



US00D644268S

(12) **United States Design Patent**
Smart

(10) **Patent No.:** **US D644,268 S**

(45) **Date of Patent:** **** Aug. 30, 2011**

(54) **ASSESSMENT TAG**

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West Yorkshire (GB)

(**) **Term:** **14 Years**

(21) **Appl. No.:** **29/345,111**

(22) **Filed:** **Oct. 9, 2009**

Related U.S. Application Data

(63) Continuation-in-part of application No. 29/322,982,
filed on Aug. 15, 2008, now abandoned.

(51) **LOC (9) Cl.** **19-08**

(52) **U.S. Cl.** **D20/27**

(58) **Field of Classification Search** D20/10,
D20/11, 19, 22-29, 40, 42, 99; 40/124.01,
40/124.02, 124.04, 124.09, 124.11, 124.12,
40/124.15, 124.191, 299.01, 359, 360, 541,
40/584, 594, 617, 625, 630, 638, 661.01,
40/661.09, 674, 675; D19/1, 5, 9-11, 26;
229/92.8; 235/375; 281/2; 283/56, 61, 62,
283/67, 71, 74, 79-81, 105, 106, 116; 428/40.1,
428/42.1-42.3, 914; 462/6

See application file for complete search history.

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(57) **CLAIM**

The ornamental design for an assessment tag, as shown and described.

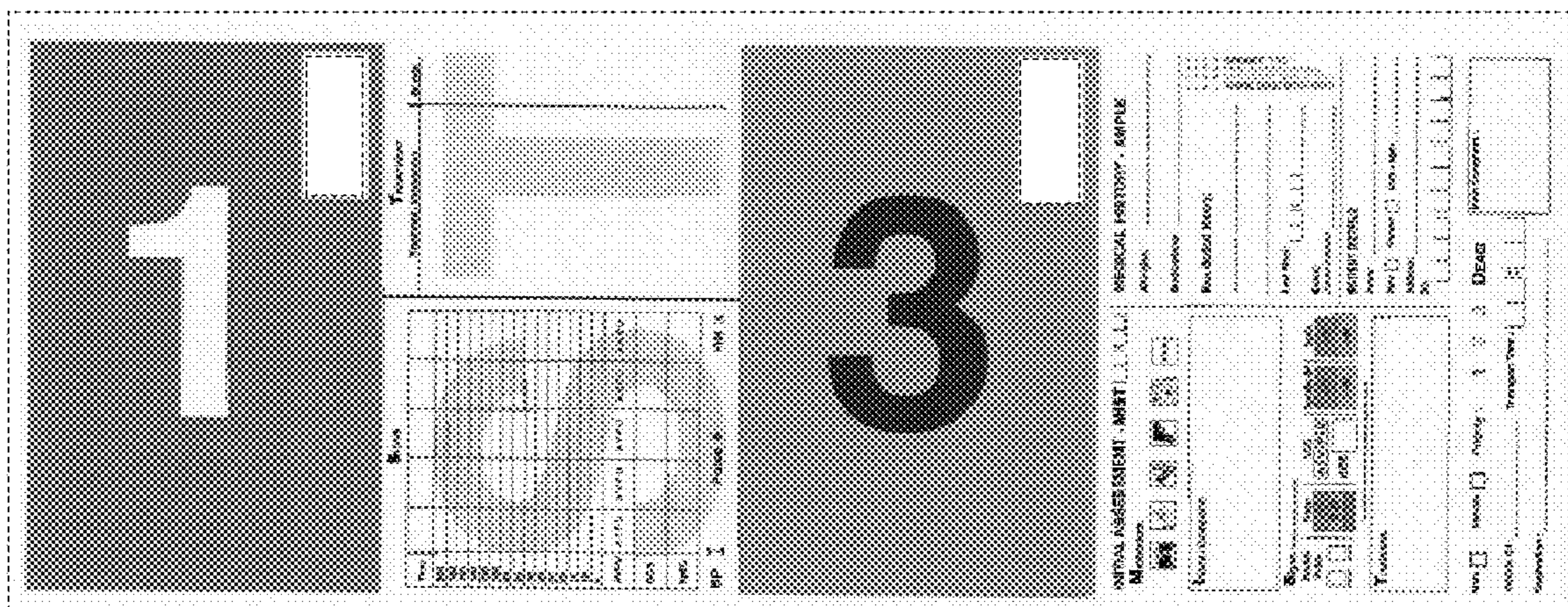
DESCRIPTION

The application file contains at least one drawing executed in color. Copies of this application with color drawing(s) will be proved by the United States Patent and Trademark Office upon request and payment of the necessary fee.

FIG. 1 is a view from the front of an assessment tag, showing my new design, the area outside of the larger broken line border and the areas inside of the two (2) smaller broken line rectangles forming no part of the design; and,

FIG. 2 is a view from the back of the assessment tag, showing my new design, the area outside of the larger broken line border and the area inside of the smaller broken line rectangle forming no part of the design.

