## TibbIT Health Tech Platform



### **Current International Trends In HMIS**





Telehealth and Remote Patient Monitoring Data Portability



Interoperability & Data Exchange

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|---|---|----------|---|
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| 0 | Π | <u> </u> |   |
|   |   |          |   |

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

#### Health Level Seven International

HL7

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





**PMC** Compliance

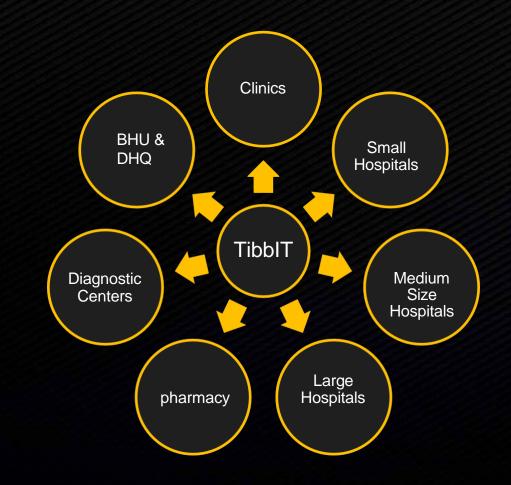
Pakistan Medical Commission

**UHS** Compliance

University health Science.



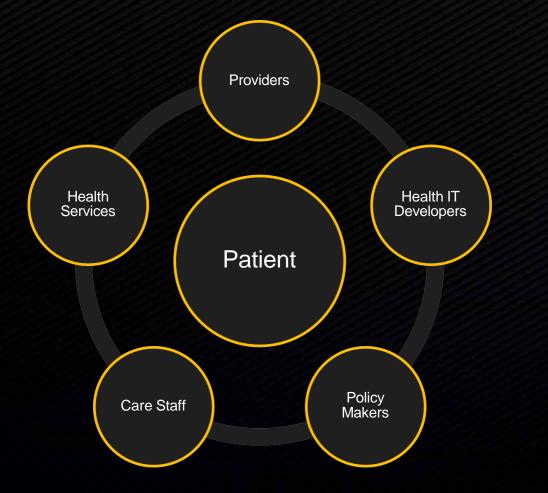
### **"Flexible For Small Clinics To Large Healthcare Systems"**





### **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)

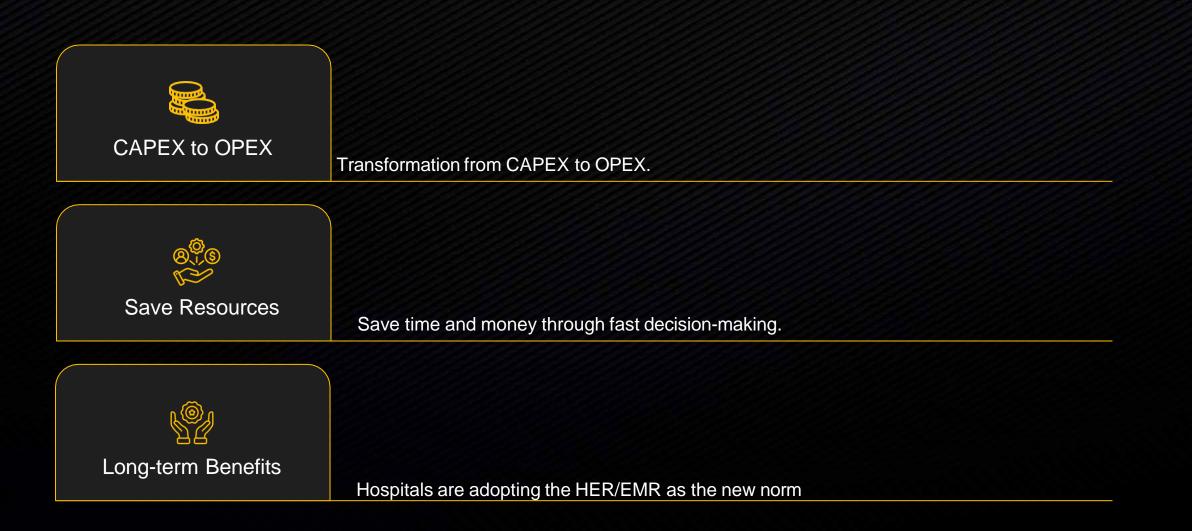
**Major Modules** 





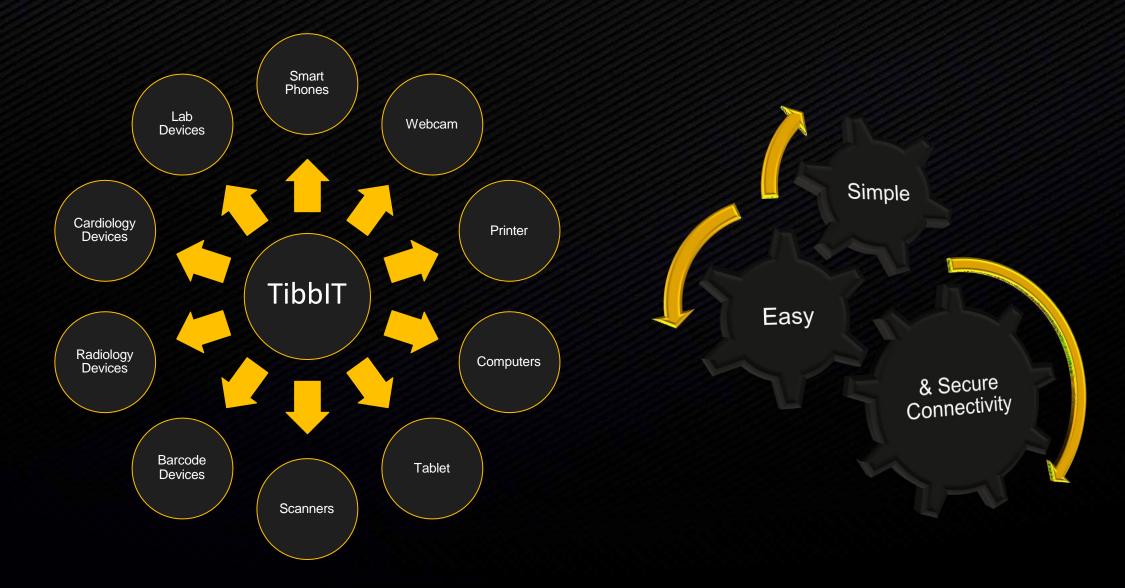
#### **Cost Effective Solution**





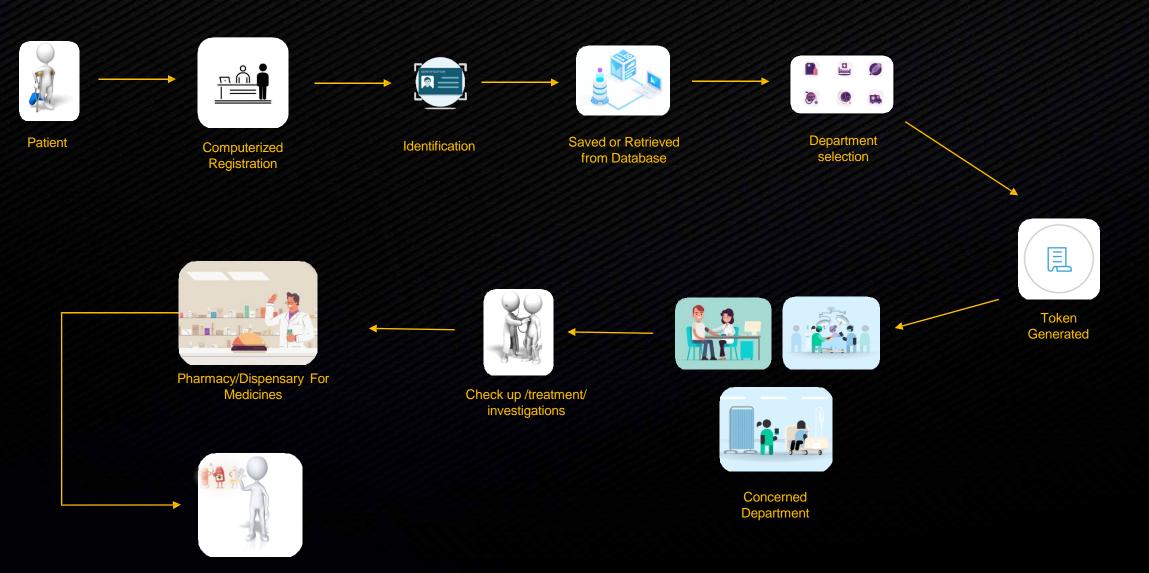
### **Smart Integration & Connectivity**





**Overview** 

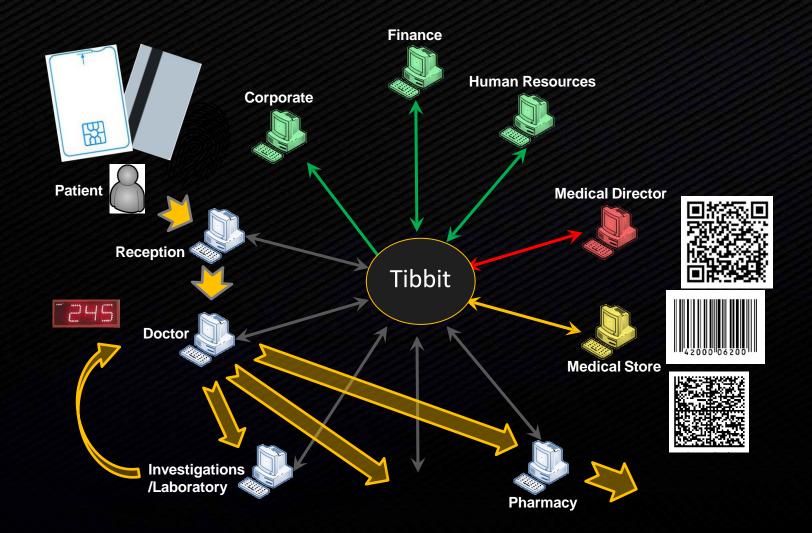




Patient departs

#### **Real Time Healthcare Information Cycle**





#### **Role-Based Access Portal**







Our 24/7 support: Email: cloud.support@jazz.com.pk Contact: 0304 111 0365

Log In



### **User Enrollment**



| CILLIN,   | にんさんにんしん        | さんにんにん          | IN STATE     | 1. | a an |
|-----------|-----------------|-----------------|--------------|--|--|
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| Dashboard |                 | Transactions    | Reports      | Administration                           |  |
|           | User R          | Role » Add No   | ew User Role |  | \$                                       |
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|           | Role ID         | (New)           |              |  |  |
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|           | Lab Department  | s Please Se     | elect 🗸      |  |  |
|           | Bill Type       | Please Se       | elect 🗸      |  |  |
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|           | Dashboard       |                 |              |  |  |

. **Home Page** 

• Transactions

. **Reports** 

### **Access Level**



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|           | Role ID             | (New)             |              |                |                            |
|           | Role Name *         |                   |              |                |                            |
|           | Department          | Please Se         | elect ~      |                |                            |
|           | Mode Of Presen      | ntation Please Se | elect ~      |                |                            |
|           | Lab Departmen       | ets Please Se     | elect ~      |                |                            |
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Dashboard D-Home Page D-Transactions

