

اسم المريض: **عزیز محمد كوردية**  
رقم المريض:

## Triage Card

Patient ID:

رقم عيادة المريض:

المستشفى الذي أدخل فيه:

Receiving Hospital

رسميًا قبل المريض:

Transportation method

كود سيارة الإسعاف:

Ambulance code

رقم موبيل الإسعاف:

ID No.

تاريخ النقل

Date of transfer

الوقت

Time

سبب الإصابة:

Cause of trauma:

Burn | explosive injury |

NVA | Fall |

wreckage building injury |

Burn |

AM / PM

Time of Trauma:

Amputation | Bleeding | slash |

Head injury | abdominal injury |

Other:

Diagnosed after 1 year

Diagnosed after 1 year

Diagnosed after 1 year

Diagnosed after 1 year

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محول من مصر الواقع

Referring from Khalifa Crossing

اسم المريض قبل:

Age

جنس:

Gender

اسم المريض:

Referring Name

تاريخ الدخول

Date of admission

الوقت

Time

AM / PM

Time of Trauma:

Amputation | Bleeding | slash |

Head injury | abdominal injury |

Other:

Diagnosed after 1 year

Diagnosed after 1 year

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