1 Claim, 2 Drawing Sheets
(2 of 2 Drawing Sheet(s) Filed in Color)



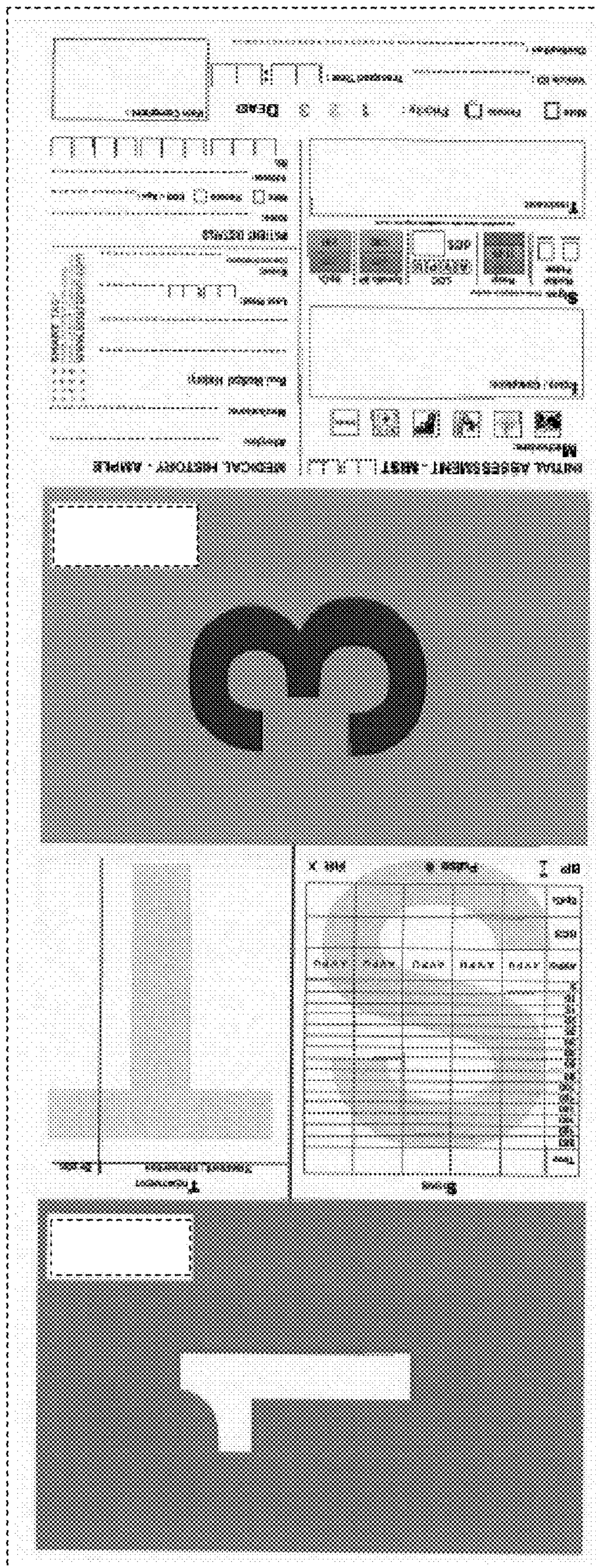