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Contact: 0304 111 0365

### **Role Delegation**



| Bit Control   Dashboard   Home Page   Transactions   Reports     Role Assignment > Manage Roles Manage User Roles User * Role Select < Roles Liser * Liser * Roles Liser * Roles Liser * Liser * Roles Liser * Liser * Liser * Roles Liser * Lise | ome DEMO ! [Log Out] |
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| Dashboard       Home Page       Transactions       Reports       Administration         User +       Fole Assignment > Manage Roles       Iser +       Please Select >         User +       Vertex +       Please Select >       Iser +         Roles       administration       administration         administrator       blood bank       blood bank   | 0                    |
| Role Assignment     Manage Roles     User *     Please Select     Roles     accounts (igraal)     accounts admin     administrator   blood bank   | \$                   |
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| Store/purchase  |                      |
| supervisor  |                      |
| □ <sub>x-ray</sub>  |                      |
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|   |                      |
| Our 24/7 support: Email: cloud.support@jazz.com.pk Contact: 0304 111 0365   |                      |
|   |                      |

### **After Login Dashboard**



| یر<br>T احادان |           |                     |                     |                  |        |                | Welcom             | e DEMO ! [ Log |
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|                |           | Q.<br>Administratio | n                   | Patient Man      | gement | <b>finance</b> | Auxiliary Services |                |



### **Health Services**



|                       |           |                           |              |                  |                | Welcom             | e DEMO ! [ Log Out ] |
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Contact: 0304 111 0365

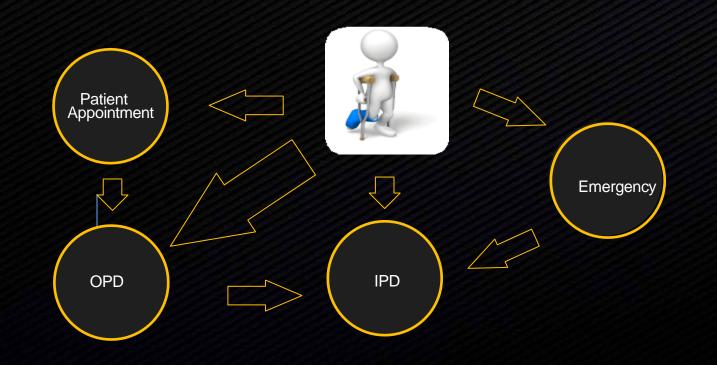
## Patient Digital Journey







#### Patient Can comes to the hospital via different scenarios



### **Doctor Appointment**

|           |           |              |                  |                |   |                  |               |          |             |                       | Welcome DEMO ! [ Log Out ] |
|-----------|-----------|--------------|------------------|----------------|---|------------------|---------------|----------|-------------|-----------------------|----------------------------|
| Dashboard | Nome Page | Transactions | ۲<br>Reports     | Administration |   |                  |               |          |             |                       |                            |
|           |           |              | Patient N        | lanagement     | <ul> <li>Doctor Appointntmer</li> </ul> | nt               |               |          |             |                       | •                          |
|           |           |              | ID               | 4              |   |                  |               |          |             |                       |                            |
|           |           |              | Patient Name     | dr. 🗸          |   |                  |               |          |             |                       |                            |
|           |           |              | Phone #          |                | _                                       |                  |               |          |             |                       |                            |
|           |           |              | Age Yea          | r 🗸            |   |                  |               |          |             |                       |                            |
|           |           |              | Consultant       | Select Doc     | tor •                                   |                  |               |          |             |                       |                            |
|           |           |              | Appointment Numb | er             |   |                  |               |          |             |                       |                            |
|           |           |              | Date             | 09/11/2024     |   |                  |               |          |             |                       |                            |
|           |           |              | Time             |                |   |                  |               |          |             |                       |                            |
|           |           |              | Save And Send Me | essage         |   |                  |               |          |             |                       |                            |
|           |           |              |                  |                |   |                  |               |          |             |                       |                            |
|           |           |              | From 09/11/2024  | To 09/11       | 2024                                    | Search           | Select Doctor | Ŧ        |             | All 🗸                 |                            |
|           |           |              | S No. APPT N     | O PATIENT NAM  | E DOCTOR NA                             | ME PHONE NU      | MBER DATE     | TIME     | STATUS      | ACTIONS               |                            |
|           |           |              | 1 1              | Mr. jazz test  | Dr.Ghias ul H                           | assan 777777777  | 7 08/08/2024  | 12:00 PM | Visited     | Change Their Schedule |                            |
|           |           |              | 2 1              | Mr. Tibb IT    | Dr.Ghias ul H                           | assan 0808888888 | 3 08/07/2024  | 01:00 AM | Not Visited | Change Their Schedule |                            |
|           |           |              | 3 1              | Mr. Raees      | Dr.Ghias ul H                           | assan 032222222  | 2 08/09/2024  | 08:00 AM | Visited     | Change Their Schedule |                            |



**Patient Search List** 

4



| یر ا      |              |                      |                |                 |             | Welcome |
|-----------|--------------|----------------------|----------------|-----------------|-------------|---------|
| Dashboard | Home Page    | Transactions Reports | Administration |                 |             |         |
|           | Search By Ph | one No               |                |                 |             | Add New |
|           | MR No        | Patient Name         | Father Name    | CNIC            | Contact No  | Actions |
|           | 18/24        | Mr.MrRaees           | XYZ            |                 | 0322222222  | Add     |
|           | 17/24        | Mr.For OT            | Jazz           | 22222-222222-2  | 8888888888  | Add     |
|           | 16/24        | Mr.Panel Patient     | Testing        | 58566-6555555-5 | 5555555555  | Add     |
|           | 15/24        | Mr.Lab Rec           | Testing Father | 58555-555555-5  | 95959858656 | Add     |
|           | 14/24        | Mr.In Patient        | Testing        | 58566-6555555-5 | 5555555555  | Add     |
|           | 13/24        | Mr.ali               |                |                 | 1111111111  | Add     |
|           | 12/24        | Mr.Lab Test          | Check          | 25622-222222-2  | 2555555555  | Add     |
|           | 11/24        | Mr.Test Recommended  | Check          | 25658-5858585-8 | 02323555555 | Add     |
|           | 10/24        | Mr.Mrjazz test       |                |                 | 77777777777 | Add     |
|           | 9/24         | Mr.Test entry Jazz   | Jazz           | 77777-777777-7  | 77777777777 | Add     |

### **Patient Registration for OPD**



| ر<br>T احاحا |                       |              |              |            |                    |             |                      |               |   |                  |                               |           | Welcome DEMO ! [ Log C | ut] |
|--------------|-----------------------|--------------|--------------|------------|--------------------|-------------|----------------------|---------------|---|------------------|-------------------------------|-----------|------------------------|-----|
| Dashboard    | <b>•</b><br>Home Page | Transactions | ھ<br>Repo    |            | L<br>Administratio | n           |                      |               |   |                  |                               |           |                        |     |
|              |                       |              | Private      | e OPD      | ) Reg. » A         | dd New Pati | ent                  |               |   |                  |                               |           |                        | ۵   |
|              |                       |              |              |            |                    | Search P    | atients Search A     | ppointment    |   |                  | Total Patients Revsit:<br>0 0 | s Per Day |                        |     |
|              |                       |              | Patient Det  | ails(Manda | atory)             |             |                      |               |   |                  |                               |           |                        |     |
|              |                       |              | Patier       | nt De      | tails (Ma          | ndato       | y):                  |               |   |                  |                               |           |                        |     |
|              |                       |              |              |            | Follow Up No       |             |                      |               |   |                  |                               |           |                        |     |
|              |                       |              | Patient No   |            | (New)              |             | Mode Of Presentation | OPD           | ~ | Discount Amount  |                               |           |                        |     |
|              |                       |              | Name*        | Ms. 🗸      |                    |             | Patient Category *   | Private       | ~ |                  |                               |           |                        |     |
|              |                       |              | Relation     | s/o 🗸      |                    |             | Main Department *    | OPD           | • | Discount Remarks |                               |           |                        |     |
|              |                       |              | Age *        | Yeai 🗸     |                    |             | Sub Department *     |               | ~ | Fees             |                               |           |                        |     |
|              |                       |              | D.O.B *      |            | Selec 🗸 Sel        | ∽ Sel ∽     | Doctor Name *        | Please Select | • |                  |                               |           |                        |     |
|              |                       |              | Gender *     |            | Female             | ~           |                      |               |   |                  |                               |           |                        |     |
|              |                       |              | Patient CNI  | с          |                    | -           | Blood Group          | Please Select | ~ | Rh               | Please Select                 | ~         |                        |     |
|              |                       |              | Marital Stat | tus        | Please Select      | ~           | Mobile *             |               |   | Disposal         | Discharge                     | ~         |                        |     |
|              |                       |              | Address      |            |                    |             | Clinical Diagnosis   |               |   | BankCash         | Cash In Hand - H.O            | ~         |                        |     |
|              |                       |              |              |            |                    |             | Issue Patient Card   |               |   |                  |                               |           |                        |     |
|              |                       | L            | _            |            | Carro & Daiat      |             | t - The street       |               |   |                  |                               |           |                        |     |



## **Doctor OPD Section**



**Patient Waiting List** 



|   | <b>H</b> ibbit |           |              |         |                  |                      |                     |               |            |                      |             |  | Welcome | DEMO ! [ Log Out |
|---|----------------|-----------|--------------|---------|------------------|----------------------|---------------------|---------------|------------|----------------------|-------------|--|---------|------------------|
| Out Patients       > Add Netwo Cultification         Miles*   | æ              | •         |              | Ø       | <b></b>          |                      |                     |               |            |                      |             |  |         |                  |
| Mi No• Our Preservice Minister Contrast No:<br>Preservice Name:<br>Preservice Canadary Over Department<br>Preservice Walking List Department Wise :<br>Select Your Department<br>Vende No Preservice Age Gooder Counce Vine Sories Select   | Dashboard      | Home Page | Transactions | Reports | Administration   |                      |                     |               |            |                      |             |  |         |                  |
| Priese Walking Liet Viral Parameter Bissony Examination Terestigation Medication Follow up / Viraifed Test Result<br>Partients Walking Liet Viral Parameter Bissony Examination Terestigation Medication Follow up / Viraifed Test Result<br>Partients Walking Liet Department Wisse :<br>Select Your Department<br>The Terestigation of the Test Result<br>Medication Follow up / Viraifed Test Result  |                |           |              |         | Out Patie        | nts » Add New OutP   | atient              |               |            |                      |             |  |         | 0                |
| Partier Mare:<br>Gooder<br>Age base:<br>Address:<br>Address:<br>Address:<br>Address:<br>Address:<br>Address:<br>Address:<br>Address:<br>Address:<br>Address:<br>Follow up/Verific Tex Real:<br>Patients Waiting List Department Wise :<br>Select Your Department<br>Y net<br>Y net |                |           |              |         | MR No +          |                      | Out Patient I       | D (New)       |            |                      |             |  |         |                  |
| Age tens:<br>Performed<br>Patients Waiting Lie Vual Parameter History Examination Investigation Medication Rollow up / Verified Test Result<br>Patients Waiting List Department Wise:<br>Select Your Department<br>Verified Viano Rollow Rollow Rollow Rollow Select<br>Mit file Televishing Rollow Ro  |                |           |              |         |                  |                      |                     |               |            |                      |             |  |         |                  |
| Patient Category<br>Totion Via<br>Perioden Via Viana Parameter History Examination Investigation Medication Follow up / Verified Test Result<br>Patient Statisting List Department Wise :<br>Select Your Department<br>Panel<br>Panel<br>Panel<br>Medican Name Age Gender Oreated Time Status Select<br>Medican Name Age Gender Oreated Time Status Select  |                |           |              |         |                  |                      |                     |               |            |                      |             |  |         |                  |
| Patients Waiting Liet Vini Parameter History Examination Investigation Medication Follow up / Vertified Test Result  Patients Waiting Liet Vini Parameter History Examination Investigation Medication Follow up / Vertified Test Result  Patients Waiting Liet Department Wisse :  Select Your Department  Pend  Pend Pend   |                |           |              |         |                  | ~                    |                     |               |            |                      |             |  |         |                  |
| Patients Waiting List Department Wise :<br>Select Your Department          Image: Participation of the second secon  |                |           |              |         |                  |                      | Department          |               |            |                      |             |  |         |                  |
| Patients Waiting List Department Wise :<br>Select Your Department          Image: Participation of the second secon  |                |           |              |         |                  |                      |                     |               |            |                      |             |  |         |                  |
| Select Your Department       Panel       Panel       MR No     Token No     Patient Name     Age     Greader     Created Time     Status     Select   |                |           |              |         | Patients Waiting | List Vital Parameter | History/Examination | Investigation | Medication | Follow up / Verified | Test Result |  |         |                  |
|   |                |           |              |         |                  | v                    |                     | Gender        | Created    | Time Status          |             |  |         |                  |
|   |                |           |              |         | 4                |                      |                     |               |            |                      | Þ           |  |         |                  |





