

TibbIT
Health Tech Platform



Current International Trends In HMIS



Telehealth and Remote
Patient Monitoring Data
Portability



Interoperability & Data
Exchange



Data Analytics and
Business Intelligence



EHR Optimization



Patient Engagement Tools



Remote Workforce Solutions

International Standards



ICD-10

International Classification of Diseases, 10th Revision

international standard for classifying and coding diseases, health conditions, and related information

LOINC

Logical Observation Identifiers Names and Codes

a universal standard for identifying and exchanging clinical laboratory observations and results

HL7

Health Level Seven International

focuses on the exchange, integration, sharing, and retrieval of electronic health information

SNOMED CT

Systematized Nomenclature of Medicine – Clinical Terms

designed to capture and exchange clinical information consistently and accurately across different healthcare systems and countries

DICOM

Digital Imaging and Communications

widely adopted international standard for the communication and management of medical imaging information and related data

National Standards

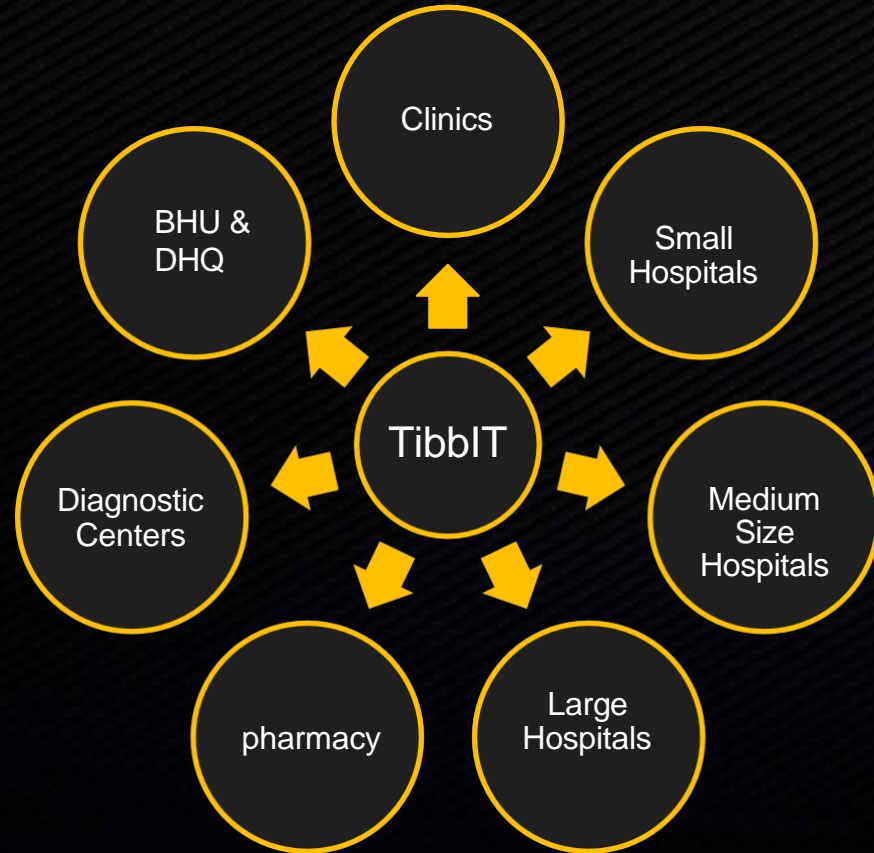
PMC Compliance

Pakistan Medical Commission

UHS Compliance

University health Science.

"Flexible For Small Clinics To Large Healthcare Systems"



Scalability

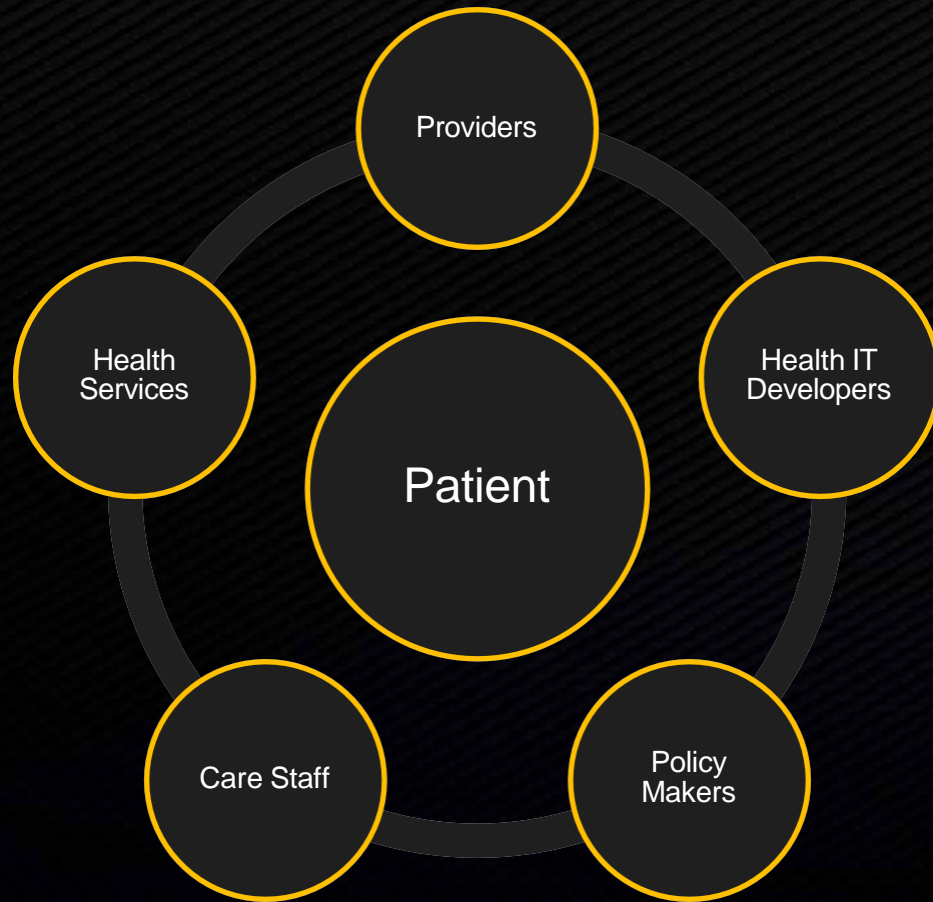
Interoperability

Clinical
Specialization

Patient
Engagement

Data Security and Compliance

Patient Centric Solution



Patient Engagement

Personalization

Accessibility

Shared Decision-Making

Continuous Feedback

What It Brings To Your Hospital

Hospital with HL7 FHIR based EMR/EHR

Hospital with the capability of International Standards Health Exchange with the capability to integrate any other HL7 FHIR compliance EHR/EMR

Integrated LIS, PACS , RIS with the EHR/EMR.

Comprehensive Patient Portal (Web, IOS and Android Application).

Implementation of Standards (ICD, LOINC, SNOMED)

Major Modules



Administration

Dashboards

Organization

User Polices

Role Polices

Role Assignment



Patient

Registration

Self Service Counter

Appointment

Billing

Que matric



OPD

Vital Recording

Patient Social History

Doctors Module

All departments

ER



IPD

Bed Management

Nursing Note

Doctor Note

Discharge Summary



Diagnostics

LIS

Blood Bank

Radiology

Reporting

Test Management



Other Modules

Pharmacy

PACX

INV & Purchase

HR & Accounts

Patient Mobile Application

Cost Effective Solution



CAPEX to OPEX

Transformation from CAPEX to OPEX.



Save Resources

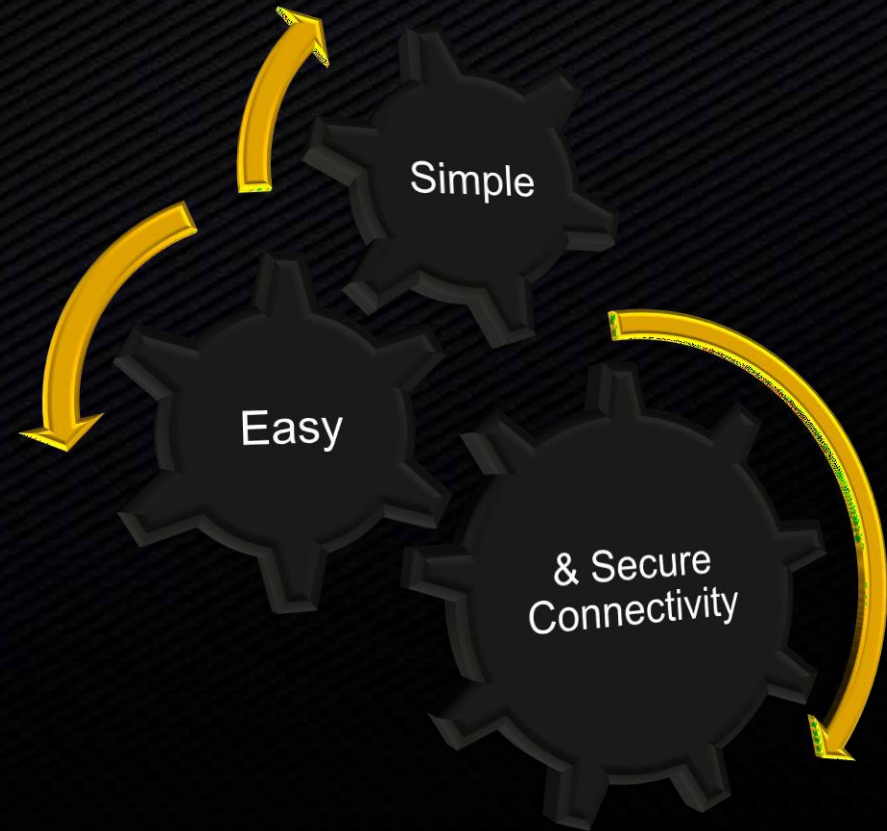
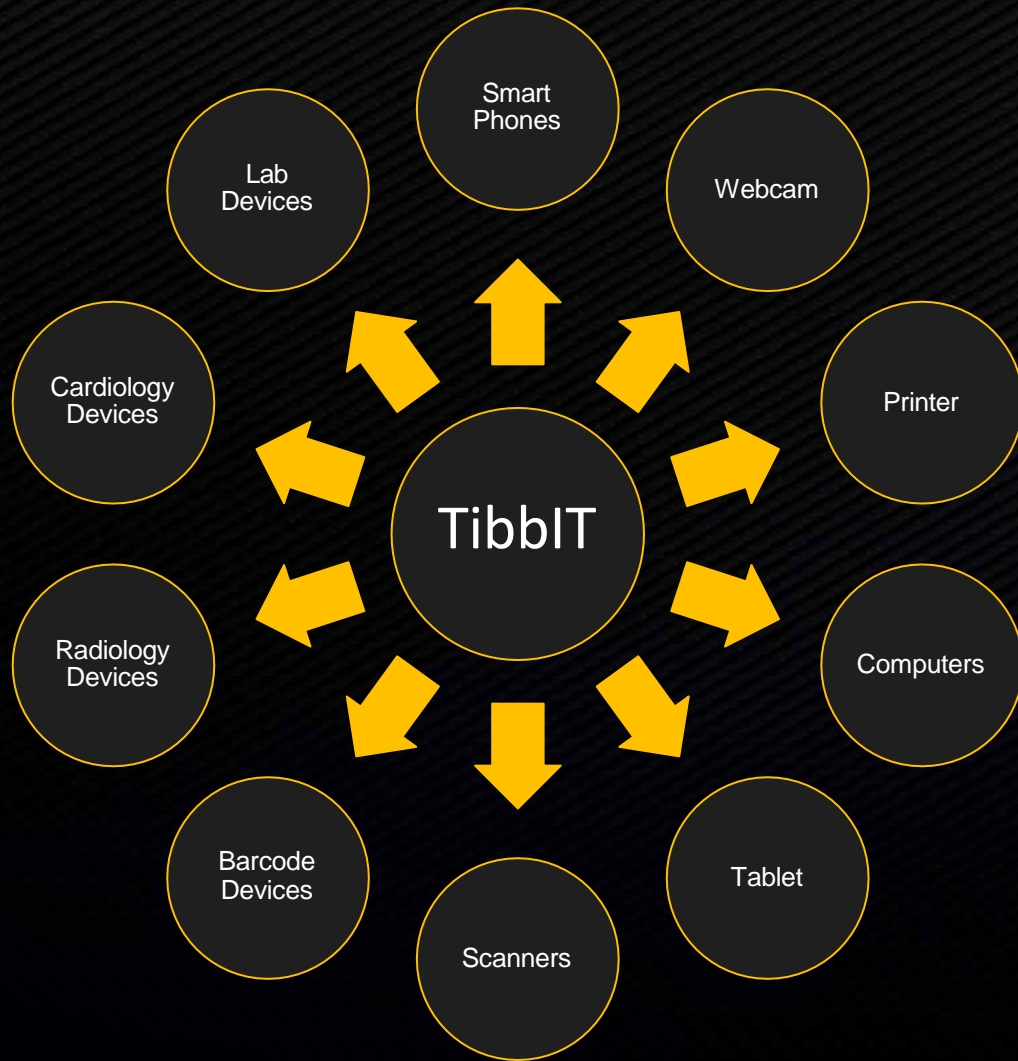
Save time and money through fast decision-making.