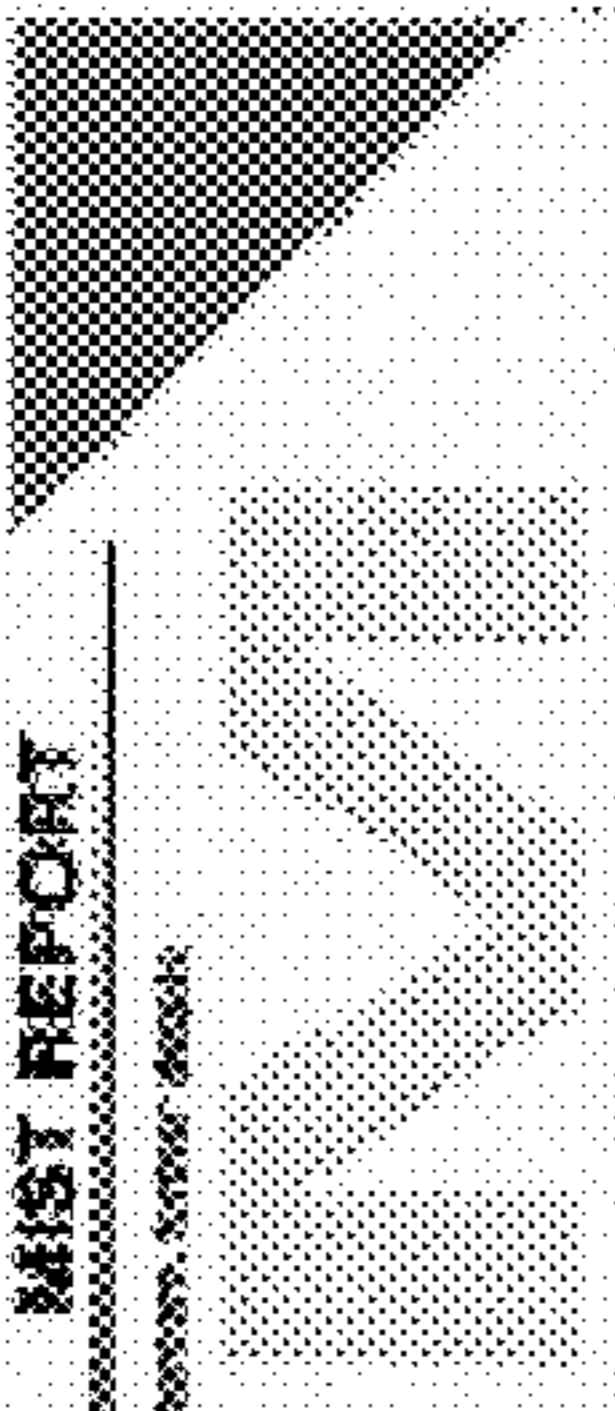
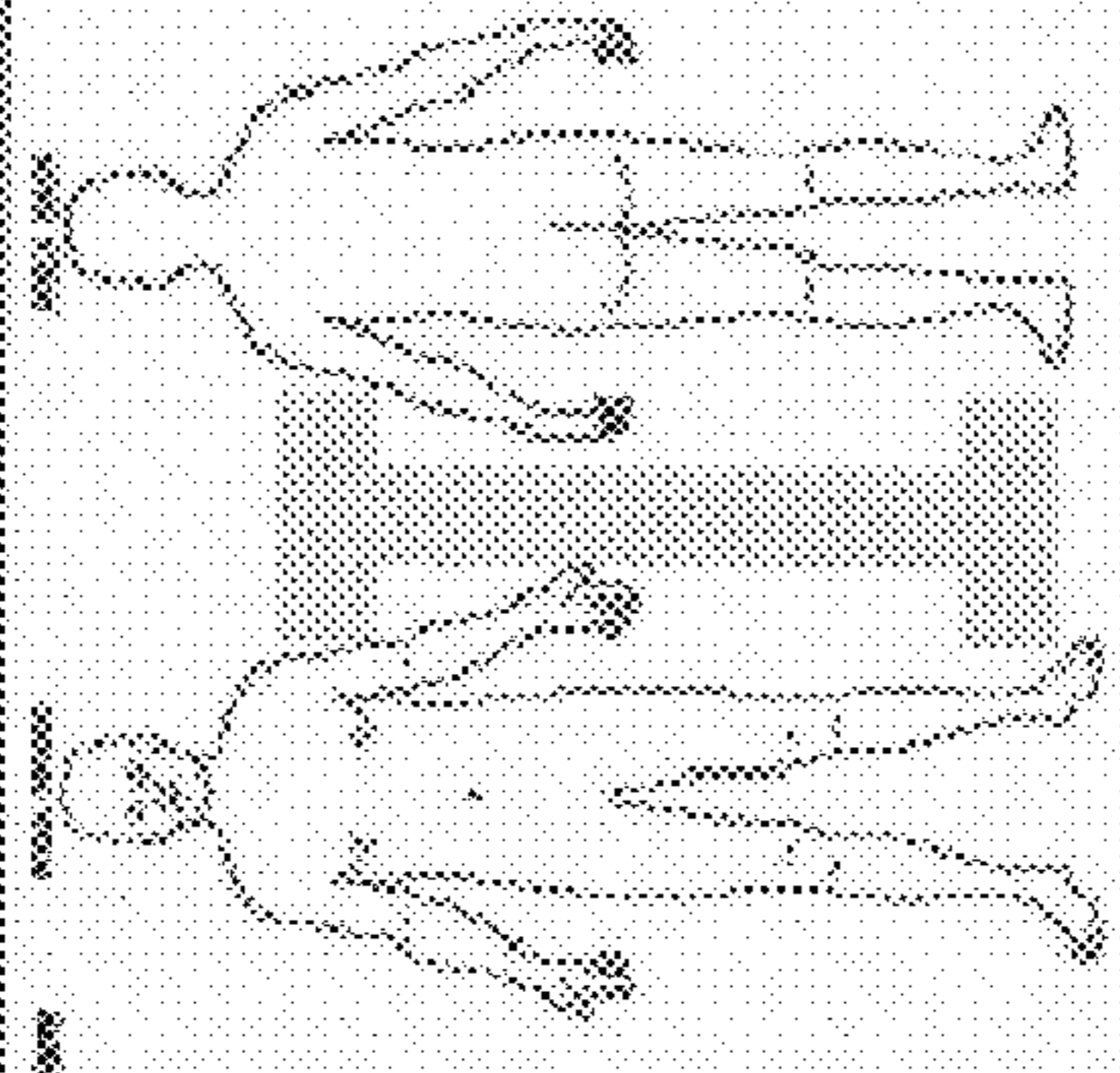