| Out Patie   | ents                        | » Add New         | OutPatie | ent                      |                                       |                             |            |      |             |          |             |        |      |     |
|---|-----------------------------|-------------------|----------|--------------------------|---------------------------------------|-----------------------------|------------|------|-------------|----------|-------------|--------|------|-----|
| MR No *   | 4/24 - 1                    | Ar.Full Flow Test |          | ×                        | Out Patient I                         | D (New)                     |            |      |             |          |             |        |      |     |
| Patient Name :<br>Reg. Date:<br>Age Years :   | Mr.Full F<br>8/7/202<br>32Y | Flow Test<br>4    |          |                          | Contact No :<br>Gender :<br>Address : | 2565252525<br>Male<br>H#123 | 1          |      |             |          |             |        |      |     |
| Patient Category  | Private                     | 2                 | ~        | 1                        | Department                            | IPD                         |            |      |             |          |             |        |      |     |
| Follow No   | 1                           |                   |          |                          |                                       |                             |            |      |             |          |             |        |      |     |
| Patients Waiting  | g List                      | Vital Param       | ieter    | History/Exa              | mination                              | Investigation               | Medicati   | on   | Follow up / | Verified | Test Result |        |      |     |
| Vital Pa<br>Pulse (Beats/m<br>B.P (mmHg)<br>Temp (°F)<br>Respiration<br>(Breaths/min) |                             | 120/80            |          | Heigh<br>(ft.cm<br>Weigl | n) 5.2                                |                             | BSR<br>BMI |      |             |          |             |        |      |     |
|   |                             |                   |          |                          |                                       | Previou                     | ıs His     | tory | /           |          |             |        |      |     |
| Date  |                             | Status            | Pulse    | Temp                     | Height                                | L.M.P                       | EDD        | BSR  | вмі         | вр       | Respiration | Weight | MUAC | OFC |
| Wednesday, Augu<br>7, 2024 3:25 PN  |                             | DutPatient        | 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   |   | Out Patients » Add New OutPatient  |  |
|---|---|--|--|
| MR No*     4/24- MicFull Flow Test     Out Patient ID     (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     Private     Department     IPD       Follow No     1     Department     IPD |   | MR No*  4/24 - Mr.Full Flow Text Out Patient ID (New) Patient Name : Mr.Full Flow Test Contact No : 2565252521 Reg. Date: 8/7/2024 Gender : Male Age Years : 32Y Address : H=123 Patient Category Private Department IPD Follow No 1  Patients Waiting List Vital Parameter History/Examination Investigation Medication | Follow up / Verified Test Result   |
| Patients Waiting List     Vital Parameter     History/Examination     Investigation     Medication       Presenting Complaints :  | Follow up / Verified Test Result Symptom Dur D/M/Y Remarks Edit   | Presenting Complaints :<br>Symptom Add New Duration Remarks Add Add Add Add Add Add Add Add Add Ad   | Symptom Dur D/M/Y Remarks Edit   |
| History General Physical Examination  | Refered To  | History General Physical Examination   | Refered To   |
| History Of Present Illness  | Refered To Please Select  Comparison Please | Pallor JVP Cyanosis Disoriented Jaundice Dehydration Edema Lymphadenopathy Clubbing  | Refered To Please Select  Referral Note  |
| Past History  | 7/8/2024 3:11:22 PM OPD(Main Dept)<br>7/8/2024 3:26:40 PM IPD   | Dyspncea Neck Swelling Skin Lesions Other  | 7/8/2024 3:11:22 PM         OPD(Main Dept)           7/8/2024 3:26:40 PM         IPD |
| Birth History   | 4   | Systemic Examination   | 4  |
| Drug History  | Special Examination   | CNS /  | Special Examination  |
| Personal History Obstetric History  | Psychiatry Derma<br>Ortho Peads   | GIT //   | Psychiatry Derma Ortho Peads   |
| Allergies History   |   | Musculoskeletal System   |  |
| Treatment History   |   | Local\Special Examination  |  |
| Development History   |   | Differentiate/Provisional<br>Diagnosis   |  |
| Vaccination History   |   |  |  |

### **Patient Registration**



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#### Out Patients » Add New OutPatient MR No \* 4/24 - Mr.Full Flow Test Out Patient ID (New) Patient Name : Mr.Full Flow Test Contact No : 25652525251 8/7/2024 Gender : Reg. Date: Male Age Years : 32Y Address : H#123 Private $\sim$ Department IPD Patient Category Follow No 1

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

#### Main Tests Department :

| X-Ray 🗸 | X-RAY SPIN DUBLE VIEW 🔻 | Add Test |  |
|---------|-------------------------|----------|--|
|         | A.P view 💌              |          |  |
|         |                         |          |  |

|                      |   | Sample   |        |               |                  |        |
|----------------------|---|----------|--------|---------------|------------------|--------|
| Date                 | Test Name                               | 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 |



#### Out Patients » Add New OutPatient

| MR No *                                     | 9/24 - Mr.Test entry Jazz             | × | Out Patient ID                        | 8                   |
|---|---------------------------------------|---|---------------------------------------|---------------------|
| Patient Name :<br>Reg. Date:<br>Age Years : | Mr.Test entry Jazz<br>8/7/2024<br>50Y |   | Contact No :<br>Gender :<br>Address : | 77777777777<br>Male |
| Patient Category                            | Private ~                             |   | 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      | روزانه دن میں ایک-OD<br>دفعه | PO     | 4        |                      | Tablet      | Edit   Delete |

| 4    |        |               |        |              |        |          | •                           |  |
|------|--------|---------------|--------|--------------|--------|----------|-----------------------------|--|
|      |        |               | Prev   | ious History | 1      |          |                             |  |
| Date | Status | Medicine Name | Dosage | Frequency    | Routes | Duration | Attending Paramedical Staff |  |



# **Doctor can refer for the admission & check also prescribe the investigation results.**

|                     |                 |                       | Pres           | vious His    | torv        |              |           |               |         |
|---------------------|-----------------|-----------------------|----------------|--------------|-------------|--------------|-----------|---------------|---------|
| harge               |                 | Fi                    | inal Diagnosis |              | h           |              | Date      | 08/07/2024    |         |
| ldmision            | רוכמשל שפופנו   | - D                   | ate            | 08/07/20     | 27          |              | Follow Up | riedse select | *       |
|                     | Please Select   | × n                   |                | 08/07/20     | 24          |              |           | Please Select | //<br>~ |
| ctor Name           |                 | D                     | esignation     |              |             |              | Advice    |               |         |
| isposal :           |                 |                       |                |              |             |              |           |               |         |
| tients Waiting List | Vital Parameter | History/Examination   | Investigat     | ion Medicati | Follow up / | Verified Tes | t Result  |               |         |
|                     |                 |                       |                |              |             |              |           |               |         |
| t Category<br>No    | ~               | Departme              | nt             |              |             |              |           |               |         |
| ars :               |                 | Address :             |                |              |             |              |           |               |         |
| t Name :<br>ate:    |                 | Contact N<br>Gender : | 0:             |              |             |              |           |               |         |
|                     |                 | Out Patier            |                | w)           |             |              |           |               |         |

#### Out Patients » Add New OutPatient

| 1R No *          |          |             |      | Out Patient         | ID     | (New)  |                      |             |         |       |    |
|------------------|----------|-------------|------|---------------------|--------|--|----------------------|-------------|---------|-------|----|
| atient Name :    |          |             |      | Contact No          | :      |  |                      |             |         |       |    |
| eg. Date:        |          |             |      | Gender :            |        |  |                      |             |         |       |    |
| ge Years :       |          |             |      | Address :           |        |  |                      |             |         |       |    |
| atient Category  |          |             | ~    | Departmen           | t      |  |                      |             |         |       |    |
| bliow No         |          |             |      |                     |        |  |                      |             |         |       |    |
| Patients Waiting | List     | Vital Param | eter | History/Examination | Invest | igation Medication                           | Follow up / Verified | Test Result |         |       |    |
| MR No            |          |             |      |                     |        |  |                      |             |         |       |    |
|                  |          |             |      |                     |        |  |                      |             |         |       |    |
|                  |          |             |      |                     |        |  |                      |             |         |       |    |
|                  |          |             |      |                     | Pr     | evious Histo                                 | ory                  |             |         |       |    |
| Test Colle       | ected Da | te          | Te   | est Ready Date      | Pr     | <b>'evious Histo</b><br><sub>Test Name</sub> | ory                  | Test Collec | cted By | Resul | lt |
| Test Colle       | ected Da | te          | Te   | est Ready Date      | Pr     |  | ory                  | Test Collec | cted By | Resul | lt |
| Test Colle       | ected Da | te          | Te   | est Ready Date      | Pr     |  | ory                  | Test Collec | cted By | Resu  | ł  |
| Test Colle       | ected Da | te          | Te   | est Ready Date      | Pr     |  | ory                  | Test Collec | cted By | Resu  | lt |
| Test Colle       | ected Da | te          | Te   | est Ready Date      | Pr     |  | ory                  | Test Collec | cted By | Resu  |    |
| Test Colle       | ected Da | te          | Te   | est Ready Date      | Pr     |  | ory                  | Test Collec | cted By | Resu  |    |