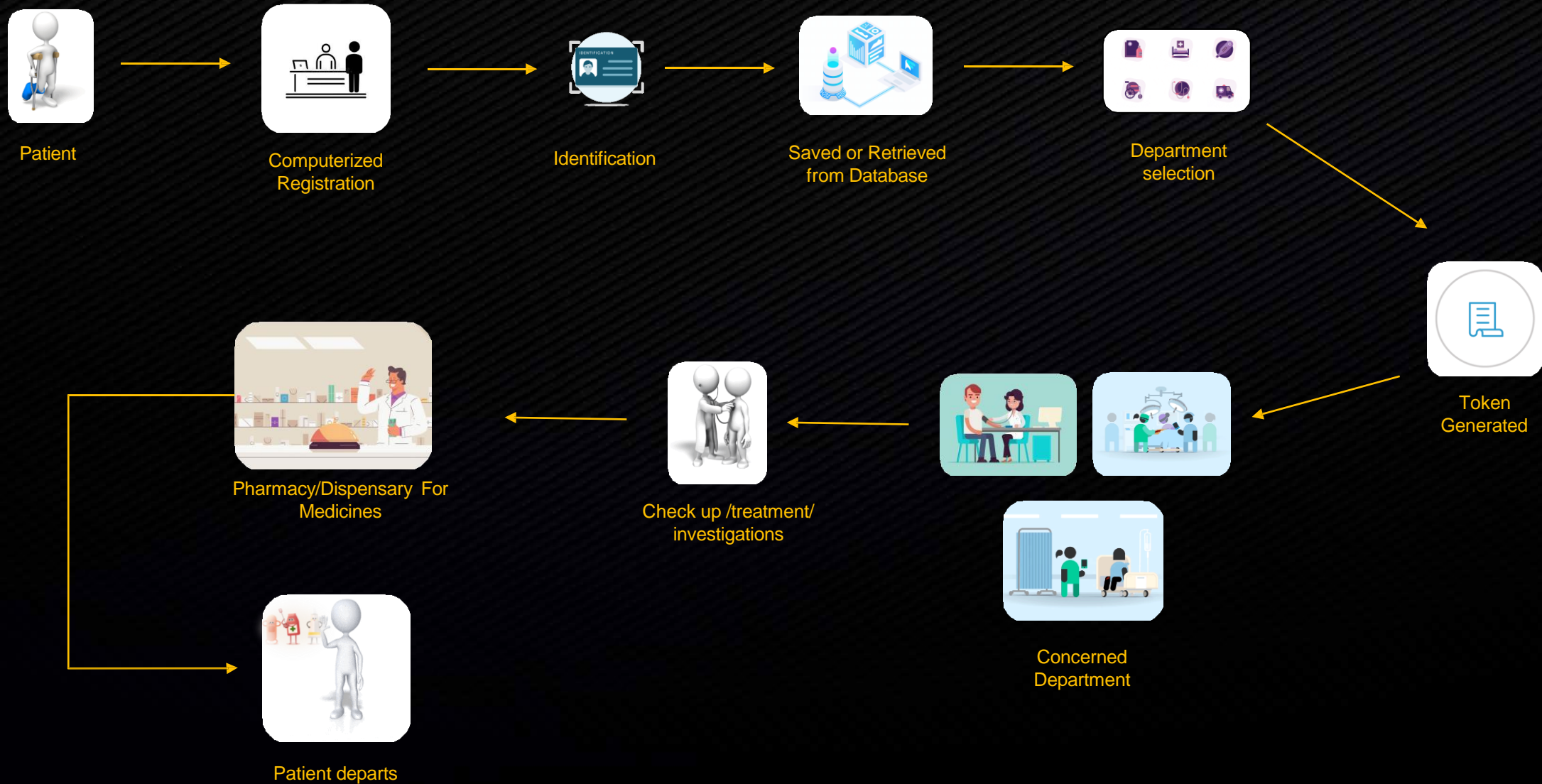
Long-term Benefits

Hospitals are adopting the HER/EMR as the new norm

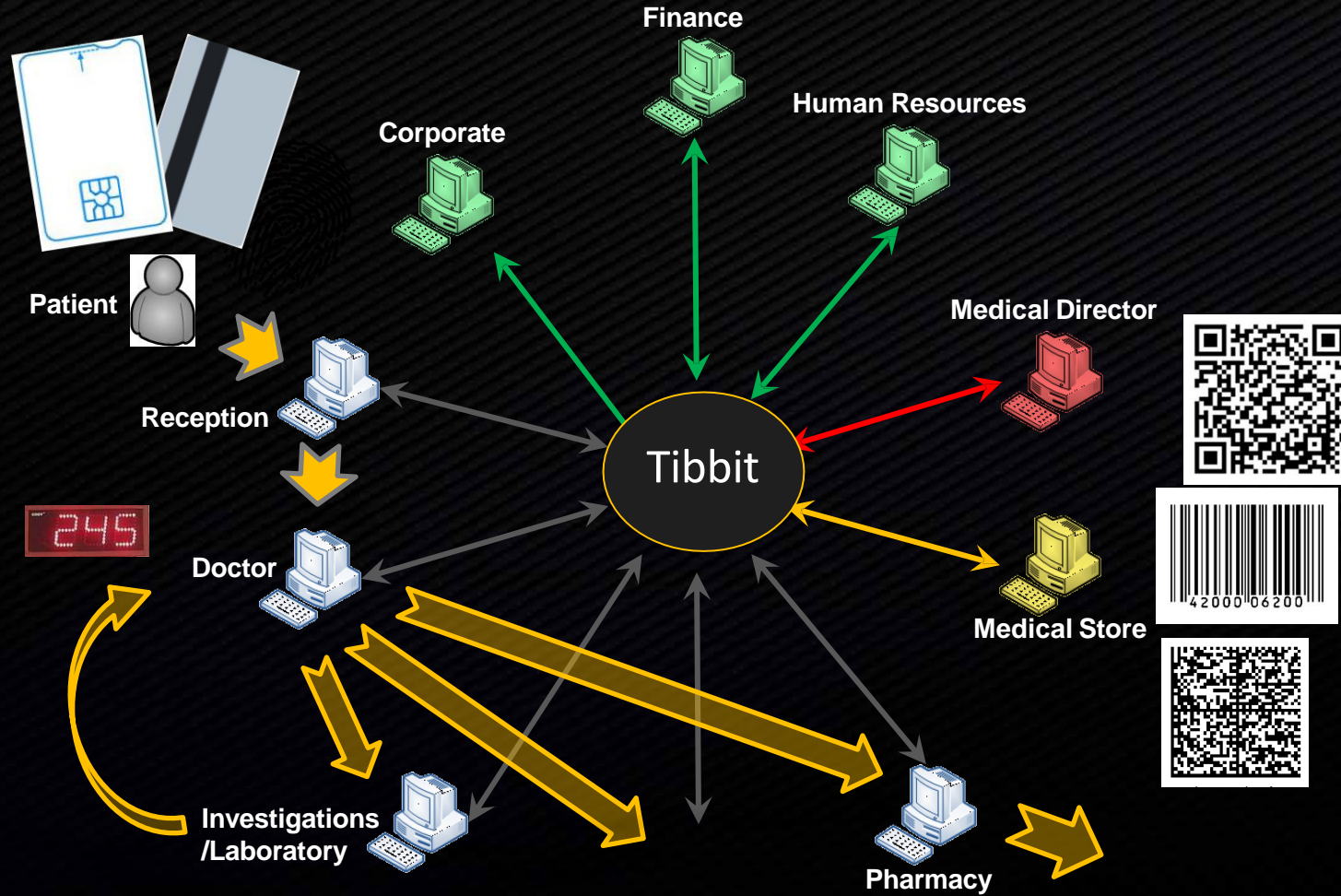
Smart Integration & Connectivity



Overview



Real Time Healthcare Information Cycle



Role-Based Access Portal



@Health Tech Platform

Username:

demo

Password:

.....

