NAME / SN	CAS #	PRESENTATION TIME
TRIAGE DX	TRIAGE ASSIGNMENT (AREA)	
AT AREA _____ INITIAL DX : BP: P: RR:	INITIAL TX	DISPOSITION

TIME	SUBSEQUENT DX	SUBSEQUENT TX	DISPOSITION
	BP: P: RR:		
	BP: P: RR:		
	BP: P: RR:		
	BP: P: RR:		
	BP: P: RR:		
	BP: P: RR:		
	BP: P: RR:		