List View

Prescriptio

#### **Electronic Prescription, Patient Slip, Patient Card**

|                           |                 |      | Tibbl | T By G   | araj  | MR Number:           | 15/24       | -      | - iss                     |
|---------------------------|-----------------|------|-------|----------|-------|----------------------|-------------|--------|---------------------------|
|                           |                 |      |       |          | _     |                      |             |        | MR N<br>Name              |
| Do                        | ctor Name:      |      |       |          | Spec  | iality:              |             |        | F/H N                     |
| Patient Name: Mr.Lab R    | ec              |      |       |          |       |                      |             |        | Mobil                     |
| Date: 07 Aug 2024 7:11 P  | M               |      | Age:  | 31Y      |       |                      | Sex: Male   |        | CNIC                      |
|                           |                 |      | _     |          |       |                      |             |        |                           |
| Follow Up:                | 07-Aug-2024     |      |       |          |       |                      |             |        |                           |
| Diagnosis:Dx/DDs          | Rx:<br>Medicine | Dees | -     |          | Route | Special Instructions | Instruction | _ 2200 | Reg                       |
|                           | Medicine        | Dose | Freq. | Duration | Route | Special Instructions | Instruction |        | Dep                       |
|                           | L               |      |       |          |       |                      |             |        | F                         |
| 11-15                     |                 |      |       |          |       |                      |             |        |                           |
| Hx/Ex:                    |                 |      |       |          |       |                      |             |        |                           |
|                           |                 |      |       |          |       |                      |             |        | Crea                      |
|                           |                 |      |       |          |       |                      |             |        | Crea<br>Note:             |
|                           |                 |      |       |          |       |                      |             |        | This o                    |
|                           |                 |      |       |          |       |                      |             |        |                           |
|                           |                 |      |       |          |       |                      |             |        |                           |
| Vitals:                   |                 |      |       |          |       |                      |             |        |                           |
| Pulse: 25 Height: 25      |                 |      |       |          |       |                      |             |        |                           |
| B.P: 120895 Weight: 25    |                 |      |       |          |       |                      |             |        | Patient Regist            |
| Temp: 25 BSR: 25          |                 |      |       |          |       |                      |             |        | A LEAST REAL PROPERTY AND |
| Respiration: 25 BMI: 25   |                 |      |       |          |       |                      |             |        |                           |
| Investigations:<br>Sodium |                 |      |       |          |       |                      |             |        |                           |
| Urine Protein             |                 |      |       |          |       |                      |             |        |                           |
| Ultrasound Abdomen        |                 |      |       |          |       |                      |             |        |                           |
| Advice:                   |                 |      |       |          |       |                      |             |        | MR No: 17/                |
| Auvice:                   |                 |      |       |          |       |                      |             |        | Name: Mr.                 |
|                           |                 |      |       |          |       |                      |             |        |                           |
|                           |                 |      |       |          |       |                      |             |        | Address: aa               |
|                           |                 |      |       |          |       |                      |             |        | CNIC #: 22                |
|                           |                 |      |       |          |       |                      |             |        |                           |
|                           |                 |      |       |          |       |                      |             |        |                           |



#### **TibbIT By Garaj**

224 New Muslim Town Lahore, Pakistan 04235223091

OPD Slip

| MR No:     | 17/24           | Department:   | IPD     |
|------------|-----------------|---------------|---------|
| Name:      | Mr.For OT       | Gender:       | м       |
| F/H Name:  | Jazz            | Age:          | 50Y     |
| Mobile No: | 8888888888      | Patient Type: | Private |
| CNIC:      | 22222-2222222-2 | Disposal :    |         |

Fee Amt. Disc. . Туре Payable artment 0 Reg.

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





### **Emergency Admission**

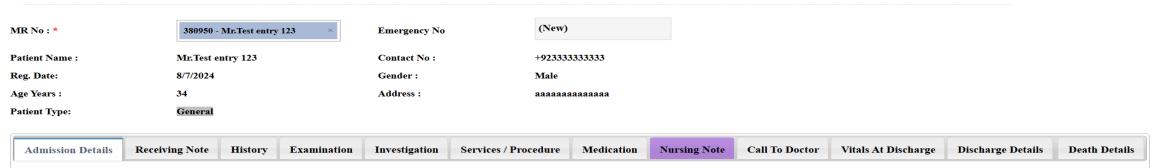


| Welcome DEMO ! [ L |      |               |                     |                |                  |                      |              |           | ilalal T    |
|--------------------|------|---------------|---------------------|----------------|------------------|----------------------|--------------|-----------|-------------|
|                    |      |               |                     |                | <b></b>          | ľ                    |              | •         | <b>6</b> 26 |
|                    |      |               |                     |                | Administration   | Reports              | Transactions | Home Page | ashboard    |
|                    | <br> |               |                     | Emergency Case | y Case » Add     | Emergenc             |              |           |             |
|                    |      |               |                     | Brought By     | Oetails Services | Emergency Case D     |              |           |             |
|                    |      |               |                     | etails :       | cy Case D        | Emergen              |              |           |             |
|                    |      |               | Patient ID *        |                | (New)            | Emergency ID         |              |           |             |
|                    |      |               |                     | ~              | Select an Option | Shifted To           |              |           |             |
|                    | ~    | No            | Relatives Notified  |                |                  |                      |              |           |             |
|                    |      | 5:16 PM       | Arrival Time *      |                | 09/11/2024       | Arrival Date *       |              |           |             |
|                    | ~    | Please Select | Doctor *            | ~              | Please Select    | Physical Condition * |              |           |             |
|                    |      |               | Case Charges *      | ~              | Select an Option | Refered To           |              |           |             |
|                    |      |               |                     | 4              |                  | Description          |              |           |             |
|                    |      |               | Brought Person Name | ~              | Select an Option | Brought By           |              |           |             |
|                    |      |               | CNIC                |                |                  | Vehicle No           |              |           |             |
|                    |      |               | Brought By Relation |                |                  | Occupation           |              |           |             |
|                    | Disc |               | Brought By Address  |                |                  | Mobile               |              |           |             |

### **Emergency Module complete process admission to Discharge**



#### ACCIDENT & EMERGENCY CASE » ADD ACCIDENT & EMERGENCY CASE



#### **ADMISSION DETAILS :**

Save

| seatment Time     8/07/2024 11:55:40 PM       dmission Date     8/7/2024 11:52:37 PM       Admit To *     Ward *       EMERGENCY     Ward *       Emergency Male     0       4                               | reatment Time 8/07/2024 11:55:40 PM<br>dmission Date 8/7/2024 11:52:37 PM Admit To 9<br>epartment EMERGENCY V Ward * |             |                       |   |            |                |        | MR No | Bed No |
|--|--|-------------|-----------------------|---|------------|----------------|--------|-------|--------|
| Seatment Time     8/07/2024 11:55:40 PM       mission Date     8/7/2024 11:52:37 PM       Admit To *     Ward ~       partment     EMERGENCY ~       Ward *     Emergency Male ~       0     3       0     4 | mission Date 8/7/2024 11:52:37 PM Admit To To Partment EMERGENCY V Ward *  | e Area      | Immediate             | ~ |            |                |        | 0     | 1      |
| Main soin Date     8/7/2024 11:52:37 PM     Admit To *     Ward ~     Output       epartment     EMERGENCY ~     Ward *     Emergency Male ~       octor     Dr. Muhammad Imran *     Bed No     1           | epartment EMERGENCY ~ Ward *   | ment Time   | 8/07/2024 11:55:40 PM |   |            |                |        |       | •      |
| Department     EMERGENCY     Ward *     Emergency Male       Doctor     Dr. Muhammad Imran *     Bed No     1  |  | ission Date | 8/7/2024 11:52:37 PM  |   | Admit To * | Ward           | $\sim$ | 0     | 2      |
| Doctor Dr. Muhammad Imran V Bed No 1 0 4   |  |             | EMERGENCY             | ~ | Ward *     | Emergency Male | ~      | 0     | 3      |
|  | Doctor Dr. Muhammad Imran V Bed No   | rtment      |                       |   |            |                |        | 0     | 4      |
|  |  | or          | Dr. Muhammad Imran    | • | Bed No     | 1              |        | 0     | 5      |

|                |            | Ward Previo      | US HISTORY  |                |      |        |  |
|----------------|------------|------------------|-------------|----------------|------|--------|--|
| Admission Date | Department | Admitting Doctor | Triage Area | Discharge Date | Ward | Bed No |  |

List View

#### **In-door Patient Admission**

Discharge & Billing

Discharge & Total Bill

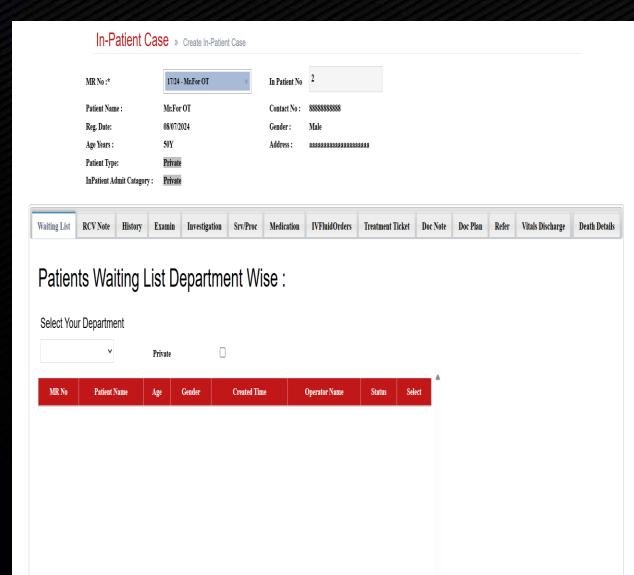
Advance



| No: *                                | 2/24 - Mr.Razia        | × | In Patient No 3                  |                 |    | Operation Time :  |      |        |         |    |  |  |  |  |  |
|--------------------------------------|------------------------|---|----------------------------------|-----------------|----|-------------------|------|--------|---------|----|--|--|--|--|--|
| ent Name :<br>1. Date:               | Mr.Razia<br>08/07/2024 |   | Contact No : 252<br>Gender : Fem | 52525555<br>ale |    |                   |      |        |         |    |  |  |  |  |  |
| e Years :                            | 31Y                    |   | Address : H#1                    | 23              |    | File No : 3/24    |      |        |         |    |  |  |  |  |  |
| ent Type:<br>atient Admit Category : | Private<br>Private     |   |                                  |                 |    |                   |      |        |         |    |  |  |  |  |  |
| Admission Details                    |                        |   |                                  |                 |    |                   |      |        |         |    |  |  |  |  |  |
|                                      |                        |   |                                  |                 |    |                   | MF   | No     | Dept    |    |  |  |  |  |  |
| Admission Det                        | ails :                 |   |                                  |                 |    | Today Admission : |      |        |         |    |  |  |  |  |  |
|                                      |                        |   |                                  |                 |    |                   |      |        |         | -  |  |  |  |  |  |
| Admission Date                       | 8/7/2024 8:21:12 PM    |   | Admit To *                       | Room            | ~  |                   | •    |        | •       | *  |  |  |  |  |  |
| Time In *                            | 8:21 PM                |   | Ward                             | Please Select   | ~  |                   |      |        |         |    |  |  |  |  |  |
| Department                           | IPD                    | ~ | Bed No                           |                 |    |                   |      |        |         |    |  |  |  |  |  |
| Sub Department *                     | Cardiology             | • | Room No                          | 301             | ~  | MR No Bed N       | lo 🗖 | MR No. | Room No |    |  |  |  |  |  |
| Consultant *                         | Dr.Noor Dastgir        | - | Room Type                        | Executive Room  | ~  |                   | _    | 0      | 301     |    |  |  |  |  |  |
| Package Name                         | Under Observation      | ~ | Procedure                        |                 | 1. |                   |      | 0      | 317     | -1 |  |  |  |  |  |
| InPatient Admit Category             | Private                | ~ | Advance Amoun                    | 25000           |    |                   |      | 0      | 318     |    |  |  |  |  |  |
| IPD Procedure                        | Thyroidectomy          | * |                                  |                 |    |                   |      | o      | 321     |    |  |  |  |  |  |
|                                      |                        |   |                                  |                 |    |                   | -    | 0      | 322     | -  |  |  |  |  |  |
| Discharge Det                        | ails :                 |   |                                  |                 |    | 4                 |      | •      | Þ       | *  |  |  |  |  |  |
| Discharge Date                       | 08/12/24               |   |                                  |                 |    |                   |      |        |         |    |  |  |  |  |  |
| Discharge Date                       |                        |   |                                  |                 |    |                   |      |        |         |    |  |  |  |  |  |
| Time Out                             | 1:00 AM                |   |                                  |                 |    |                   |      |        |         |    |  |  |  |  |  |