Company:

TibbIT By Garaj

Log In

Our 24/7 support:

Email: cloud.support@jazz.com.pk

Contact: 0304 111 0365



OPD



EMERGENCY



IPD



LAB



RADIOLOGY



BLOOD BANK




PHARMACY





NON CLINICAL

User Enrollment




 Dashboard

 Home Page

 Transactions

 Reports

 Administration

[User Role](#) » [Add New User Role](#)



Define User Roles

Role ID	<input type="text" value="(New)"/>
Role Name *	<input type="text"/>
Department	<input type="text" value="Please Select"/>
Mode Of Presentation	<input type="text" value="Please Select"/>
Lab Departments	<input type="text" value="Please Select"/>
Bill Type	<input type="text" value="Please Select"/>

[Back](#)


[Save](#)


Menu Rights


- Dashboard
- Home Page
- Transactions
- Reports
- Administration

Access Level




 Dashboard

 Home Page

 Transactions

 Reports

 Administration

[User Role](#) » [Add New User Role](#)



Define User Roles

Role ID	<input type="text" value="(New)"/>
Role Name *	<input type="text"/>
Department	<input type="text" value="Please Select"/>
Mode Of Presentation	<input type="text" value="Please Select"/>
Lab Departments	<input type="text" value="Please Select"/>
Bill Type	<input type="text" value="Please Select"/>


[Back](#)

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Menu Rights


- Dashboard
- Home Page
- Transactions
- Reports
- Administration

Role Delegation

Welcome DEMO ! [[Log Out](#)]

[Dashboard](#) | [Home Page](#) | [Transactions](#) | [Reports](#) | [Administration](#)

Role Assignment

 > [Manage Roles](#) 

Manage User Roles

User *

Roles

- accounts (iqraal)
- accounts admin
- admin
- administrator
- blood bank
- ct-scan
- dialysis
- iqraal po to pay
- lab
- lab admin
- manager accounts & finance
- opd iqraal
- ot
- panel rates
- pharmacy
- reception
- reception (iqraal)
- store/purchase
- supervisor
- x-ray

Company


All Company

[Back](#) [Save](#)


Our 24/7 support: [Email: cloud.support@jazz.com.pk](#) [Contact: 0304 111 0365](#)

After Login Dashboard




Welcome DEMO ! [[Log Out](#)]

[Dashboard](#) | [Home Page](#) | [Transactions](#) | [Reports](#) | [Administration](#)

[Home Page](#) » Home Page 

[Administration](#) | [Patient Management](#) | [Finance](#) | [Auxiliary Services](#)





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
Health Services




Welcome DEMO ! [[Log Out](#)]

 Dashboard

 Home Page


 Transactions


 Reports

 Administration

Home Page » Home Page




Administration


Patient Management


Finance


Auxiliary Services

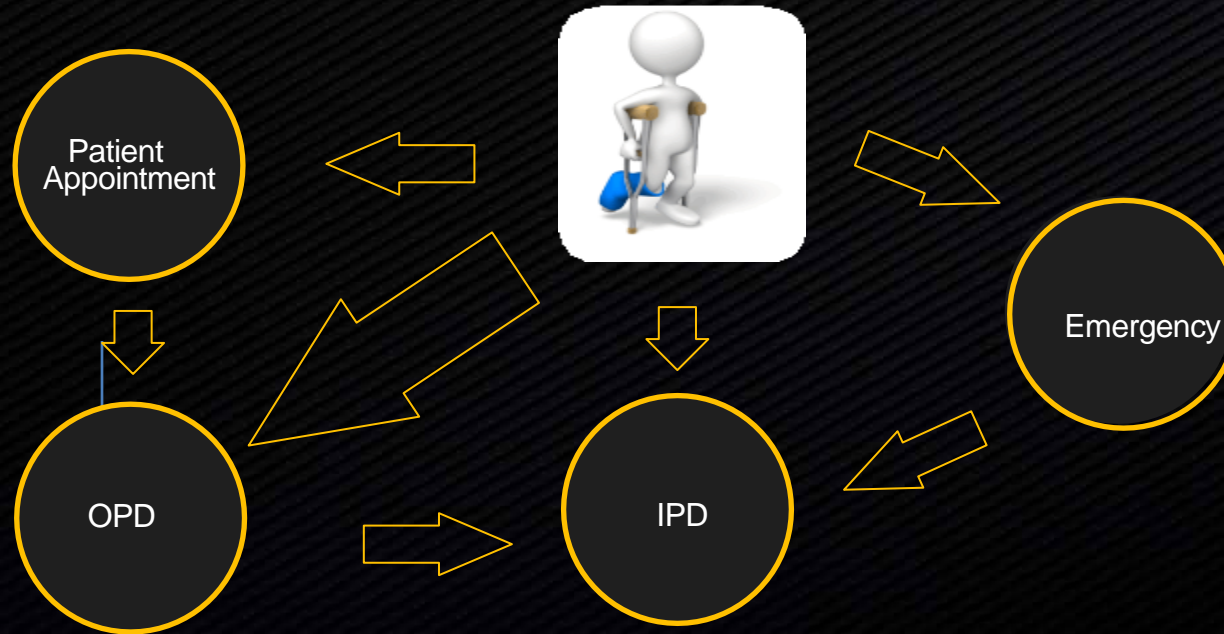


Patient Digital Journey



User Management

Patient Can comes to the hospital via different scenarios



Doctor Appointment



Dashboard

Home Page

Transactions

Reports

Administration

Patient Management » Doctor Appointment

ID

Patient Name

Phone #

Age

Consultant

Appointment Number

Date

Time

Save And Send Message

From To

S No.	APPT NO	PATIENT NAME	DOCTOR NAME	PHONE NUMBER	DATE	TIME	STATUS	ACTIONS
1	1	Mr. jazz test	Dr.Ghias ul Hassan	7777777777	08/08/2024	12:00 PM	Visited	<input type="button" value="Change Their Schedule"/>
2	1	Mr. Tibb IT	Dr.Ghias ul Hassan	0808888888	08/07/2024	01:00 AM	Not Visited	<input type="button" value="Change Their Schedule"/>
3	1	Mr. Raees	Dr.Ghias ul Hassan	0322222222	08/09/2024	08:00 AM	Visited	<input type="button" value="Change Their Schedule"/>

Patient Search List



- Dashboard
- Home Page
- Transactions
- Reports
- Administration

Search By Phone No

Add New

MR No	Patient Name	Father Name	CNIC	Contact No	Actions
18/24	Mr.Mr_Raees	XYZ	____-____-__	03222222222	Add
17/24	Mr.For OT	Jazz	22222-2222222-2	88888888888	Add
16/24	Mr.Panel Patient	Testing	58566-6555555-5	55555555555	Add
15/24	Mr.Lab Rec	Testing Father	58555-5555555-5	95959858656	Add
14/24	Mr.In Patient	Testing	58566-6555555-5	55555555555	Add
13/24	Mr.ali			11111111111	Add
12/24	Mr.Lab Test	Check	25622-2222222-2	25555555555	Add
11/24	Mr.Test Recommended	Check	25658-5858585-8	02323555555	Add
10/24	Mr.Mr_jazz test		____-____-__	77777777777	Add
9/24	Mr.Test entry Jazz	Jazz	77777-7777777-7	77777777777	Add

Close

Patient Registration for OPD



- Dashboard
- Home Page
- Transactions
- Reports
- Administration

Private OPD Reg. > Add New Patient



Search Patients

Search Appointment

Total Patients 0
Revsits Per Day 0

Patient Details(Mandatory)

Patient Details (Mandatory) :

Patient No	Follow Up.No (New)	Mode Of Presentation	OPD	Discount Amount	
Name*	Ms. <input type="text"/>	Patient Category *	Private	Discount Remarks	
Relation	S/O <input type="text"/>	Main Department *	OPD	Fees	
Age *	Year <input type="text"/>	Sub Department *		Doctor Name *	Please Select
D.O.B *	Selec <input type="text"/> Sel <input type="text"/> Se <input type="text"/>	Blood Group	Please Select	Rh	Please Select
Gender *	Female	Mobile *	<input type="text"/>	Disposal	Discharge
Patient CNIC	<input type="text"/>	Clinical Diagnosis	<input type="text"/>	BankCash	Cash In Hand - H.O
Marital Status	Please Select	Issue Patient Card	<input type="checkbox"/>		
Address	<input type="text"/>				

New

Save & Print

Revist Patient

List View

Re Print

Front Card

Doctor OPD Section



Patient Waiting List



- Dashboard
- Home Page
- Transactions
- Reports
- Administration

Out Patients » Add New OutPatient

MR No *	<input type="text"/>	Out Patient ID	<input type="text" value="(New)"/>
Patient Name :		Contact No :	
Reg. Date:		Gender :	
Age Years :		Address :	
Patient Category	<input type="text" value="v"/>	Department	
Follow No			

Patients Waiting List | Vital Parameter | History/Examination | Investigation | Medication | Follow up / Verified | Test Result

Patients Waiting List Department Wise :

Select Your Department

Panel

MR No	Token No	Patient Name	Age	Gender	Created Time	Status	Select
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- Save
- New
- Prescription
- List View

Patient Vitals

Out Patients » Add New OutPatient

MR No *	<input type="text" value="4/24 - Mr.Full Flow Test"/>	Out Patient ID	<input type="text" value="(New)"/>
Patient Name :	Mr.Full Flow Test	Contact No :	25652525251
Reg. Date:	8/7/2024	Gender :	Male
Age Years :	32Y	Address :	H#123
Patient Category	<input type="text" value="Private"/>	Department	IPD
Follow No	1		

- Patients Waiting List
- Vital Parameter**
- History/Examination
- Investigation
- Medication
- Follow up / Verified
- Test Result

Vital Parameters :

Pulse (Beats/min)	<input type="text"/>	Height (ft.cm)	<input type="text" value="5.2"/>	BSR	<input type="text"/>
B.P (mmHg)	<input type="text" value="120/80"/>	Weight (kgs)	<input type="text"/>	BMI	<input type="text"/>
Temp (°F)	<input type="text"/>	L.M.P	<input type="text"/>		
Respiration (Breaths/min)	<input type="text"/>				

Previous History

Date	Status	Pulse	Temp	Height	L.M.P	EDD	BSR	BMI	BP	Respiration	Weight	MUAC	OFC
Wednesday, August 7, 2024 3:25 PM	OutPatient	25	102	5.5	08/07/2024		25	25	120/80	25	85		

- Save
- New
- Prescription
- List View

Patient History & General Physical Examination



Out Patients > Add New OutPatient

MR No * Out Patient ID

Patient Name : Mr.Full Flow Test Contact No : 25652525251
 Reg. Date: 8/7/2024 Gender : Male
 Age Years : 32Y Address : HR123
 Patient Category Department IPD
 Follow No 1

Patients Waiting List **Vital Parameter** **History/Examination** **Investigation** **Medication** **Follow up / Verified** **Test Result**

Presenting Complaints :

Symptom	Dur	D/M/Y	Remarks	Edit
<input type="text"/>	<input type="text" value="H"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

History **General Physical Examination**

History Of Present Illness

Past History

Birth History

Drug History

Personal History

Obstetric History

Allergies History

Treatment History

Development History

Vaccination History

Referred To

Referred To

Referral Note

DATE	DEPT
7/8/2024 3:11:22 PM	OPD(Main Dept)
7/8/2024 3:26:40 PM	IPD

Special Examination

Out Patients > Add New OutPatient

MR No * Out Patient ID

Patient Name : Mr.Full Flow Test Contact No : 25652525251
 Reg. Date: 8/7/2024 Gender : Male
 Age Years : 32Y Address : HR123
 Patient Category Department IPD
 Follow No 1

