

Medical System

- Client: Mehta Hospital and Research Center, Sanchore, Jhalore (Rajasthan).
- It is a 100-bedded hospital. System has the facility for admitting, discharging and billing inpatient. All type of diagnostics reports are also taken from the system. It also handles outpatients.

- Department Setup
- Doctor Master
- Patient Master
- Rate Setup
- Test Master
- Sub Test Master
- Type Master
- City Master
- Ward Master
- Set Backup

- Flexible Report Setup

Patient Master

File No: 6

Patient Name: Mr Jaykishn D Bishnoi

Fathers Name:

Age: 25 Sex: Male Female

City: SANCHORE

Address: MEHTA hospital sanchore

Referred By: R L MODI

Phone No: 222124

State: Raj

Add Edit Delete... Close

◀ Patient 2 of 71995 ▶▶

Test Master

Test Name: X-RAY

Test Description: X-ray

Report Title: X-RAY

Test 1 of 12 Tests.

Sub Test

Test Name : LAB Search

Sub Test Name ACID PHOSPHATES

(The test name specified in the above box will be printed on receipts)

Description :

Report Title :

Amount : 50 Other Type

Fixed Report Flexible Report None

Report Name : Blood Chemistry

Add Edit Delete... Close

Test 9 of 152 Tests.

| | |
|------------------------|--------|
| Registration Slip | F2 |
| Receipt | F3 |
| Indoor Case | F7 |
| Indoor Advance | F5 |
| Discharge | F6 |
| Blood Chemistry | Ctrl+C |
| Blood Sugar | Ctrl+S |
| Blood | Ctrl+B |
| Complete Lipid Profile | Ctrl+O |
| Liver Function Test | Ctrl+L |
| Haemogram Report | Ctrl+H |
| Urine Report | Ctrl+U |
| Serological Report | Ctrl+E |
| Report Transaction | |
| Common Report | |

+ Receipt

Receipt Date: 23-Jun-2005 Receipt Number:

Patient's Name: Mr.

Sex: Male Female Age:

Consultant: ASHOK TALESARA

Unit: ENT

| Sr. No. | Description | Type | Qty | Rate | Amount |
|---------|-----------------|--------|-----|-------|--------|
| 1 | ACID PHOSPHATES | (None) | 1 | 50.00 | 50.00 |

Total Amount :

Payment Mode:

Cash:

Credit:

** To add new row move to last column (Amount) of Grid*
** To delete row double click the desired Row*

Admission Form
X

OPD No. : Indoor No. : 3

Patient Name :

Father's Name :

Age : Sex :

City :

Ward Name :

Amount : Bed No. :

Doctor Name :

Unit Name :

Date :

Admission 1 of 9676

Discharge Form

| | | | | | | | | |
|-----------------|----------|-------------|---------|--------------|-----------------|---------------|-------------|--------------|
| Indoor No. : | 7 | OPD No. : | 2368 | Find | Discharge No. : | 2 | Ward Name : | MEDICAL WARD |
| Patient Name : | Arabh | Amount : | 0 | Bed No. : | | Doctor Name : | R. L. MODI | |
| Father's Name : | A. LATIF | Unit Name : | Medical | Admit Date : | 10/16/03 | | | |
| Age : | 42y | Sex : | M | | | | | |
| City : | BICHASAR | | | | | | | |

Discharge Details

| | | | | |
|------------------|-------------|-----------------|---|---|
| Discharge Date : | 17-Oct-2003 | Receipt No.: | 0 | 0 |
| Remark : | | Refund : | 0 | |
| | | Extra Charges : | 0 | |

Add **Edit** **Delete...** **Close**

Discharge 1 of 9650

- Receipt Summary
- Receipt Detail
- Registration Summary
- Registration Detail
- Count
- Indoor Patient Register
- Indoor Adv. Summary
- Indoor Discharge Summary
- Indoor Summary
- Receipt Report (Unit/Dept)
- Registration Report
- All Department Summary
- Price List
- Rate Description

Preview

Mehta Hospital

& RESEARCH CENTRE, SANCHOR.

Date : 27-Sep-2003

ECG

| | |
|------------------|--------|
| Paediatric | 100.00 |
| Department Total | 100.00 |

LAB

| | |
|------------------|----------|
| Paediatric | 1,040.00 |
| Department Total | 1,040.00 |

X-RAY

| | |
|------------------|--------|
| Paediatric | 220.00 |
| Department Total | 220.00 |

Total Amount on Date : 27-Sep-2003 1,360.00

Min Receipt No. : 4 Min Receipt No. : 12,486

From Date : 23-May-2004 To Date : 23-Dec-2004 [View] [Close]

Navigation bar with icons for print, refresh, zoom (100%), and page navigation (1 of 1+).

Mehta Hospital & Research Centre Sanchore-343041

Receipt Detail Report From 23-May-2004 To 23-Dec-2004

Date : 23-May-2004

Receipt No. : 18644

Patient's Name : B/O Mangi

Consultant : ASHOK TALESARA

Age : 2

| Test Name | Qty | Rate | Amount |
|------------------------|-----|--------|--------|
| MOT CHARGE | 1 | 150.00 | 150.00 |
| Receipt Total : | | | 150.00 |

Receipt No. : 18645

Patient's Name : B/O Mangi

Consultant : ASHOK TALESARA

Age : 2

| Test Name | Qty | Rate | Amount |
|------------------|-----|-------|--------|
| HB TLC PBF | 1 | 30.00 | 30.00 |
| UREA/ CREATININE | 1 | 80.00 | 80.00 |

Preview

Mehta Hospital & Research Centre Sanchore

Price List

| Test Names | Amount |
|------------|--------|
|------------|--------|

X-RAY

| | |
|----------------------|-------|
| 8*10 | 60.00 |
| 12*12 | 75.00 |
| 12*15 | 80.00 |
| 6.5*8.5 | 60.00 |
| 14*17 | 80.00 |
| X-RAY | 60.00 |
| X.RAY KUB | 80.00 |
| X.RAY CHEST | 60.00 |
| X.RAY CHEST P.A.VIEW | 80.00 |
| X. RAY CHARGE | 60.00 |

EEG

| | |
|------------|--------|
| TMT | 450.00 |
| EEG CHARGE | 450.00 |

ECG