**Private Bill** 

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



#### 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 :  | 8888888888888 |
| Reg. Date:                 | 08/07/2024          | Gender :      | Male          |
| Age Years :                | 50Y                 | Address :     | *****         |
| 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 |  |
|--------------|----------|---------|--------|---------------|----------|------------|---------------|------------------|----------|----------|-------|------------------|---------------|--|
|--------------|----------|---------|--------|---------------|----------|------------|---------------|------------------|----------|----------|-------|------------------|---------------|--|

#### Receiving Note:

| Pulse Rate (Beats per Min)  | Blood      | Pressure (120/80)  |             |  |
|-----------------------------|------------|--------------------|-------------|--|
| r une rute (peuto per mili) |            |                    |             |  |
| Rhythm                      | ✓ Temp     | erature (°F)       |             |  |
| Volume                      | ✓ Respir   | ration Rate (/min) |             |  |
|                             | O2 Sa      | turation           |             |  |
| Others                      |            |                    | On Room Air |  |
| Others                      | li         |                    | With Oxygen |  |
|                             |            |                    |             |  |
| Special I                   | astruction |                    |             |  |
|                             |            |                    |             |  |



**History & Examine** 



|                  | In-P                        | atient Cas  | e » Create I     | In-Patient Case      |   |   |                  |            |            |                        |               |   |                          | In-Pat                    | ient Cas             | e » Create              | In-Patient Case       |                          |  |                  |          |          |                |               |            |
|------------------|-----------------------------|-------------|------------------|----------------------|---|---|------------------|------------|------------|------------------------|---------------|---|--------------------------|---------------------------|----------------------|-------------------------|-----------------------|--------------------------|--|------------------|----------|----------|----------------|---------------|------------|
|                  | MR No :*                    |             | 17/24 - Mr.For C | × TC                 | In Patient No   | 2                                       |                  |            |            |                        |               | 8 |                          | MR No :*                  |                      | 17/24 - Mr.For (        | × T                   | In Patient No            | 2                                      |                  |          |          |                |               |            |
|                  | Patient Nan                 | ie :        | Mr.For OT        |                      | Contact No :  | 88888888888                             |                  |            |            |                        |               |   |                          | Patient Name :            |                      | Mr.For OT<br>08/07/2024 |                       | Contact No :<br>Gender : | 88888888888888888888888888888888888888 |                  |          |          |                |               |            |
|                  | Reg. Date:                  |             | 08/07/2024       |                      | Gender :  | Male                                    |                  |            |            |                        |               |   |                          | Reg. Date:<br>Age Years : |                      | 08/07/2024<br>50Y       |                       | Gender :<br>Address :    | Male<br>aaaaaaaaaaaaaaaaaaa            | aaaa             |          |          |                |               |            |
|                  | Age Years :<br>Patient Type |             | 50Y<br>Private   |                      | Address :   | aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa | aaaaaa           |            |            |                        |               |   |                          | Patient Type:             |                      | Private                 |                       |                          |  |                  |          |          |                |               |            |
|                  |                             |             | Private          |                      |   |   |                  |            |            |                        |               |   |                          | InPatient Admi            | t Catagory :         | Private                 |                       |                          |  |                  |          |          |                |               |            |
| Waiting List     | RCV Note                    | History Fa  | ramin Inves      | tigation Sry/P       | roc Medication  | IVFluidOrder                            | s Treatment Tick | t Doc Note | Doc Plan R | Refer Vitals Discharge | Death Details |   | Waiting List             | RCV Note                  | History Ex           | amin Inve               | tigation Srv/Pro      | c Medication             | IVFluidOrders                          | Treatment Ticket | Doc Note | Doc Plan | Refer Vitals D | ischarge Deat | th Details |
| training 2001    |                             | Linksty Li  |                  | SI NI                | interest of the second s | TTTMAOTAC                               |                  | Detroit    | Doctrial   | tite The Distance      |               |   |                          |                           |                      |                         |                       |                          |  |                  |          |          |                |               |            |
| Presen           | iting Co                    | mplaints    | :                |                      |   |   | Symptom          | Dur I      | D/M/Y Rema | rks Edit               | •             |   |                          | ation De                  | tails :              |                         |                       |                          |  |                  |          |          |                |               |            |
| Symptom          | Add N                       |             |                  | urks                 |   |   | Abrasion         | 2          |            | Edit Delete            |               |   | General Ph<br>Examinatio | iysical<br>n:             |                      |                         |                       |                          |  |                  |          |          |                |               |            |
|                  |                             | н           | -                |                      | Add //  |   | Mydriasis        | 1          | н          | Edit Delete            |               |   | Jaundice                 |                           | ® ¥                  |                         | ○ <u>N</u>            |                          |  |                  |          |          |                |               |            |
|                  |                             |             |                  |                      |   |   |                  |            |            |                        |               |   | Pallor                   |                           | ● Y                  |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
|                  |                             |             |                  |                      |   | •                                       |                  |            |            |                        | •             |   | Dehydration              |                           | ● <b>Y</b>           |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
| History          | ,                           |             |                  |                      |   |   |                  |            |            |                        |               |   | GCS Oriented             |                           | ● Y                  |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
| ,                |                             | asdasdczxzx |                  |                      | • czc   |   |                  |            |            |                        |               |   | Conscious / Orie         | entely                    | ● <b>Y</b>           |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
| History Of Pres  | sent Illness                | asdasactata | , V.             | accination History   |   | 1.                                      |                  |            |            |                        |               |   | JVP                      |                           | ● <b>Y</b>           |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
|                  | •                           | zxczxczx    |                  |                      | • zxczx   |   |                  |            |            |                        |               |   | Edema                    |                           | • <b>Y</b>           |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
| Past Medical/Su  | urgical History             |             | A:               | ny Other History     |   | 1.                                      |                  |            |            |                        |               |   | Cyanosis<br>• Cyanosis C | yanosis Cyanosis          | ● Y                  |                         | ○ <u>N</u>            |                          |  |                  |          |          |                |               |            |
| Family History   |                             | czxc        | P                | rovisional Diagnosis | • czxczxczxc  |   |                  |            |            |                        |               |   | Cyanosis                 | yanosis Cyanosis          | ;                    |                         |                       |                          |  |                  |          |          |                |               |            |
| Family History   |                             |             | 4                | rovisional Diagnosis |   | li                                      |                  |            |            |                        |               |   | CNS                      |                           |                      |                         |                       |                          |  |                  |          |          |                |               |            |
| SocioEconomic    |                             | zxczx       |                  |                      |   |   |                  |            |            |                        |               |   | HMF Intact               |                           | ® ¥                  |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
|                  |                             |             | li               |                      |   |   |                  |            |            |                        |               |   |                          | IMF Intact HMF            |                      |                         |                       |                          |  |                  |          |          |                |               |            |
| Birth History    | •                           | czxc        |                  |                      |   |   |                  |            |            |                        |               |   | Intact                   |                           | 2                    |                         |                       |                          |  |                  |          |          |                |               |            |
|                  |                             |             |                  |                      |   |   |                  |            |            |                        |               |   | GCS                      |                           | Eye Opening R<br>2/4 | esponse                 | Motor Response<br>3/6 | Verbal 1<br>4/5          |  | ccumulated       |          |          |                |               |            |
| Drug History     | •                           | zxc         |                  |                      |   |   |                  |            |            |                        |               |   | Cranial Nerves           |                           | • Y                  |                         | 0 N                   | 4/3                      | ,                                      | 113              |          |          |                |               |            |
|                  |                             | zxcz        |                  |                      |   |   |                  |            |            |                        |               |   | Cramar Nerves            |                           | © 1                  |                         | 0 1                   |                          |  |                  |          |          |                |               |            |
| Personal Histor  | ry                          |             | 1.               |                      |   |   |                  |            |            |                        |               |   | Further Explana          | ation                     | • Further Exp        | lanation                |                       |                          |  |                  |          |          |                |               |            |
|                  |                             | czxczx      |                  |                      |   |   |                  |            |            |                        |               |   | Signs Of Mening          | niem                      | • Y                  |                         | 0 N                   |                          |  |                  |          |          |                |               |            |
| Obstetric Histor | ory                         |             | 1.               |                      |   |   |                  |            |            |                        |               |   | Power:                   |                           | ~ I                  |                         | $\sim$ n              |                          |  |                  |          |          |                |               |            |
| Allergies Histor | ·                           | czx         |                  |                      |   |   |                  |            |            |                        |               |   | Upper Limbs              |                           | R 3/5                |                         |                       |                          |  |                  |          |          |                |               |            |
| . mer gas Histor | · .                         |             | h                |                      |   |   |                  |            |            |                        |               |   | opper manus              |                           | L 3/5                |                         |                       |                          |  |                  |          |          |                |               |            |
| Treatment Histo  |                             | czxc        |                  |                      |   |   |                  |            |            |                        |               |   |                          |                           | R 3/5                |                         |                       |                          |  |                  |          |          |                |               |            |
| Print            |                             |             | h                |                      |   |   |                  |            |            |                        |               |   | Lower Limbs              |                           |                      |                         |                       |                          |  |                  |          |          |                |               |            |
| Print            |                             |             |                  |                      |   |   |                  |            |            |                        |               |   |                          |                           | L 4/5                |                         |                       |                          |  |                  |          |          |                |               |            |