Patients Waiting List **Vital Parameter** **History/Examination** **Investigation** **Medication** **Follow up / Verified** **Test Result**

Presenting Complaints :

Symptom	Dur	D/M/Y	Remarks	Edit
<input type="text"/>	<input type="text" value="H"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

History **General Physical Examination**

Pallor JVP Cyanosis
 Disoriented Jaundice Dehydration
 Edema Lymphadenopathy Clubbing
 Dyspnoea Neck Swelling Skin Lesions
 Other

Systemic Examination

CNS

GIT

Urogenital System

Musculoskeletal System

Local/Special Examination

Differentiate/Provisional Diagnosis

Referred To

Referred To

Referral Note

DATE	DEPT
7/8/2024 3:11:22 PM	OPD(Main Dept)
7/8/2024 3:26:40 PM	IPD

Special Examination

Patient Registration



Out Patients » Add New OutPatient

MR No * Out Patient ID
 Patient Name : Mr.Full Flow Test Contact No : 25652525251
 Reg. Date: 8/7/2024 Gender : Male
 Age Years : 32Y Address : H#123
 Patient Category Department IPD
 Follow No 1

- Patients Waiting List
- Vital Parameter
- History/Examination
- Investigation
- Medication
- Follow up / Verified
- Test Result

Main Tests

Department :

Add Test

Special Test

Area Of Interest

Date	Test Name	Sample Received	Result	Special Tests	Area Of Interest	Action
07/08/2024 9:18:39 A	Lab Test, Complete Blood Count (CBC)	No	Result			Delete
07/08/2024 9:18:39 A	Lab Test, Liver Function Test (LFT)	No	Result			Delete
07/08/2024 9:18:39 A	Ultra Sound, Ultrasound Abdomen,	No	Result			Delete
07/08/2024 9:18:39 A	X-Ray, X-RAY SPIN DUBLE VIEW, A.P view,	No	Result			Delete

Previous History

Date	Status	Test Name	Sample Received	Result	Special Tests	Area Of Interest
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Out Patients » Add New OutPatient

MR No * Out Patient ID
 Patient Name : Mr.Test entry Jazz Contact No : 7777777777
 Reg. Date: 8/7/2024 Gender : Male
 Age Years : 50Y Address :
 Patient Category Department OPD
 Follow No 1

- Patients Waiting List
- Vital Parameter
- History/Examination
- Investigation
- Medication
- Follow up / Verified
- Test Result

Medication :

Add Medicine

Date	Medicine Name	Dosage	Frequency	Routes	Duration	Special Instructions	Dosage From	Edit
7/8/2024 9:45:35 PM	PANADOL EXTEND 665MG	3	روزانہ دن میں ایک-ایک دفعہ	PO	4		Tablet	Edit Delete

Previous History

Date	Status	Medicine Name	Dosage	Frequency	Routes	Duration	Attending Paramedical Staff
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Doctor can refer for the admission & check also prescribe the investigation results.

Out Patients » Add New OutPatient

MR No * Out Patient ID

Patient Name : Contact No :

Reg. Date: Gender :

Age Years : Address :

Patient Category Department

Follow No

Patients Waiting List Vital Parameter History/Examination Investigation Medication Follow up / Verified Test Result

Disposal :

Doctor Name Designation Advice

Addmission Date Follow Up

Discharge Final Diagnosis Date

Previous History

Date	Doctor Name	Designation	Addmission	Discharge	Final Diagnosis	Follow Up	Follow Date	Advice	Next Plan
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Save New Prescription List View

Out Patients » Add New OutPatient

MR No * Out Patient ID

Patient Name : Contact No :

Reg. Date: Gender :

Age Years : Address :

Patient Category Department

Follow No

Patients Waiting List Vital Parameter History/Examination Investigation Medication Follow up / Verified Test Result

MR No


Previous History

Test Collected Date	Test Ready Date	Test Name	Test Collected By	Result
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Save New Prescription List View

Electronic Prescription, Patient Slip, Patient Card



MR Number: 15/24

Tibbit By Garaj

Doctor Name: _____ Speciality: _____

Patient Name: Mr.Lab Rec

Date: 07 Aug 2024 7:11 PM Age: 31Y Sex: Male

Follow Up: 07-Aug-2024

Diagnosis:Dx/DDs

Rx:

Medicine	Dose	Freq.	Duration	Route	Special Instructions	Instruction

Hx/Ex:

Vitals:


Pulse: 25 Height: 25
B.P: 120895 Weight: 25
Temp: 25 BSR: 25
Respiration: 25 BMI: 25

Investigations:

Sodium
Urine Protein
Ultrasound Abdomen

Advice:

Signature: _____



Tibbit By Garaj

224 New Muslim Town Lahore, Pakistan
04235223091

OPD Slip

MR No: 17/24	Department: IPD
Name: Mr.For OT	Gender: M
F/H Name: Jazz	Age: 50Y
Mobile No: 88888888888	Patient Type: Private
CNIC: 22222-2222222-2	Disposal :

Reg. Type	Fee Amt.	Disc.	Payable
Department Reg.	0		

Created By: Demo
Created Time: 07-Aug-2024 7:44 pm
Note: Hospital is not responsible for any Unintentional or Typographical mistake
This document is not valid for court.
Powered By : Vision Plus

Patient Registration Card



Tibbit By Garaj

MR No: 17/24	Phone: 88888888888
Name: Mr.For OT	Gender: M
Address: aaaaaaaaaaaaaaaaaaaaaa	
CNIC #: 22222-2222222-2	DOB: 50Y

17/24

Emergency Admission



- Dashboard
- Home Page
- Transactions
- Reports
- Administration

Emergency Case » Add Emergency Case



Emergency Case Details Services Brought By

Emergency Case Details :

Emergency ID	<input type="text" value="(New)"/>	Patient ID *	<input type="text"/>
Shifted To	<input type="text" value="Select an Option"/>	Relatives Notified	<input type="text" value="No"/>
Arrival Date *	<input type="text" value="09/11/2024"/>	Arrival Time *	<input type="text" value="5:16 PM"/>
Physical Condition *	<input type="text" value="Please Select"/>	Doctor *	<input type="text" value="Please Select"/>
Referred To	<input type="text" value="Select an Option"/>	Case Charges *	<input type="text"/>
Description	<input type="text"/>		
Brought By	<input type="text" value="Select an Option"/>	Brought Person Name	<input type="text"/>
Vehicle No	<input type="text"/>	CNIC	<input type="text"/>
Occupation	<input type="text"/>	Brought By Relation	<input type="text"/>
Mobile	<input type="text"/>	Brought By Address	<input type="text"/>
			Discharged <input checked="" type="checkbox"/>

List View

Save

New

Emergency Module complete process admission to Discharge



ACCIDENT & EMERGENCY CASE > ADD ACCIDENT & EMERGENCY CASE

MR No : *	<input type="text" value="380950 - Mr.Test entry 123"/>	Emergency No	<input type="text" value="(New)"/>
Patient Name :	Mr.Test entry 123	Contact No :	+923333333333
Reg. Date:	8/7/2024	Gender :	Male
Age Years :	34	Address :	aaaaaaaaaaaaa
Patient Type:	General		

- Admission Details
- Receiving Note
- History
- Examination
- Investigation
- Services / Procedure
- Medication
- Nursing Note**
- Call To Doctor
- Vitals At Discharge
- Discharge Details
- Death Details

ADMISSION DETAILS :

Triage Area	<input type="text" value="Immediate"/>	Admit To *	<input type="text" value="Ward"/>
Treatment Time	<input type="text" value="8/07/2024 11:55:40 PM"/>	Ward *	<input type="text" value="Emergency Male"/>
Admission Date	<input type="text" value="8/7/2024 11:52:37 PM"/>	Bed No	<input type="text" value="1"/>
Department	<input type="text" value="EMERGENCY"/>		
Doctor	<input type="text" value="Dr. Muhammad Imran"/>		

MR No	Bed No
0	1
0	2
0	3
0	4
0	5

WARD PREVIOUS HISTORY						
Admission Date	Department	Admitting Doctor	Triage Area	Discharge Date	Ward	Bed No

- Save
- New
- List View
- Reffer Print

In-door Patient Admission

Admission » Create Admission

MR No : * x In Patient No **Operation Time : 0:1**

Patient Name : Mr.Razia Contact No : 25252525555
Reg. Date: 08/07/2024 Gender : Female
Age Years : 31Y Address : H#123 **File No : 3/24**

Patient Type:
InPatient Admit Category :

Admission Details

Admission Details :

Admission Date Admit To

Time In * Ward

Department Bed No

Sub Department * Room No

Consultant * Room Type

Package Name Procedure

InPatient Admit Category Advance Amount

IPD Procedure

Today Admission :

MR No	Dept
0	301
0	317
0	318
0	319
0	321
0	322

Discharge Details :

Discharge Date

Time Out

Days Occupied

Ward & Room wise Patient List, Receiving Notes for staff Nurse



In-Patient Case » Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888

Reg. Date : 08/07/2024 Gender : Male

Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaa

Patient Type: Private

InPatient Admit Category: Private

Waiting List RCV Note History Examin Investigation Srv/Proc Medication IVFluidOrders Treatment Ticket Doc Note Doc Plan Refer Vitals Discharge Death Details

Patients Waiting List Department Wise :

Select Your Department

Private

MR No	Patient Name	Age	Gender	Created Time	Operator Name	Status	Select
-------	--------------	-----	--------	--------------	---------------	--------	--------

In-Patient Case » Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888

Reg. Date : 08/07/2024 Gender : Male

Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaa

Patient Type: Private

InPatient Admit Category: Private

Waiting List RCV Note History Examin Investigation Srv/Proc Medication IVFluidOrders Treatment Ticket Doc Note Doc Plan Refer Vitals Discharge Death Details

Receiving Note:

Pulse Rate (Beats per Min) Blood Pressure (120/80)

Rhythm Temperature (°F)

Volume Respiration Rate (min)

O2 Saturation

Others On Room Air

With Oxygen

Special Instruction

History & Examine



In-Patient Case » Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888
 Reg. Date : 08/07/2024 Gender : Male
 Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa
 Patient Type : **Private**
 InPatient Admit Category : **Private**

Waiting List RCV Note **History** Examin Investigation Srv/Proc Medication IVFluidOrders Treatment Ticket Doc Note Doc Plan Refer Vitals Discharge Death Details

Presenting Complaints :

Symptom	Dur	D/M/Y	Remarks	Edit
Abrasion	2	H		Edit/Delete
Mydriasis	1	H		Edit/Delete

