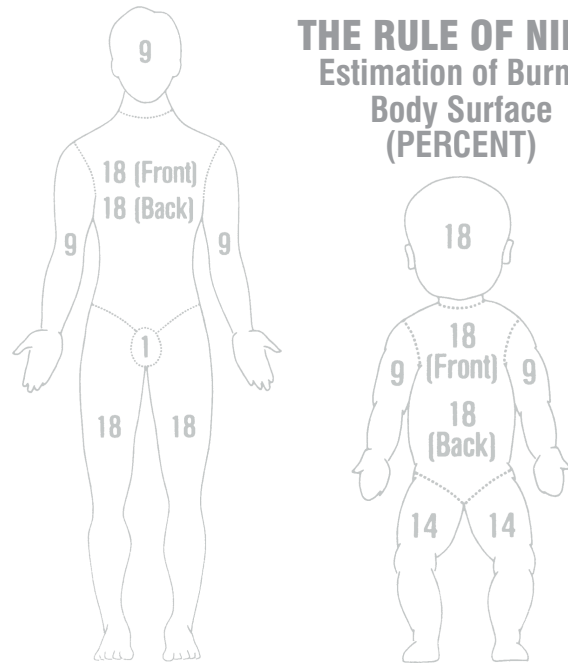
NURSING HOME	001
OTHER MEDICAL FACILITY	002
RESIDENCE	003
TREATED BY THIS UNIT, TRANSPORTED BY ANOTHER UNIT	004
REFUSED MEDICAL AID OR TRANSPORT	005
CALL CANCELLED	006
STANDBY ONLY (NO PATIENT)	007
NO PATIENT FOUND	008
OTHER	010

Hospital Receiving Agent

(IF REQUIRED)

COMPLETE ON WHITE (AGENCY) COPY ONLY

SIGNATURE



REFUSAL OF TREATMENT/TRANSPORTATION

NEGATIVA A RECIBIR TRATAMIENTO/SER TRASLADADO

RELEASE

EXONERACION DE RESPONSABILIDADES

COMPLETE ON WHITE (AGENCY) COPY ONLY
LLENE UNICAMENTE LA COPIA BLANCA (DE LA AGENCIA)

I hereby refuse (treatment/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 responsabilidad por haber respetado y cumplido mid deseos expresos.

Signed: _____
Firma:

Witness: _____
Testigo:

Glasgow Coma Scale

Eye Opening	Spontaneous	4
	To Voice	3
	To Pain	2
	None	1
Verbal Response	Oriented	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Motor Response	Obeys Command	6
	Localizes Pain	5
	Withdraw (pain)	4
	Flexion (pain)	3
	Extension (pain)	2
	None	1

Patient's Best Verbal Response
Arouse patient with voice or painful stimulus.

Patient's Best Motor Response
Response to command or painful stimulus.

Total GCS Score **:3-15**

ICD DIAGNOSTIC CODE

INSURANCE ID #

CARRIER

1 ☐ MEDICARE 2 ☐ MEDICAID 3 ☐ BLUE CROSS 4 ☐ COMMERCIAL INSURANCE 5 ☐ SELF PAY

WAS THIS A WORKER'S COMPENSATION INJURY: ☐ YES ☐ NO INSURANCE CODE _____

PATIENT'S EMPLOYER: _____ PHONE (_____) _____

EMPLOYER'S ADDRESS: _____

RESPONSIBLE PARTY: _____ PHONE (_____) _____

ADDRESS: _____ (ZIP: _____) RELATION: _____

578765 NCR Systemedia