### **Investigation & Medication**



| In-Patient Case  | > Create In-Patient Case   |                          |   |                            |              |                       |               |         | In-Pat   | ient Case           | » Create In-Patie  | nt Case                |  |                                 |                         |                |                    |                      |                    |
|--|--|--------------------------|---|----------------------------|--------------|-----------------------|---------------|---------|--|---------------------|--|------------------------|--|---------------------------------|-------------------------|----------------|--------------------|----------------------|--------------------|
| Patient Name : N<br>Reg. Date: 00<br>Age Years : 55<br>Patient Type: P | 17/24 - Mr.For OT ×<br>Mr.For OT<br>88/07/2024<br>90Y<br>?rivate | Contact No :<br>Gender : | 2<br>8888888888<br>Male<br>8888888888888888 |                            |              |                       |               |         | MR No :*<br>Patient Name :<br>Reg. Date:<br>Age Years :<br>Patient Type:<br>InPatient Admi | M<br>08<br>50<br>Pr | 17/24 - Mr.For OT<br>r.For OT<br>//07/2024<br>YY<br>ivate<br>ivate | C.<br>G                | Patient No<br>ontact No :<br>ender :<br>ddress : | 2<br>\$\$\$\$\$\$\$\$\$<br>Male | 222222                  |                |                    |                      |                    |
| g List RCV Note History Exa  | amin Investigation Srv/Proc                                      | Medication               | IVFluidOrders Tr                            | reatment Ticket Doc No     | e Doc Plan R | efer Vitals Discharge | Death Details | Waiting | List RCV Note  | History Exar        | nin Investigation  | Srv/Proc               | Medication                                       | IVFluidOrde                     | rs Treatmen             | t Ticket Do    | oc Note Doc        | Plan Refe            | r Vitals Discharge |
| Main Tests Departm   |  | ~                        | Add Test                                    |                            |              |                       |               | Med     | ication :  | Print               |  | -                      |  |                                 |                         |                |                    |                      |                    |
| Doctor Name  |  | ~                        |   |                            |              |                       |               |         | Start Date & Time  |                     |  |                        | Frequency  |                                 |                         | struction Spe  | ecial Instructions |                      | Edit               |
| Area Of<br>Interest  |  | 1.                       |   |                            |              |                       |               |         | 08/07/2024 09:34:00 P  | M ABBOCI            | N 20MG INJ 12  | Tablet 1               | صیح اور ۔BD<br>شام                               | Day:0<br>Hours: 0 Min<br>: 0    | IM                      |                | asdsadasd          | visionplus           |                    |
|  |  |                          |   |                            |              |                       |               |         |  |                     |  |                        |  |                                 |                         |                |                    |                      |                    |
| Date 2024 9:39:15 PM Lab Test, Blood Gl                                | Test Name<br>lucose (Fasting) , Glucose Tolerance Test           | (G.T.T)                  | Area Of Interest                            | Doctor Nar<br>Dr. Amjad Sh |              | on                    |               |         | 4  |                     |  |                        |  |                                 |                         |                |                    |                      | •                  |
|  |  |                          |   |                            |              |                       |               |         |  |                     |  | Pi                     | reviou   | s Histor                        | /                       |                |                    |                      | <b>^</b>           |
|  |  |                          |   |                            |              |                       |               |         | Date   | Status              | Medicine Name  | Frequenc               | y Routes   | Duration                        | Special<br>Instructions | Dosage<br>From | Dosage<br>Qty      | Other<br>Instruction | Medication<br>Type |
|  |  |                          |   |                            |              | •                     |               |         | 08/07/2024 09:34:00 PM   | f InPatient         | ABBOCIN 20MG   | بیح اور -INJ BD<br>شام | ⊿ IM   | Day:0<br>Hours: 0<br>Min : 0    | asdsadasd               | Tablet         | 12                 |                      | REGULAR            |
|  | Loading Previou  | s Histo                  | ry Please Wa                                | it                         |              |                       |               |         | 4  |                     |  |                        |  |                                 |                         |                |                    |                      | •                  |
|  |  |                          |   |                            |              |                       |               |         |  |                     |  |                        |  |                                 |                         |                |                    |                      |                    |

### **IV Fluid Orders & Services/Producers**



|                             | In-Pa  | atient Cas                     | e » Create In  | -Patient Case   |  |                       |                       |             |                                 |                               |               | In-Patient C   | Create In-Patient Case   |  |                         |                  |                  |                        |         |
|-----------------------------|--|--------------------------------|--|-----------------|--|-----------------------|-----------------------|-------------|---------------------------------|-------------------------------|---------------|--|--|--|-------------------------|------------------|------------------|------------------------|---------|
|                             | MR No :*<br>Patient Name<br>Reg. Date:<br>Age Years :<br>Patient Type: | •:                             | 17/24 - Mr.For OT<br>Mr.For OT<br>08/07/2024<br>50Y<br>Private | ×               | In Patient No<br>Contact No :<br>Gender :<br>Address : |                       | 22                    |             |                                 |                               |               | MR No :*<br>Patient Name :<br>Reg. Date:<br>Age Years :<br>Patient Type: | 17/24 - Mr.For OT<br>Mr.For OT<br>08/07/2024<br>50Y<br>Private | In Patient No<br>Contact No :<br>Gender :<br>Address : |                         |                  |                  |                        |         |
|                             | InPatient Adr  |                                | Private  |                 |  |                       |                       |             |                                 |                               |               | InPatient Admit Catagory   |  |  |                         |                  |                  |                        |         |
| Waiting List                | RCV Note   | History Ex                     | amin Investi   | gation Srv/Pro  | Medication   | IVFluidOrders         | Treatment Ticket      | Doc Note D  | oc Plan Refer                   | Vitals Discharge              | Death Details | Waiting List RCV Note History  | Examin Investigation Srv/Pro                                   | c Medication   | IVFluidOrders 7         | Freatment Ticket | Doc Note Doc Pla | an Refer Vitals Discha | irge De |
|                             |  |                                |  |                 |  |                       |                       |             |                                 |                               |               | Services / Proce   | edures   |  |                         |                  |                  |                        |         |
| iv Fluid                    | Orders   | 5 :                            |  |                 |  |                       |                       |             |                                 |                               |               |  | Add Service Print  |  |                         |                  |                  |                        |         |
| nfusion Type                |  | )<br>Intermittent              | O<br>Continuous  |                 |  |                       |                       |             | Additive                        | Action                        |               | Date Time  | Services / Procedure   | User 1   | News                    | Actions          | •                |                        |         |
| art Date                    |  | 08/08/2024                     | Start Time   | 12:34 AM        |  |                       |                       |             |                                 |                               |               | 08/07/2024 09:34:40 PM   | Endoscopy by Dr. Ghias   | vision   |                         | Actions          |                  |                        |         |
| uid Name                    |  | Please Select                  | ~  |                 | Additive   | Please Select         | •                     |             |                                 |                               |               |  |  |  |                         |                  |                  |                        |         |
| nfusion Volume              | e  | Please Select                  | ~  |                 | Additive<br>Dose                                       | Please Select         | ~                     |             |                                 |                               |               |  |  |  |                         |                  |                  |                        |         |
| ufusion Rate (n<br>rop/min) | ml/hour OR   |                                |  |                 | Site   | Please Select         | ~                     |             |                                 |                               |               |  |  |  |                         |                  |                  |                        |         |
| Juration                    |  |                                |  |                 |  |                       |                       |             |                                 | •                             |               | 4  |  |  |                         | Þ                |                  |                        |         |
| top Date                    |  |                                | Stop Time  |                 |  |                       |                       |             | 4                               | Þ                             |               |  |  |  |                         |                  | •                |                        |         |
| top Date                    |  |                                |  |                 |  |                       |                       |             |                                 |                               |               |  | Previous H   | listory  |                         |                  |                  |                        |         |
|                             |  |                                |  |                 |  |                       |                       |             |                                 |                               |               |  |  |  |                         |                  |                  |                        |         |
| Add                         | Infusion Type  | Start Date & Tim               | e Fluid Name   | Infusion Volume | Inferion Rate  | Duration/Interval Ad  | ditive Additive Dose  | Site Stop 1 | Date & Time Us                  | r Name Action                 |               | Date Time  | Services / Procedure   |  | User Name               |                  |                  |                        |         |
| Add<br>ate & Time           | Infusion Type  | Start Date & Tim<br>08/01/2024 | e Fluid Name<br>fluidnameee                                    | Infusion Volume | Infsuion Rate  | Duration/Interval Add | dditive Additive Dose |             | Date & Time Us<br>3/01/2024 VIS |                               |               | Date Time<br>08/07/2024 09:34:40 PM                                      | Services / Procedure<br>Endoscopy by Dr. Ghias                 |  | User Name<br>visionplus |                  |                  |                        |         |
| Add                         | Infusion Type  |                                |  |                 |  | Duration/Interval Ad  |                       | Sitesss 08  | 3/01/2024 VIS<br>00:00 AM       | r Name Action IONPLU S IONPLU |               |  |  |  |                         |                  |                  |                        |         |

#### » Create In-Patient Case

| MR No :*                   | 17/24 - Mr.For OT × | In Patient No | 2                          |
|----------------------------|---------------------|---------------|----------------------------|
| Patient Name :             | Mr.For OT           | Contact No :  | 888888888888               |
| Reg. Date:                 | 08/07/2024          | Gender :      | Male                       |
| Age Years :                | 50Y                 | Address :     | aaaaaaaaaaaaaaaaaaaaaaaaaa |
| Patient Type:              | Private             |               |                            |
| InPatient Admit Catagory : | Private             |               |                            |
|                            |                     |               |                            |

|                        | Add Service Print      |            |         |   |  |  |
|------------------------|------------------------|------------|---------|---|--|--|
| Date Time              | Services / Procedure   | User Name  | Actions |   |  |  |
| 08/07/2024 09:34:40 PM | Endoscopy by Dr. Ghias | visionplus |         |   |  |  |
|                        |                        |            |         |   |  |  |
|                        |                        |            |         |   |  |  |
|                        |                        |            |         |   |  |  |
| 4                      |                        |            |         |   |  |  |
| 4                      |                        |            |         |   |  |  |
|                        | Previous I             | History    |         |   |  |  |
| Date Time              | Services / Procedure   | Use        | er Name |   |  |  |
| 08/07/2024 09:34:40 PM | Endoscopy by Dr. Ghias | visi       | ionplus |   |  |  |
|                        |                        |            |         |   |  |  |
|                        |                        |            |         | - |  |  |

### **Treatment Ticket & Doctor Notes**



|      | 1724 - Mr.For OT<br>Mr.For OT<br>08/07/2024<br>50Y<br>Private | X In Patient No<br>Contact No :<br>Gender :<br>Address : |                  |                     |  |                  |               |  | MR No :*<br>Patient Nam<br>Reg. Date:<br>Age Years :<br>Patient Type<br>InPatient Ad |                      | 17/24 - Mr.For OT<br>Mr.For OT<br>08/07/2024<br>50Y<br>Private<br>Private | Ca | ender :                                  | 2<br>8385858888<br>Male<br>aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa | 22               |   |           |                     |
|------|---|--|------------------|---------------------|--|------------------|---------------|--|--|----------------------|---|----|--|---|------------------|---|-----------|---------------------|
|      | Private<br>Examin Investigation                               | Srv/Proc Medication                                      | IVFluidOrders Th | reatment Ticket Doc | c Note Doc Plan Refer<br>Please Select | Vitals Discharge | Death Details | Doctor<br>Date<br>Doctor Design<br>Doctor Name<br>Investigati<br>D<br>8/7/2024 9 | on A   | 12:34:08 AM          |   |    | Medication<br>Progress N<br>• sfsfsafsad | ve  | Treatment Ticket | Doc Note D<br>Instructio<br>• sfasfadfadt | n         | er Vitals Discharge |
| Dute |   |  | IS History       |                     | Doctor                                 |                  |               | D<br>8/7/2024 9  | ate I<br>:39:14 PM   | Doctor Status<br>H.O | Doctor Name<br>Dr. Amjad Shakeel  |    | VIOUS<br>Progress                        | History<br>2 Note   |                  | Ins                                       | struction | •                   |