History

History Of Present Illness Vaccination History

Past Medical/Surgical History Any Other History

Family History Provisional Diagnosis

SocioEconomic History

Birth History

Drug History

Personal History

Obstetric History

Allergies History

Treatment History

In-Patient Case » Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888
 Reg. Date : 08/07/2024 Gender : Male
 Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa
 Patient Type : **Private**
 InPatient Admit Category : **Private**

Waiting List RCV Note **History** **Examin** Investigation Srv/Proc Medication IVFluidOrders Treatment Ticket Doc Note Doc Plan Refer Vitals Discharge Death Details

Examination Details :

General Physical Examination:

Jaundice Y N
 Pallor Y N
 Dehydration Y N
 GCS Oriented Y N
 Conscious / Orientely Y N
 JVP Y N
 Edema Y N
 Cyanosis Y N
 • Cyanosis Cyanosis Cyanosis
 Cyanosis

CNS

HMF Intact Y N
 • HMF Intact HMF Intact HMF Intact

GCS

Eye Opening Response	Motor Response	Verbal Response	Accumulated
2/4	3/6	4/5	9/15

Cranial Nerves Y N

Further Explanation

Signs Of Meningism Y N

Power:

Upper Limbs
 R 3/5
 L 3/5

Lower Limbs
 R 3/5
 L 4/5

Investigation & Medication

In-Patient Case > Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888

Reg. Date: 08/07/2024 Gender : Male

Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa

Patient Type: **Private**

InPatient Admit Catagory : **Private**

- Waiting List
- RCV Note
- History
- Examin
- Investigation**
- Srv/Proc
- Medication
- IVFluidOrders
- Treatment Ticket
- Doc Note
- Doc Plan
- Refer
- Vitals Discharge
- Death Details

Main Tests Department :

Select Main Department

Doctor Designation

Doctor Name

Area Of Interest

Date	Test Name	Area Of Interest	Doctor Name	Action
7/8/2024 9:39:15 PM	Lab Test, Blood Glucose (Fasting) , Glucose Tolerance Test (G.T.T)		Dr. Amjad Shakeel	

Loading Previous History Please Wait....

Date	Status	Test Name	Special Tests	Area Of Interest	Doctor Name
8/7/2024 9:39:15 PM	InPatient	Blood Glucose (Fasting) , Glucose Tolerance Test (G.T.T)	-		Dr. Amjad Shakeel

In-Patient Case > Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888

Reg. Date: 08/07/2024 Gender : Male

Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa

Patient Type: **Private**

InPatient Admit Catagory : **Private**

- Waiting List
- RCV Note
- History
- Examin
- Investigation
- Srv/Proc
- Medication**
- IVFluidOrders
- Treatment Ticket
- Doc Note
- Doc Plan
- Refer
- Vitals Discharge
- Death Details

Medication :

Start Date & Time	Medicine Name	Dose	Dosage Unit	Frequency	Duration	Route	Other Instruction	Special Instructions	Username	Edit
08/07/2024 09:34:00 PM	ABBOCIN 20MG INJ	12	Tablet	صبح اور شام	Day:0 Hours: 0 Min : 0	IM		asdsadasd	visionplus	

Previous History

Date	Status	Medicine Name	Frequency	Routes	Duration	Special Instructions	Dosage From	Dosage Qty	Other Instruction	Medication Type
08/07/2024 09:34:00 PM	InPatient	ABBOCIN 20MG INJ	صبح اور شام	IM	Day:0 Hours: 0 Min : 0	asdsadasd	Tablet	12		REGULAR

IV Fluid Orders & Services/Producers



In-Patient Case > Create In-Patient Case

MR No :* 1724 - Mr.For OT In Patient No 2
 Patient Name : Mr.For OT Contact No : 8888888888
 Reg. Date: 08/07/2024 Gender : Male
 Age Years : 50Y Address : aaaaaaaaaaaaaaaaaa
 Patient Type: Private
 InPatient Admit Catagory : Private

- Waiting List
- RCV Note
- History
- Examin
- Investigation
- Srv/Proc
- Medication
- IVFluidOrders**
- Treatment Ticket
- Doc Note
- Doc Plan
- Refer
- Vitals Discharge
- Death Details

IV Fluid Orders :

Intermittent Continuous
 Start Date: 08/08/2024 Start Time: 12:34 AM
 Fluid Name: Please Select Additive: Please Select
 Infusion Volume: Please Select Additive Dose: Please Select
 Infusion Rate (ml/hour OR drop/min):
 Duration:
 Stop Date: Stop Time:

Additive Action

Add

Date & Time	Infusion Type	Start Date & Time	Fluid Name	Infusion Volume	Infusion Rate	Duration/Interval	Additive	Additive Dose	Site	Stop Date & Time	User Name	Action
08/07/2024 09:38:11 PM		08/01/2024 09:38:00 PM	fluidnameee	infusion volumeee	12222		Addictive doseee	Sitess		08/01/2024 12:00:00 AM	VISIONPLU S	
08/07/2024 09:38:11 PM	Continous	08/01/2024 09:38:00 PM									VISIONPLU S	

- Update
- New
- Prescription
- List View

In-Patient Case > Create In-Patient Case

MR No :* 1724 - Mr.For OT In Patient No 2
 Patient Name : Mr.For OT Contact No : 8888888888
 Reg. Date: 08/07/2024 Gender : Male
 Age Years : 50Y Address : aaaaaaaaaaaaaaaaaa
 Patient Type: Private
 InPatient Admit Catagory : Private

- Waiting List
- RCV Note
- History
- Examin
- Investigation
- Srv/Proc**
- Medication
- IVFluidOrders
- Treatment Ticket
- Doc Note
- Doc Plan
- Refer
- Vitals Discharge
- Death Details

Services / Procedures

Add Service Print

Date Time	Services / Procedure	User Name	Actions
08/07/2024 09:34:40 PM	Endoscopy by Dr. Ghias	visionplus	

Previous History

Date Time	Services / Procedure	User Name
08/07/2024 09:34:40 PM	Endoscopy by Dr. Ghias	visionplus

- Update
- New
- Prescription
- List View

Treatment Ticket & Doctor Notes



In-Patient Case » Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888

Reg. Date: 08/07/2024 Gender : Male

Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa

Patient Type: **Private**

InPatient Admit Category : **Private**

Waiting List RCV Note History **Examin** Investigation Srv/Proc Medication IVFluidOrders **Treatment Ticket** Doc Note Doc Plan Refer Vitals Discharge Death Details

Clinical Notes :

Previous History

Date	Clinical Summary	Doctor
Wednesday, August 7, 2024 9:40 PM	• adsfisfd	Dr.Chias ul Hassan

Update New Prescription List View

In-Patient Case » Create In-Patient Case

MR No :* In Patient No

Patient Name : Mr.For OT Contact No : 8888888888

Reg. Date: 08/07/2024 Gender : Male

Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa

Patient Type: **Private**

InPatient Admit Category : **Private**

Waiting List RCV Note History **Examin** Investigation Srv/Proc Medication IVFluidOrders **Treatment Ticket** **Doc Note** Doc Plan Refer Vitals Discharge Death Details

Doctor Note : Progress Note Instruction

Date

Doctor Designation

Doctor Name

Investigation Add Print

Date	Doctor Designation	Doctor Name	Progress Note	Instruction	Action
8/7/2024 9:39:14 PM	H.O	Dr. Amjad Shakeel			
8/7/2024 9:39:14 PM	H.O	Dr. Amjad Shakeel	• sfsfsadfsdf	• sfsfdfdfsaf	

Previous History

Date	Doctor Status	Doctor Name	Progress Note	Instruction
8/7/2024 9:39:14 PM	H.O	Dr. Amjad Shakeel		
8/7/2024 9:39:14 PM	H.O	Dr. Amjad Shakeel	• sfsfsadfsdf	• sfsfdfdfsaf

Update New Prescription List View

Doctor Plan & if need patient to shift any other department

In-Patient Case > Create In-Patient Case

MR No :* In Patient No
Patient Name : Mr.For OT Contact No : 8888888888
Reg. Date: 08/07/2024 Gender : Male
Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa
Patient Type: Private
InPatient Admit Category : Private

- Waiting List
- RCV Note
- History
- Examin
- Investigation
- Srv/Proc
- Medication
- IVFluidOrders
- Treatment Ticket
- Doc Note
- Doc Plan
- Refer
- Vitals Discharge
- Death Details

Doctors Notes :

- Update
- New
- Prescription
- List View

In-Patient Case > Create In-Patient Case

MR No :* In Patient No
Patient Name : Mr.For OT Contact No : 8888888888
Reg. Date: 08/07/2024 Gender : Male
Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa
Patient Type: Private
InPatient Admit Category : Private

- Waiting List
- RCV Note
- History
- Examin
- Investigation
- Srv/Proc
- Medication
- IVFluidOrders
- Treatment Ticket
- Doc Note
- Doc Plan
- Refer
- Vitals Discharge
- Death Details

Previous Dept. Previous Ward/Bed Previous Room/Bed

Refer To +

MR No	Bed No	MR No.	Room No

Ward *

Bed No

Room_No *

Room Type

- Update
- New
- Prescription
- List View

Discharge Summary

In-Patient Case > Create In-Patient Case

MR No :* 17/24 - Mr.For OT In Patient No 2
Patient Name : Mr.For OT Contact No : 8888888888
Reg. Date: 08/07/2024 Gender : Male
Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa
Patient Type: Private
InPatient Admit Catgory : Private

- Waiting List
- RCV Note
- History
- Examin
- Investigation
- Srv/Proc
- Medication
- IVFluidOrders
- Treatment Ticket
- Doc Note
- Doc Plan
- Refer
- Vitals Discharge
- Death Details

Discharge Note:

Pulse Rate (Beats per Min) Blood Pressure (120/80)

Rhythm Temperature (°F)

Volume Respiration Rate (/min)

O2 Saturation

Others On Room Air

With Oxygen

Receiving Date & Time Special Instruction

[Add Medicine](#) [Print](#)

Medication on Discharge

Date	Medicine Name	Dosage Qty	Dosage From	Frequency	Duration	Routes	Other Instruction	Special Instructions	User Name	Edit
8/7/2024 9:41:0 PM	ABBOCIN 20MG INJ	12	Tablet	صبح اور شام	Day:0 Hours:0 Min : 0	PO	undefined	Edit Delete		Edit Delete

Death Certificate

In-Patient Case » Create In-Patient Case

MR No :* In Patient No
Patient Name : Mr.For OT Contact No : 8888888888
Reg. Date: 08/07/2024 Gender : Male
Age Years : 50Y Address : aaaaaaaaaaaaaaaaaaaaaa
Patient Type: Private
InPatient Admit Catagory : Private