FIG. 1

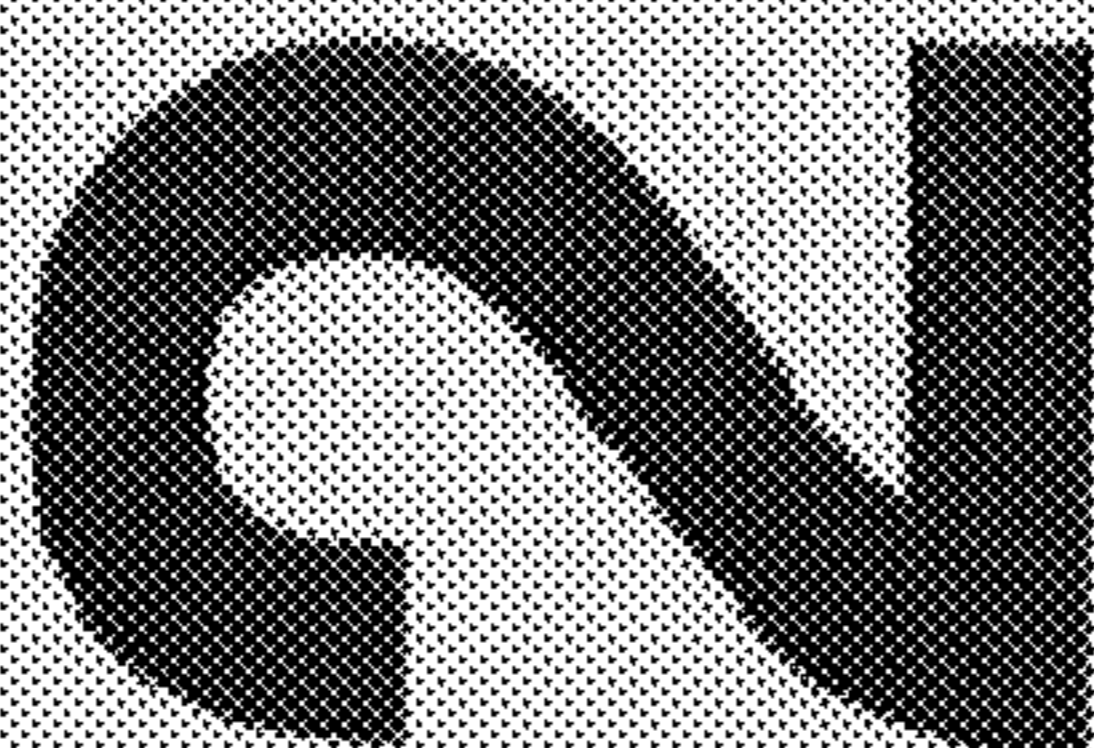
MIST REPORT
Microscopic, toxicologic



Age: _____ Sex: _____



PHYSICIAN:
 Chest/Respiratory Open Wound Burn/Injury/Cont
 Laceration Abscess
 Contact: 1-800-368-5878 Fax: 1-800-368-5879
 Website: www.mistreport.com



Eye opening:		Verbal response:		Motor response:		Glasgow Coma Scale Total:	
<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 15	<input type="checkbox"/>
<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 12	<input type="checkbox"/>
<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/>
<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/>
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/>

Eye opening:
 4 = Eyes open
 3 = Eyes open to voice
 2 = Eyes open to pain
 1 = No eye opening

Verbal response:
 5 = Oriented
 4 = Oriented to person
 3 = Oriented to place
 2 = Oriented to time
 1 = No verbal response

Motor response:
 6 = Obeys commands
 5 = Localizes pain
 4 = Withdraws from pain
 3 = Flexion to pain
 2 = Extension to pain
 1 = No motor response

Total Glasgow Coma Scale:
 15-12 = Conscious
 10-8 = Moderate coma
 6-4 = Severe coma
 3-1 = Deep coma

Respiratory Rate:
 12-20 = Normal
 6-8 = Bradypnea
 1-5 = Apnea

Systemic BP:
 90-120 = Normal
 90-95 = Hypotension
 1-50 = Shock

Total:
 12 = Presumably Conscious
 11 = Presumably Conscious
 10 or less = Presumably Comatose

Name: _____ Address: _____

DOB / Age: _____

FIG. 2