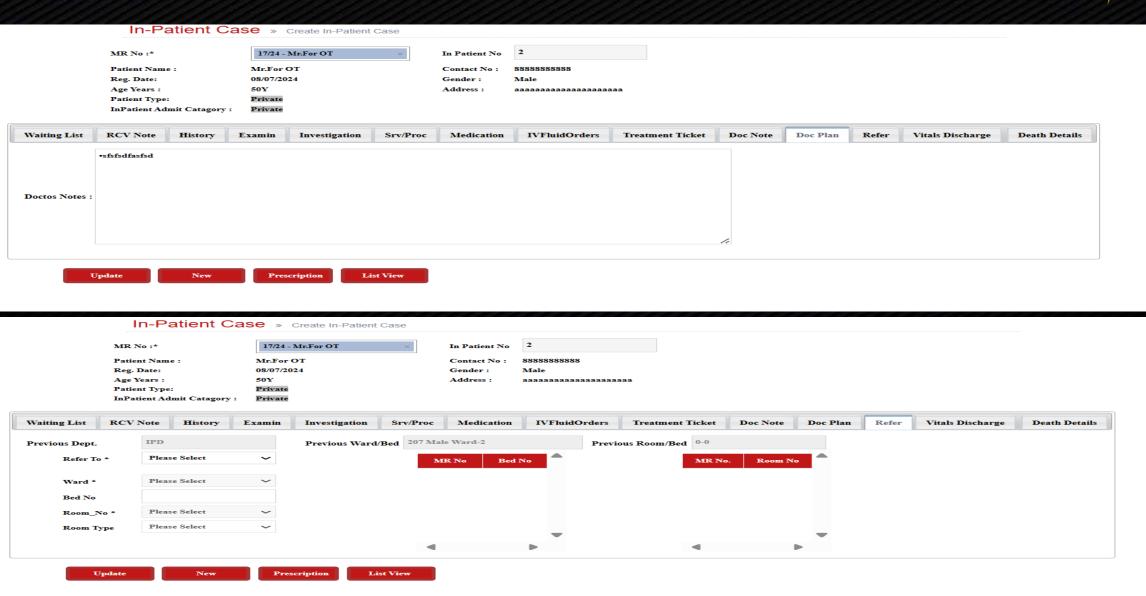
Update

List View

Prescription



### **Doctor Plan & if need patient to shift any other department**



# **Discharge Summary**



|                  |  | Patient Ca         |  |                    | ent Case    |  | 2   |        |                  |             |             |           |                                       |             |
|------------------|--|--------------------|--|--------------------|-------------|--|---|--------|------------------|-------------|-------------|-----------|---------------------------------------|-------------|
|                  | MR No :*<br>Patient Nai<br>Reg. Date:<br>Age Years :<br>Patient Typ<br>InPatient A | :                  | 17/24 -<br>Mr.For<br>08/07/20<br>50Y<br>Private<br>Private | 024                | ×           | In Patient No<br>Contact No :<br>Gender :<br>Address : | 2<br>88888888888<br>Male<br>aaaaaaaaaaaaaaaaaaaaa | 2222   |                  |             |             |           |                                       |             |
| Waiting List     | RCV Note   | History            | Examin   | Investigation      | a Srv/Proc  | Medication   | IVFluidOrders                                     | Tr     | eatment Ticket   | Doc Note    | Doc Plan    | Refer     | Vitals Discharge                      | Death Detai |
| Dischar          | ae No  | te:                |  |                    |             |  |   |        |                  |             |             |           |                                       |             |
| Pulse Rate (Beat |  |                    | в  | lood Pressure (12  | .0/80)      | _/   |   |        |                  |             |             |           |                                       |             |
| Rhythm           | P  | lease Select 🗸 🗸   | т  | emperature (°F)    |             |  |   |        |                  |             |             |           |                                       |             |
| Volume           | P  | lease Select 🗸 🗸   | R  | espiration Rate (  | /min)       |  |   |        |                  |             |             |           |                                       |             |
|                  |  |                    | o  | 2 Saturation       |             |  |   |        |                  |             |             |           |                                       |             |
|                  |  |                    |  |                    | C           | On Room Air  | 1   |        |                  |             |             |           |                                       |             |
| Others           |  |                    |  |                    |             | Vith Oxygen  |   |        |                  |             |             |           |                                       |             |
| Receiving Date & | & Time 8/8   | 8/2024 12:34:08 AN | ı s  | pecial Instruction | 1           |  |   |        |                  |             |             |           |                                       |             |
|                  | Add Med  | licine Pr          | int  |                    |             |  |   |        |                  |             |             |           |                                       |             |
|                  |  |                    |  |                    | Medi        | cation o   | n Dischar   | ge     |                  |             |             |           | · · · · · · · · · · · · · · · · · · · |             |
| Date             | :  | Medicine Na        | me   | Dosage Qty         | Dosage From | Frequency  | Duration  | Routes | Other Instructio | n Special I | nstructions | User Name | Edit                                  |             |
|                  | 1:0 PM   | ABBOCIN 20M        |  | 12                 |             | صیح اور ۔BD  | Day:0 Hours:                                      | РО     |                  |             |             |           |                                       |             |

### **Death Certificate**



#### In-Patient Case » Create In-Patient Case

| MR No :*                   | 17/24 - Mr.For OT × | In P |
|----------------------------|---------------------|------|
| Patient Name :             | Mr.For OT           | Con  |
| Reg. Date:                 | 08/07/2024          | Gen  |
| Age Years :                | 50Y                 | Add  |
| Patient Type:              | Private             |      |
| InPatient Admit Catagory : | Private             |      |

| × <b>TO</b> | In Patient No | 2                                       |
|-------------|---------------|---|
|             | Contact No :  | 888888888888                            |
|             | Gender :      | Male                                    |
|             | Address :     | aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |

| Waiting List RC     | V Note | History | Examin   | Investigation | Srv/Proc | Medication | IVFluidOrders | Treatment Ticket | Doc Note    | Doc Plan | Refer | Vitals Discharge | Death Details |
|---------------------|--------|---------|----------|---------------|----------|------------|---------------|------------------|-------------|----------|-------|------------------|---------------|
| Identification Marl | 3      | sdfsda  | fsadfsdf | li            |          | Death Cert | ified By 1 -  | Dr.Imtiaz Al     | nmed 🔻      | ]        |       |                  |               |
|                     |        |         |          |               |          |            | 2 -           | Dr.Ghias ul      | Hassan 🔻    | ]        |       |                  |               |
| Date Of Death       |        | 08/07/  | 2024     |               |          | Body Hand  | led Over To   | dsfsd            |             |          |       |                  |               |
| Time Of Death       |        | 10:00   | PM       |               |          | Family Per | rson (Name)   | sadfasdf         |             |          |       |                  |               |
| Place Of Death      |        | place   | of death | ~             |          | CNIC       |               | 11111-111111     | l- <b>1</b> |          |       |                  |               |
| Cause Of Death      |        | sdfsdf  | sd       |               |          | Relation w | ith Deceased  | sdfsadfsda       |             |          |       |                  |               |
| Issuing Officer Nar | 1e     | sfasdf  | sdfsd    |               |          | C.M.O / Po | olice         | fdsfsadfsfdsd    | f           |          |       |                  |               |



### Nursing Module Vitals & Fluid Intake / Output

| In Patie       | ent Monitoring » A         | dd In-Patie | nt Monitoring |         |                    |              |
|----------------|----------------------------|-------------|---------------|---------|--------------------|--------------|
| MR No :*       | 2/24 - Mr.Razia            | x           | Monitoring ID | 3       |                    |              |
| Patient Name : | Mr.Razia                   |             | Contact No :  |         |                    |              |
| Adress :       |                            |             | Gender :      | Female  |                    |              |
| Age Years :    | 31Y                        |             | Reg. Date:    | 08/07/2 | 024                |              |
|                |                            |             |               |         |                    |              |
| Patient Moni   | toring Fluid Intake/Output | Progre      | ess Note Medi | ation   | Doctor Instruction | Nursing Plan |

#### Patient Monitoring :



| IR No :* 2/24 - N     | fr.Razia            | Monitori      | ng ID 3    |                 |                 |                    |      |         |         |          |      |       |             |          |        |
|-----------------------|---------------------|---------------|------------|-----------------|-----------------|--------------------|------|---------|---------|----------|------|-------|-------------|----------|--------|
| atient Name : Mr.Razi | a                   | Contact N     | Ňo:        |                 |                 |                    |      |         |         |          |      |       |             |          |        |
| dress :               |                     | Gender :      | Fem        | ale             |                 |                    |      |         |         |          |      |       |             |          |        |
| ge Years : 31Y        |                     | Reg. Date     | e: 08/0'   | 7/2024          |                 |                    |      |         |         |          |      |       |             |          |        |
| Patient Monitoring    | Fluid Intake/Output | Progress Note | Medication | Doctor Ins      | truction        | Nursing P          | lan  |         |         |          |      |       |             |          |        |
| Intake                |                     |               |            | Out             | tput            |                    |      |         |         |          |      |       |             |          |        |
| Total Days (Qty) :-   | 0                   |               |            |                 | Days (QTy)      |                    |      |         |         |          |      |       |             |          |        |
| Per Day (Qty) :-      | 0<br>Item           | Qty(ml)       |            | Per Da<br>Urine | ay (QTY)        | :- 0               |      |         |         |          |      |       |             |          |        |
| Please Select         | ~                   | Qty(mi)       | Add        |                 |                 | Date/Tin           | ne 1 | Urine D | rain1 D | rain2 Dr | ain3 | NG St | tool Vomiti | ing Ston | na Oth |
|                       |                     |               |            | Drain !         |                 | 8/7/202            |      | 25      | 25      | 25       | 25   | 25 2  | 25 25       | 25       | 5 25   |
| Date/Time             | Item                | Qty           | Action     | Drain 2         |                 | 8:26:10<br>PM      | D    |         |         |          |      |       |             |          |        |
| 8/7/2024 8:26:10 PM   | I 25% Dextros       | e,            |            | Drain 3         |                 | 8/7/202            | 4    | 95      | 95      | 95       | 95   | 95 9  | 95 95       | 95       | 5 95   |
| 8/7/2024 8:26:10 PM   | I 10% Lipofund      | lin,          |            | NG              |                 | 8:26:10<br>PM      | 0    |         |         |          |      |       |             |          |        |
| 8/7/2024 8:26:10 PM   | I Hartmanns Solu    | ition,        |            | Stool           |                 |                    |      | 0.5     | 070     | 50       | -0   |       |             |          |        |
| 8/7/2024 8:26:10 PM   | I 5% Aminove        | 4,            |            | Vomiting        |                 | 8/7/202<br>8:26:10 |      | 85      | 858     | 58       | 58   | 58 5  | 58 58       | 58       | 3 58   |
| 8/7/2024 8:26:10 PM   | I 7.4% KCI Solu     | tion.         |            | Stoma           |                 |                    |      |         |         |          |      |       |             |          | ►      |
|                       |                     |               | •          | Other           |                 |                    |      |         |         |          |      |       |             |          |        |
| 4                     |                     |               | •          |                 | Add             |                    |      |         |         |          |      |       |             |          |        |
|                       |                     |               | i i        | _               |                 |                    |      |         |         |          |      |       |             |          |        |
|                       | Previous His        |               |            |                 |                 |                    |      | F       | revio   | ous I    | list | ory   |             |          |        |
| Date/Time             | Item                | (             | Qty        |                 | Date/           | lime U             | rine | Drainl  | Drain2  | Drain3   | NG   | Stool | Vomiting    | Stoma    | Other  |
| 8/7/2024 8:26:10 PM   | I 25% Dextros       | e,            |            |                 | 8/7/2           |                    | 25   | 25      | 25      | 25       | 25   | 25    | 25          | 25       | 25     |
| 8/7/2024 8:26:10 PM   | I 10% Lipofund      | lin,          |            |                 | 8:26:1          |                    |      |         |         |          |      |       |             |          |        |
| 8/7/2024 8:26:10 PM   | I Hartmanns Solu    | ition,        | 9          |                 | 8/7/2<br>8:26:1 |                    | 95   | 95      | 95      | 95       | 95   | 95    | 95          | 95       | 95     |
| 8/7/2024 8:26:10 PM   | 1 5% Aminove        | 4,            | -          |                 | 8/7/2           |                    | 85   | 858     | 58      | 58       | 58   | 58    | 58          | 58       | 58     |