Waiting List	RCV Note	History	Examin	Investigation	Srv/Proc	Medication	IVFluidOrders	Treatment Ticket	Doc Note	Doc Plan	Refer	Vitals Discharge	Death Details
Identification Marks	<input type="text" value="sdfsadfsdf"/>		Death Certified By	1 -	<input type="text" value="Dr.Imtiaz Ahmed"/>								
Date Of Death	<input type="text" value="08/07/2024"/>			2 -	<input type="text" value="Dr.Ghias ul Hassan"/>								
Time Of Death	<input type="text" value="10:00 PM"/>		Body Handed Over To		<input type="text" value="dsfsd"/>								
Place Of Death	<input type="text" value="place of death"/>		Family Person (Name)		<input type="text" value="sadfasdf"/>								
Cause Of Death	<input type="text" value="sdfsdfsd"/>		CNIC		<input type="text" value="11111-111111-1"/>								
Issuing Officer Name	<input type="text" value="sfasdfsdfsd"/>		Relation with Deceased		<input type="text" value="sdfsadfsda"/>								
			C.M.O / Police		<input type="text" value="fdsfsadfsdfsdf"/>								

Progress Notes & Nursing Plan

In Patient Monitoring » Add In-Patient Monitoring

MR No :* Monitoring ID

Patient Name : Mr.Razia Contact No :
Adress : Gender : Female
Age Years : 31Y Reg. Date: 08/07/2024

- Patient Monitoring
- Fluid Intake/Output
- Progress Note
- Medication
- Doctor Instruction
- Nursing Plan

Progress Notes :

Nurse Name Date/Time

Progress Note	Shift Hand Over Notes
---------------	-----------------------

Add

Date & Time	Nurse Name	Note	Shift Hand Over Notes	Action
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In Patient Monitoring » Add In-Patient Monitoring

MR No :* Monitoring ID

Patient Name : Mr.Razia Contact No :
Adress : Gender : Female
Age Years : 31Y Reg. Date: 08/07/2024

- Patient Monitoring
- Fluid Intake/Output
- Progress Note
- Medication
- Doctor Instruction
- Nursing Plan

Nursing Plan :

Nursing Plan	Nurse Name <input type="text" value="Demo"/>
--------------	--

Update New List View

Relative Consent Form & Operation Details

Operation Theater » Add New Operation Booking

MR No : *

Patient Name : Mr.OT Flow Contact No : 252525252

Address : Gender : Male

Age (Yrs.) : 31Y Entry Date : 08/07/2024

Operation Time : 0:0

Patients Prepared Patients **Relative Approval** Operation Details Post Of Orders Recovery Transfer

Relative Approval :

Relative Approval

Approval Date

[Upload Consent Form Operation](#)

Relation to Patient

[Print Consent Form OP](#)

[Print Consent Form AT](#)

[Upload Consent Form Anesthesia](#)

[List View](#)

[Update](#)

[New](#)

[Print](#)

Operation Theater » Add New Operation Booking

MR No : *

Patient Name : Mr.OT Flow Contact No : 252525252

Address : Gender : Male

Age (Yrs.) : 31Y Entry Date : 08/07/2024

Operation Time : 0:0

Patients Prepared Patients Relative Approval **Operation Details** Post Of Orders Recovery Transfer

Operation Details :

Operation / Procedure Name

Operation Date

Time Of Start Operation

Operation Theater *

Time Of Finish Operation

Department

Anesthetist

Surgeon Name *

Assistant Anesthetist

First Assistant

Scrub Nurse

Second Assistant

Junior Assistant Staff

[List View](#)

[Update](#)

[New](#)

[Print](#)

Post OP Order

Operation Theater > Add New Operation Booking

MR No : *

Patient Name : Mr.OT Flow Contact No : 25252525252
Address : Gender : Male
Age (Yrs.) : 31Y Entry Date : 08/07/2024

Operation Time : **0:0**

- Patients
- Prepared Patients
- Relative Approval
- Operation Details
- Post Of Orders**
- Recovery
- Transfer

Post Of Order Details :

Findings:

Procedure:

Drain Suture Used Implant Condition

Post-op Orders:

NPO Yes No

Date	Medicine Name	Routes	Dosage From	Dosage Qty	Edit
------	---------------	--------	-------------	------------	------

Special Instruction:

Fill By Scrub Nurse:

- a. Estimated Blood Loose
- b. Intra Operative IV Fluid / Blood Transfused
- c. Intra Operative Urine Output (If Catheterized)
- d. Whether Swab and Instrument Count was Complete

Cardiology Reports



Operation Theater » Add New Operation Booking

MR No : *

1-Mr.OT Flow

Patient Name : Mr.OT Flow Contact No : 252525252

Address : Gender : Male

Age (Yrs.) : 31Y Entry Date : 08/07/2024

Operation Time : 0:0

Patients Prepared Patients Relative Approval Operation Details Post Of Orders Recovery Transfer

Recovery Details :

Recovery Details

List View

Update

New

Print

Operation Theater » Add New Operation Booking

MR No : *

1-Mr.OT Flow

Patient Name : Mr.OT Flow Contact No : 252525252

Address : Gender : Male

Age (Yrs.) : 31Y Entry Date : 08/07/2024

Operation Time : 0:0

Patients Prepared Patients Relative Approval Operation Details Post Of Orders Recovery Transfer

Transfer Details :

Previous Dept.

Previous Ward / Bed

Previous Room / Bed

Transfer To * Please Select

Ward * Please Select

Bed No

Room_No * Please Select

Room Type Please Select

MR No Bed No

MR No. Room No

Save Transfer

List View

Update

New

Print

Ward & Room Definition

Ward Definition » Add Ward Definition

Ward ID	<input type="text" value="1"/>	Ward No. *	<input type="text" value="207 Male Ward"/>
Department *	<input type="text" value="IPD"/>	Location	<input type="text" value="Second Floor"/>
No. Of Beds *	<input type="text" value="20"/>	Charges/Day *	<input type="text" value="0"/>

View List

Update

Room Definition » Add New Room

Room No. *	<input type="text" value="201"/>	Room Name	<input type="text" value="201"/>
Location	<input type="text" value="Second Floor"/>	Floor No. *	<input type="text" value="2"/>
Room Type *	<input type="text" value="Executive Room"/>	Charges / Day *	<input type="text" value="13000"/>
		OPD Room	<input checked="" type="checkbox"/>

List View

Update



Dashboard

Home Page

Transactions

Reports

Administration

Pharmacy » Sale Invoice

Cash
 Credit Card
 Panel

MR No:

Sale Return

Walk-in Customer:

Referred By :

On Hold
(Alt+S)

Medicine : (Alt+Q)

Save & Print


Print


Total Payable:
 Total Line Discount :
 Disc : (Alt+D) %
 Total Discount :
 Adjustment : (Alt+A)
 Amount Received: (Alt+R)
 Balance:


Sr.	Description	Qty	Stock	Rate	Dis %	Dis Amount	Net Amount	Action
-----	-------------	-----	-------	------	-------	------------	------------	--------

Lab Module (Group Test Definition)




 Dashboard

 Home Page

 Transactions

 Reports

 Administration

Group Tests » Add Group Test



Group Test Name

Report Columns

Fixed Value Result Value List Value

Main Department

Group Department

[Save](#)

IPD Test Rates

[Add More](#)

Patient Category	Rate	Action
------------------	------	--------

OPD Test Rates

[Add More](#)

Patient Category	Rate	Action
------------------	------	--------

Lab Module (Individual Test Definition)



Dashboard

Home Page

Transactions

Reports

Administration

Test Defination » Test Defination List

Add New

View Rate List

Select Department

Select Group Category

Select Group Department

View Test Ranges

Active	Test ID	Test Name	Main Department	Group Category	Group Department	Unit	Action
<input checked="" type="checkbox"/>	76	Blood Glucose (Random)	Lab Test		Routine Chemistry	mg/dl	Print Report Edit Delete
<input checked="" type="checkbox"/>	89	Uric Acid	Lab Test		Routine Chemistry	mg/dl	Print Report Edit Delete
<input checked="" type="checkbox"/>	90	Urine Protein	Lab Test		Microbiology		Print Report Edit Delete
<input checked="" type="checkbox"/>	94	Calcium	Lab Test		Routine Chemistry	mg/dl	Print Report Edit Delete
<input checked="" type="checkbox"/>	104	Malarial Parasite (MP)	Lab Test		Haematology		Print Report Edit Delete
<input checked="" type="checkbox"/>	105	H.Pylori IgG	Lab Test		Special Chemistry	EIU	Print Report Edit Delete
<input type="checkbox"/>	106	Typhidot	Lab Test		Serology		Print Report Edit Delete
<input checked="" type="checkbox"/>	114	R.A Factor (Quantitative)	Lab Test			U/I	Print Report Edit Delete

Lab Module (Sample Collection)



Dashboard

Home Page

Transactions

Reports

Administration

Sample Collection » Add New Sample



MR No:

Bill No:

Name:

Contact No :

Address:

Gender:

Age Years:

Reg. Date:

Specimen:

Room / Ward

Collected Date*

9/11/2024 5:26:12 PM

Sample Code

Sample Status

Select Status



Test Name

Gener

Collected

Remarks

Print Barcode

Save & Print

New

List View

Save

Sample Calling List

Search From MRNo:

Please Select



MR No

Patient Name

Bill No

Department

Room / Ward

Action

Lab Module (Lab Work Order)

MR No: 8817 **Bill No:** 14190
Patient Name: Mr.Arshad Jafri **Sample Date:** 24-Mar-2021 6:27:17PM
FIH Name: Altaf **Department:** OPD Emergency
Age/Gender: 75Y Male **Patient Type :** Private
Contact No: 03334316869 **Reg Location :** Omar Hospital

Address: Shahdrah Lahore

Test Description	Report Date /Time	Result
<u>Hematology</u>		
Complete Blood Count (CBC)	24-Mar-2021 10:22:40PM	
WBC Count (TLC)		
Red Cell Count		
Haemoglobin (HB)		
Haematocrit (Hct)		
MCV		
MCH		
MCHC		
Platelets Count		
Neutrophils		
Lymphocytes		
Monocytes		
Eosinophils		
Band Cells		
Metamyelocyte		
Myelocyte		
Pro Myelocyte		
NRBCs / 100WBCs		
Corrected TLC		
Reticulocytes Count		
Blast Cell		

Name: Mr.M ASLAM S/O ANWER, NIA **Sample By:** administrator **Sample No:** 980 **Bill No:** 17168
Age: 60, Male **Sample Time:** 24-Mar-2021 1:03:56 pm **Sample Status:** Taken in Lab **Mr No:** 30

Contact No: +92 000 0000000 **Department:** OPD **Location:**
Address: phool nager

S.No	Test Description	Result
<u>Hematology</u>		
<u>Complete Blood Count (CBC)</u>		
1	Red Cell Count	
2	Haemoglobin (HB)	
3	Haematocrit (Hct)	
4	MCV	
5	MCH	
6	MCHC	
7	Platelets Count	
8	Total Leukocyte Count (TLC)	
9	Neutrophils	
10	Lymphocytes	
11	Monocytes	
12	Eosinophils	
13	RDW-CV	
14	Band Cells	
15	Metamyelocyte	
16	Myelocyte	
17	NRBCs / 100WBCs	
18	Corrected TLC	
19	Blast Cell	
20	Pro Myelocyte	

Lab Module (Add Test Result) Manual & Auto



- Dashboard
- Home Page
- Transactions
- Reports
- Administration

Laboratory » Add Test Result

Search Bill No

Bill No :

Name :

Adress :

Age Years :

Main Department :

Use Letter Head

MR No:

Lab No:

Contact No :

Gender :

Reg. Date:

Test Department :

ID	Test Name	Bill Date	Group Dept	Reporting Time	Action
----	-----------	-----------	------------	----------------	--------

Preview All

Back

Print

New

Search From MRNo:


Please Select



MR No	Name	Father Name	Dpt	Action
13/24	Mr.ali		Lab	Select

Lab Module (Reports Formats)





Tibbit By Garaj

224 New Muslim Town Lahore - Pakistan

MR No : *13.00*

13

Lab No : *6-24*

6-24

LAB TEST REPORT


Patient Name :	Mr.ali	Sample Date:	07-Aug-2024 7:15 pm
Father/Husband Name :		Report Date:	07-Aug-2024 7:29 pm
Sex/Age :	Male 22Y	Specimen :	
Phone :	1111111111		

HAEMATOLOGY REPORT

CBC FOR DENGUE

Test Name	Result	Units	Reference Range
Total Leukocyte Count (TLC)	1.9	10 ⁹ /l	4.0 - 11.0
Red Cell Count	2.2	10 ¹² /l	4.50 - 6.50
Haemoglobin (HB)	12	g/dl	13.0 - 18.0
Haematocrit (Hct)	2	%	40 - 54
Platelets Count	2	10 ⁹ /l	150 - 400

Electrically Verified Reports, No Signature(s) Required



Tibbit By Garaj

MR No : *13.00*

13

Lab No : *3-24*

3-24

LAB TEST REPORT


Patient Name :	Mr.ali	Sample Date:	07-Aug-2024 6:33 pm
Father/Husband Name :		Report Date:	07-Aug-2024 6:37 pm
Sex/Age :	Male 22Y	Specimen :	
Phone :	1111111111		

SEROLOGY REPORT

Test Name	Result
VIRAL MARKERS	
Anti HCV Screening	Negative

Electrically Verified Reports, No Signature(s) Required

SWISO
 Certified
 ISO 9002



Tibbit By Garaj

224 New Muslim Town Lahore - Pakistan

MR No : *13.00*

13

Lab No : *3-24*

3-24

LAB TEST REPORT

Patient Name :	Mr.ali	Sample Date:	07-Aug-2024 6:33 pm
Father/Husband Name :		Report Date:	07-Aug-2024 6:36 pm
Sex/Age :	Male 22Y	Specimen :	
Phone :	1111111111		

ROUTINE CHEMISTRY REPORT

Test Name	Result	Units	Reference Range
Blood Glucose (Fasting)	111	mg/dl	70 - 110

Electrically Verified Reports, No Signature(s) Required

BLOOD BANK » ADD BLOOD TRANSFUSION FORM

MR No *

Patient Name :

Contact No :

Reg. Date:

Gender :

Age Years :

Address :

Patient Category:

Department

Blood Request Form

Blood Transfusion Form

What component needed *

Please Select

How many unit *

On what date required *

At what time *

Previous Trnasfusion Reaction *

Yes No

Previous Pregnancy *

Yes No

Name and Signature of Doctor *

Indication *

Print

Save

List View

Blood Bank

BLOOD BANK » ADD BLOOD TRANFUSION FORM

MR No *

Patient Name :

Contact No :

Reg. Date:

Gender :

Age Years :

Address :

Patient Category:

Department

Blood Request Form

Blood Transfusion Form

Pre Transfusion Checklist

Explain Benefits/risks to the patient/attend

Yes No

Checked and matched data on wrist band with compatibility Lable

Checked and matched data on compability lable with blood bag

Checked bag for leakage, clumps or abnormal color

Checked expiry date on bag

Checked any special instruction

Tranfufion Checklist	Before Tranfusion	15min. After	1hour After	After Transfusion
Temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respiratory Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blood Pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dyspnea	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chills/Rigors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pain Groins	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name & Sig.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

نام گواه

مریضن/سرپرست/اورث/شریک حیات

نام ڈاکٹر آن ڈیوٹی

شناختی کارڈ نمبر

دستخط گواه

Print

BLOOD BANK > ADD NEW DONOR

MR No *

(OutDoor)

Patient Name :

Reg. Date:

Donor ID:

First Second

Donor Name : *

S/O,D/O,W/Os *

Address/Phn No. : *

Age/Sex *

Occupation *

State Of Health *

Date Of Last Donation *

Center Of Donation *

CNIC *

No of Bags *

WEIGHT *

DONOR MEDICAL HISTORY

Heart Disease: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Tattooing: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Imprisonment: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Epilepsy: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Acupuncture: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Malaria: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hypertension: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Ear & Nose Piercing: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Tuberculosis: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Syncopal Attack: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recent Hospitalization: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Diabetes: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Jaundice: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Visit Abroad: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Bleeding Disorder: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Previous Trnasmfusion: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Addication: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Asthma: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Recent Surgery: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unusual Sexual Practice: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reacent Immunization: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Tooth Extraction: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Food Taken: *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Allergies: *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DONOR CONSENT:

I have been informed with all related information of blood donation. I here by grant my permission to the staff of this blood bank to withdraw my Blood/Single Donor Platelets suggested by the blood Tranfusion Officer:

Blood Bank

BLOOD BANK » ADD NEW DONOR

MR No *

(OutDoor)

Patient Name :

Reg. Date:

Donor ID:

First	Second
ABO group *	Please Select <input type="text"/>
Pulse *	<input type="text"/>
Temp *	<input type="text"/>
HBS AG *	Please Select <input type="text"/>
HIV 1/2 *	Please Select <input type="text"/>
MP *	Please Select <input type="text"/>
Time & Type of Food Last Taken *	<input type="text"/>
Amount of Blood to be Drawn *	<input type="text"/>
Rh Type *	Please Select <input type="text"/>
BP *	<input type="text"/>
HB/HCT *	<input type="text"/>
HCV (AB) *	Please Select <input type="text"/>
VDRL *	Please Select <input type="text"/>
Remarks *	FIT <input type="checkbox"/> UNFIT <input type="checkbox"/>
Signature of Blood Transfusion Officer *	<input type="text"/>

DONATION RECORD

DATE *	BLOOD DRAWN *	BAG NO. *	SIGNATURE BTO *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List View

Print

BLOOD BANK » BLOOD ISSUANCE FORM

Blood ID	<input type="text" value="4000"/>	Patient ID	<input type="text"/>	<input type="checkbox"/> (OutDoor)	
ABO Type *	<input type="text" value="Please Select"/>	RH Type *	<input type="text" value="Please Select"/>	Donation *	<input type="text" value="Please Select"/>
No. Of Bags *	<input type="text" value="1"/>	Received By	<input type="text"/>		
Expiry Date	<input type="text"/>	Receiving Date	<input type="text"/>		
Bag Number	<input type="text"/>	<input type="checkbox"/>	(Empty Bag Received)		

- New
- Back
- Save
- Save List View

BLOOD DONATION » ADD NEW DONATION

Donation ID	<input type="text" value="(New)"/>	Donor Name	<input type="text"/>	S.O,D/O,W/O	<input type="text"/>
Blood Group *	<input type="text" value="Please Select"/>	No. Of Bags *	<input type="text"/>	C.N.I.C No	<input type="text"/>
Donation Date	<input type="text" value="08/08/2024"/>	Expiry Date	<input type="text" value="08/08/2024"/>	Occupation	<input type="text"/>
Address	<input type="text"/>	Mobile	<input type="text"/>	State Of Health	<input type="text"/>
Gender *	<input type="text" value="Please Select"/>	DOB	<input type="text" value="08/08/2024"/>	Center Of Donation	<input type="text"/>
Donee Name	<input type="text"/>	Email	<input type="text"/>	Date Of Last Donation	<input type="text" value="08/08/2024"/>
Remarks	<input type="text"/>	Blood Condition	<input type="text"/>		
Blood Pre-Scened	<input type="checkbox"/>	Age	<input type="text"/>		

New

Back

Save

Print

Compatibility Report

Non-Clinical



Inventory



Material Issue Request

Material Issue Request » Add Material Issue Request

Request #	<input type="text" value="New"/>	MIR Date	<input type="text" value="8/19/2024 4:25:37 PM"/>	Priority	<input type="text" value="Please Select"/>
Department*	<input type="text" value="Please Select"/>	Employee	<input type="text" value="Please Select"/>	Status	<input type="text"/>
Remarks	<input type="text"/>			Attachments	<input type="button" value="Choose File"/> No file chosen
Item	<input type="text"/>			Warehouse*	<input type="text" value="Please Select"/>

MIR No.	Item Code	Description	Unit	MIR Qty	Remarks	Attachment	Delete
---------	-----------	-------------	------	---------	---------	------------	--------

Total Qty

-
-
-

Store Issue Note

Store Issue Note » Add Store Issue Note

Store issue no	<input type="text" value="New"/>	Warehouse*	<input type="text" value="Please Select"/>
MIR#	<input type="text" value="Select"/> <input type="button" value="Add"/>	Department*	<input type="text" value="Please Select"/>
Status	<input type="text"/>	Document Date	<input type="text" value="08/19/2024"/>
Item*	<input type="text"/>		

Request #	MIR #	MIR App Date	Department	Item Code	Item Description	UOM	Batch Num	Store Stock	MIR Qty	Issue Qty	Balance Qty	Remarks	Action

Inverted Gate Pass

IGP » Add IGP

IGP No	<input type="text" value="New"/>	Date	<input type="text" value="8/19/2024 4:29:43 PM"/>	Vendor *	<input type="text" value="Please Select"/>	Po No	<input type="text"/>
Driver Name	<input type="text"/>	Vehicle #	<input type="text"/>	Bility #	<input type="text"/>	Attachments	<input type="button" value="Choose File"/> No file chosen
Status	<input type="text"/>	Warehouse*	<input type="text" value="Main Store"/>	Department	<input type="text" value="Please Select"/>		
Remarks	<input type="text"/>						

Sr No.	PO #	Item Code	Item Description	Unit	Batch No	PO Delivery Date	PO Qty	Rcv Qty	Blnc Qty	IGP Qty	Mfg Date	Exp Date	Bonus Qty	Action
--------	------	-----------	------------------	------	----------	------------------	--------	---------	----------	---------	----------	----------	-----------	--------

Good Receive Note



GRN » Add GRN

GRN No	<input type="text" value="New"/>	Date	<input type="text" value="8/19/2024 4:31:19 PM"/>	Vendor	<input type="text" value="Please Select"/>	Igp No	<input type="text"/>
Department	<input type="text" value="Please Select"/>	Remarks	<input type="text"/>			Attachment	<input type="text" value="Choose File"/> No file chosen
Warehouse	<input type="text" value="Please Select"/>	Status	<input type="text"/>				

Sr No.	Item Code	Item Description	IGP #	IGP Date	PO No	PO Date	Batch No	Mfg Date	Exp Date	IGP Qty	GRN Qty	Bonus Qty	Action
--------	-----------	------------------	-------	----------	-------	---------	----------	----------	----------	---------	---------	-----------	--------

Save

View List

Stock Adjustment

Stock Adjustment » Stock Adjustment

Transaction ID	<input type="text" value="(New)"/>	Transaction Date	<input type="text" value="08/19/2024"/>
Item Code & Description	<input type="text"/>	Status	<input type="text"/>
Batch No	<input type="text"/>	Expire Date	<input type="text"/>
Quantity	<input type="text"/>	Rate	<input type="text"/>
Amount	<input type="text"/>	WareHouse	<input type="text" value="Please Select"/>
Current Stock	<input type="text"/>	UOM Stock	<input type="text"/>
Remarks	<input type="text"/>		

List View

Save

New

Store Transfer Note

Store Transfer Note » Add STN

Stock no: Date:

Ware House From: In Transit: Ware House To:

Item Code : Batch No : Quantity : Stock :

Remarks :

Item Code	Batch No	Description	Stock	Quantity	Action
-----------	----------	-------------	-------	----------	--------

-
-
-
-
-

Purchase



Purchase Requisition

Purchase Requisition » Add Purchase Requisition

PR #	<input type="text" value="New"/>	PR Date	<input type="text" value="8/19/2024 4:37:31 PM"/>	Priority *	<input type="text" value="Please Select"/>	
Ref #	<input type="text" value="Ref #"/>	Department *	<input type="text" value="Please Select"/>	Status	<input type="text"/>	
Remarks	<input type="text"/>				Attachments	<input type="button" value="Choose File"/> No file chosen
Item	<input type="text"/>					

Sr No.	Item Code	Description	Unit	Stock	Qty	UOM Qty	Required Date	Technical Specifications	Remarks	Attachment	Stats	Delete
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Total Qty

-
-
-

Request For Quotation

Request For Quotation > Add New

RFQ No. <input type="text" value="14"/>	RFQ Date <input type="text" value="19 Aug 2024"/>	Status <input type="text"/>	<input type="button" value="Vendor"/>	Pr.No <input type="text" value="Please Select"/>	<input type="button" value="Add"/>
Mode of Payment <input type="text" value="Cash Payment"/>	Due Date <input type="text" value="19 Aug 2024"/>	Quotation Validity <input type="text"/>			
Payment Terms <input type="text" value="Please Select"/>					

Remarks

Attachment
 No file chosen

No	P.R No	Item Code	Item Description	Qty	MOU	Required Date	Unit Price	General S.Tax %	Total Price
----	--------	-----------	------------------	-----	-----	---------------	------------	-----------------	-------------

-
-
-
-

Comparative Statement

Comparative Statement » Add New

CS#

Date

CS Validity

PR No

Remarks

Status

Term & Conditions

Vendor Name

Mode of Payment

Delivery Terms

All Items Vendor 1

Attachments

No file

PR No	Item Code	Item Description	UOM	Qty	Req Date
-------	-----------	------------------	-----	-----	----------

Qty	Rate	S.Tax	Amount
-----	------	-------	--------

Amount

Freight

Total Amount

Qty	Rate	S.Tax	Amount
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Amount

Freight

Total Amount

Total App Amt	Last GRN P
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Purchase Order



Purchase Order » Add New

PO No.	<input type="text" value="New"/>	Date	<input type="text" value="8/19/2024 4:39:07 PM"/>	Currency	<input type="text" value="PKR"/>	P.O Type	<input type="text"/>
Vendor *	<input type="text" value="Please Select"/>	Delivery Terms	<input type="text" value="Please Select"/>	Payment Terms	<input type="text" value="Please Select"/>	Status	<input type="text"/>
Ref. No	<input type="text"/>	Freight	<input type="text"/>	Pr.No	<input type="text" value="Please Sel..."/>	<input type="button" value="Add"/>	Attachments <input type="button" value="Choose File"/> No file chosen
Remarks	<input type="text"/>						
Search Item	<input type="text"/>						

No	P.R No	Item Code	Item Description	Unit	Qty	UOM Qty	Pack Qty	Rate	Price P.P	S.Tax %	ST Amount	Total	Delivery Date	Action
----	--------	-----------	------------------	------	-----	---------	----------	------	-----------	---------	-----------	-------	---------------	--------

Sub Total	<input type="text"/>
St Amount	<input type="text"/>
Net Amount	<input type="text"/>

Purchase Return

Purchase Return » Add Purchase Return

Purchase Return #

New

Purchase Return Date

19 Aug 2024

Status

Created

Vendor

Please Select

Return Form Warehouse

Please Select

Return Type

Please Select

Select

Remarks

Item Code	Item Description	UOM	Batch#	Total Stock	GRN Qty	Qty	GRN #	Trans Type	Rate	Action
-----------	------------------	-----	--------	-------------	---------	-----	-------	------------	------	--------

Save

View List

New

Item Replacement

Item Replacement » Add Item Replacement

Trans Num Trans Date

Inventory Org* Department Status

Remarks

Old Items						New Items						
Item Code	Batch	Stock Qty	Issue Qty	Rate	Amount	Item Code	Batch	Add Qty	Rate	Amount	Stock Qty	Expired Date

Accounts Payable



Manual Invoice

Manual Invoices » Add Manual Invoice

Invoice #

Date

Ref Invoice #

Supplier*

Remarks

Status



Account Code	Description	Department	Qty	Rate	S.Tax%	ST Amount	Total Amount	Remove
--------------	-------------	------------	-----	------	--------	-----------	--------------	--------

Grand Total

Payable Invoice



Payable Invoices » Add Purchase Invoice

Invoice #	<input type="text" value="New"/>	Invoice Type *	<input type="text" value="Invoice"/>	Vendor *	<input type="text" value="Please Select"/>	Ref Invoice #	<input type="text"/>	S Tax invoice #	<input type="text"/>
Invoice Date	<input type="text" value="8/19/2024 4:45:36 PM"/>	Accounting Date	<input type="text" value="8/19/2024 4:45:36 PM"/>	GRN Due Date		Currency	<input type="text" value="PKR"/>	Ex Rate	<input type="text"/>
Remarks	<input type="text"/>			Attachments	<input type="text" value="8/19/2024 4:45:36 PM"/>	Ex Date	<input type="text" value="8/19/2024 4:45:36 PM"/>		
				<input type="button" value="Choose File"/>	No file chosen				

Payable Invoice Advance

Item Code	Description	Invoice Amt	PO No	PO D:	Department	Qty	Rate	S.Tax%	S.Tax Amt	Total Amt	Valu
<hr/>											
<input type="button" value="Save"/> <input type="button" value="View List"/> <input type="button" value="New"/>										Total Invoice Amount	<input type="text"/>
										Total Advance Adjusted	<input type="text"/>
										Net Amount	<input type="text"/>

Payment Invoice

Payment Invoices » Add Payment Invoice

Payment No	<input type="text" value="New"/>	Payment Date	<input type="text" value="8/19/2024 4:46:40 PM"/>	Bank Cash*	<input type="text" value="Please Select"/>
Payment Mode*	<input type="text" value="Please Select"/>	Cheque No	<input type="text"/>	Cheque Date	<input type="text" value="8/19/2024 4:46:40 PM"/>
Vendor Name*	<input type="text" value="Please Select"/> Add	Attachments	<input type="text" value="Choose File"/> No file chosen	Paid Amount	<input type="text"/>
invoice Adjusted	<input type="text"/>	W Tax Amount	<input type="text"/>	Status	<input type="text"/>
Remarks	<input type="text"/>				

invoice No	invoice Amount	Balance	Discount	Adjusted	W Tax Type	W Tax Amount	Paid Amount	Invoice_type	Actions
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Save **View List** **New**

Advance Payment

Advance Payment » Add Advance Payment

Advance No	<input type="text" value="New"/>	Date	<input type="text" value="08/19/2024"/>	Attachments	<input type="button" value="Choose File"/> No file chosen
Vendor	<input type="text" value="Please Select"/>	Advance A/C	<input type="text"/>	<input type="text"/>	
Cheque No	<input type="text"/>	Cheque Date	<input type="text" value="08/19/2024"/>	Paid Through	<input type="text" value="Please Select"/>
With Holding Tax	<input type="text" value="Please Select"/>	With Holding Tax Amount	<input type="text"/>	Paid Amount	<input type="text"/>
Status	<input type="text" value="Created"/>	Remarks	<input type="text"/>		

General Ledger



Cash Payment Voucher

Voucher » Add New Voucher

Type	No	Date	Status
CPV	New	08/19/2024	
Ref Num	Pay to Name		
Description	Attachment		
	Choose File No file chosen		

Currency Exchange	Voucher Summary
Currency	Debit
PKR	
Exchange Rate	Credit
1.00	
	Difference

Seq	Account No.	Cost Center	Naration	Debit	Credit	
		Please Select				+

- List
- Save
- New

Bank Payment Voucher



Voucher » Add New Voucher

Type	No	Date	Status
BPV	New	08/19/2024	
Ref Num	Document #		
Description	Attachment		
	Choose File	No file chosen	

Currency Exchange	Voucher Summary
Currency	Debit
PKR	
Exchange Rate	Credit
1.00	
	Difference

Seq	Account No.	Cost Center	Naration	Chq No.	Chq Date	Debit	Credit	
		Please Select			08/19/2024			+

List Save New

Cash Receipt Voucher

Voucher » Add New Voucher

Type	No	Date	Status
CRV	New	08/19/2024	
Ref Num	Name		
Description	Attachment		
	Choose File No file chosen		

Currency Exchange	Voucher Summary
Currency	Debit
PKR	
Exchange Rate	Credit
1.00	
	Difference

Seq	Account No.	Cost Center	Naration	Debit	Credit	
		Please Select				+

List Save New

Bank Receipt Voucher

Voucher » Add New Voucher

Type	No	Date	Status
BRV	New	08/19/2024	
Ref Num	Document #		
Description	Attachment		
	Choose File No file chosen		

Currency Exchange	Voucher Summary
Currency	Debit
PKR	
Exchange Rate	Credit
1.00	
	Difference

Seq	Account No.	Cost Center	Naration	Chq No.	Chq Date	Debit	Credit	
		Please Select			08/19/2024			+

List Save New

Journal Voucher

Voucher » Add New Voucher

Type	No	Date	Status
JV	New	08/19/2024	
Ref Num	Reference		
Description	Attachment		
	Choose File No file chosen		

Currency Exchange	Voucher Summary
Currency	Debit
PKR	
Exchange Rate	Credit
1.00	
	Difference

Seq	Account No.	Cost Center	Naration	Debit	Credit	
		Please Select				+

List Save New



Technical Support



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To Learn More



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