### **Progress Notes & Nursing Plan**



| ieut Name: Mr.Razia Contact No:<br>ess: Gender: Female<br>Years: 31Y Reg. Date: 0807/2024<br>Patient Monitoring Fluid Intake/Output Progress Note Medication Doctor Instruction Nursing Plan<br>Progress Notes:<br>Nurse Name Demo Date/Time 8/8/2024 1:07:15 AM<br>Stiff Hand Over  | In Patier       | nt Monitoring » Add      | In-Patient Monito      | ring               |                    |              |                       |        |
|--|-----------------|--------------------------|------------------------|--------------------|--------------------|--------------|-----------------------|--------|
| ess: Gender: Fenale<br>Years: 31Y Reg. Date: 0807/2024<br>Patient Monitoring Fluid Intake/Output Progress Note Medication Doctor Instruction Nursing Plan<br>Progress Notes :<br>Nurse Name Demo Date/Time 8/8/2024 1:07:15 AM<br>Progress Varie Signal Si | R No :*         | 2/24 - Mr.Razia ×        | Monitoria              | ng ID 3            |                    |              |                       |        |
| Years: 31Y Reg. Date: 08/07/2024     Patient Monitoring Fluid Intake/Output Progress Note Medication Doctor Instruction     Progress Notes:     Nurse Name Demo Date/Time 88/2024 1:07:15 AM     Progress Vote     Shift Hand Over   | tient Name : 1  | Mr.Razia                 | Contact N              | Ňo :               |                    |              |                       |        |
| Patient Monitoring       Fluid Intake/Output       Progress Note       Medication       Doctor Instruction       Nursing Plan         Progress Notes :         Nurse Name       Demo       Date/Time       \$8820241:07:15 AM         Shift Hand Over  | ress :          |                          | Gender :               | Fema               | le                 |              |                       |        |
| Progress Notes :<br>Nurse Name Demo Date/Time 8/8/2024 1:07:15 AM  | e Years :       | 81Y                      | Reg. Date              | e: 08/07/          | 2024               |              |                       |        |
| Nurse Name     Demo     Date/Time     \$%2024 1:07:15 AM       Progress Note     Shift Hand Over   | Patient Monitor | ring Fluid Intake/Output | Progress Note          | Medication         | Doctor Instruction | Nursing Plan |                       |        |
| Nurse Name Demo Date/Time 88/2024 1:07:15 AM   | Drogree         | es Notes :               |                        |                    |                    |              |                       |        |
| Progrees Note Shift Hand Over  |                 |                          | 0                      | 020241 07 15 43    | A.F.               |              |                       |        |
| Progress Note  | Nurse Name      | Demo                     | Date/Time <sup>3</sup> | /8/2024 1:07:15 Al | M                  |              |                       |        |
|  | Progress Note   |                          |                        |                    |                    |              |                       |        |
|  | Date & Ti       | me Nurse Name            |                        | Note               |                    |              | Shift Hand Over Notes | Action |

### In Patient Monitoring » Add In-Patient Monitoring MR No :\* 2/24 - Mr.Razia Monitoring ID 3 Patient Name : Mr.Razia Contact No : Adress : Gender : Female 31Y 08/07/2024 Age Years : Reg. Date: Patient Monitoring Fluid Intake/Output Progress Note Medication Doctor Instruction Nursing Plan Nursing Plan : Nurse Name Demo Nursing Plan W



**Operation Theater** 



| R No : *  | 1-Mr.OT   | Flow                              | ×  |                     |          |                 |   |                        |      |            |     |         |
|---|---|-----------------------------------|--|---------------------|----------|-----------------|---|------------------------|------|------------|-----|---------|
| tient Name :  | Mr.OT FI  | ow                                | Contact No :                             | 25252525252         |          |                 |   |                        |      |            |     |         |
| ldress :  |   |                                   | Gender :                                 | Male                |          |                 |   | Operation              | Time | e: (       | 0:0 |         |
| je (Yrs.) :   | 31Y   |                                   | Entry Date :                             | 08/07/2024          |          |                 |   |                        |      |            |     |         |
| Patients Prepare  | ed Patients   | Relative Approval                 | I Operation Details                      | Post Of Orders      | Recovery | Transfer        |   |                        |      |            |     |         |
| Patient De  | etails :  | :                                 |  |                     |          |                 |   |                        |      |            |     |         |
| Operation Date  |   | 08/07/2024                        | Operation                                | Time                | 20       | :30:00          |   |                        |      |            |     |         |
| Procedure Name  |   | C-Section (Cesarea                | ean) 🗸 Doctor Nar                        | me                  | D        | r.Adnan Khawaja | ~ |                        |      |            |     |         |
| Procedure   |   |                                   | -  |                     |          |                 |   |                        |      |            |     |         |
| List View   | v <b>u</b>  | Ipdate New                        | w Print                                  |                     |          |                 |   |                        |      |            |     |         |
|   |   |                                   | w Print Operation Booking                |                     |          |                 |   |                        |      |            |     |         |
| Operation   |   | Cer > Add New                     |  |                     |          |                 |   |                        |      |            |     |         |
|   | Theat   | Flow                              |  | 25252525252         |          |                 |   |                        |      |            |     |         |
| Operation   | Theat   | Flow                              | Operation Booking                        | 25252525252<br>Male |          |                 |   | Operation <sup>-</sup> | Time | : <b>O</b> | 0:0 |         |
| Operation<br>No:*<br>tient Name :<br>dress :                | Theat   | Flow                              | Operation Booking Contact No :           |                     |          |                 |   | Operation <sup>-</sup> | Time | : <b>O</b> | 0:0 |         |
| Operation<br>No: *<br>tient Name :<br>dress :<br>e (Yrs.) : | Theat<br>1-Mr.OT<br>Mr.OT Fig                       | Flow                              | Contact No :<br>Gender :<br>Entry Date : | Male                | Recovery | Transfer        |   | Operation <sup>-</sup> | Time | : 0        | 0:0 |         |
| Operation<br>No: *<br>tient Name :<br>dress :<br>e (Yrs.) : | Theat<br>1-Mr.OT<br>Mr.OT Fix<br>31Y<br>ed Patients | Flow<br>Flow<br>Relative Approval | Contact No :<br>Gender :<br>Entry Date : | Male<br>08/07/2024  |          | Transfer        | _ | Operation -            |      | : O        | ):O | Actions |

**Cervical Biopsy** 

Mr.Panel Patient

Mr.For OT

Mr.Razia

OPD

Update

8/24

17/24

2/24

Dr.Capt. Bashir

New

31Y

50Y

31Y

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done

done

done

Select

Select

Select

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## **Relative Consent Form & Operation Details**

Print

| Operatio          | n Theater » Add New O           | Operation Booking |                        |                       |                     |             |      | Opera                       | ation Theat                | <b>:er</b> » Add New C        | Operation Booking |                |                      |            |                  |     |
|-------------------|---------------------------------|-------------------|------------------------|-----------------------|---------------------|-------------|------|-----------------------------|----------------------------|-------------------------------|-------------------|----------------|----------------------|------------|------------------|-----|
| MR No : *         | 1-Mr.OT Flow ×                  |                   |                        |                       |                     |             |      | MR No : *<br>Patient Name : | 1-Mr.OT                    |                               | Contact No :      | 25252525252    |                      |            |                  |     |
| Patient Name :    | Mr.OT Flow                      | Contact No :      | 25252525252            |                       |                     | ٥.٥         | .^   | Address :                   |                            |                               | Gender :          | Male           |                      |            | Operation Time : | 0:0 |
| Address :         |                                 | Gender :          | Male                   | 0                     | peration Time :     | 0:0         | .V 🖉 | Age (Yrs.) :                | 31Y                        |                               | Entry Date :      | 08/07/2024     |                      |            |                  |     |
| Age (Yrs.) :      | 31Y                             | Entry Date :      | 08/07/2024             |                       |                     |             |      | Patients                    | Prepared Patients          | Relative Approval             | Operation Details | Post Of Orders | Recovery             | Transfer   |                  |     |
| Patients Prep     | ared Patients Relative Approval | Operation Details | Post Of Orders Recover | ery Transfer          |                     |             |      | Opera                       | ation Detai                | ls :                          |                   |                |                      |            |                  |     |
| Relative          | Approval :                      |                   |                        |                       |                     |             |      |                             |                            | C-Section (Cesarean)          |                   | Operation      | n Date               | 08/07/2024 |                  |     |
|                   | . Vez                           |                   |                        | 08/07/2024            | Upload Consent Form | n Oneration |      | Time Of St<br>Operation     | art Operation<br>Theater * | 11:36:00<br>Operation Theater | •                 | Time Of F      | -<br>inish Operation | n 11:36:00 |                  |     |
| Relative Approva  | ∣ Yes ✓                         |                   | Approval Date          | 00/0//2024            | upload Consent Form | n Operation |      | Departmen                   | t                          | Emergency                     | v                 | Anesthet       | ist                  | MJ         |                  |     |
|                   |                                 |                   |                        |                       |                     |             |      | Surgeon N                   | ame *                      | Dr.Ghias ul Hassan            | •                 | Assistant      | t Anesthetist        | MN         |                  |     |
| Relation to Patie | nt                              |                   | Print Consent Form OP  | Print Consent Form AT | Upload Consent Form | n Anesthesi | esia | First Assis                 | tant                       | M                             |                   | Scrub Nu       | irse                 | MM         |                  |     |
|                   |                                 |                   |                        |                       |                     |             |      | Second As                   | sistant                    | Mk                            |                   | Junior As      | ssistant Staff       | MB         |                  |     |
|                   |                                 |                   |                        |                       |                     |             |      |                             | l iet View                 | ndate                         | Print             |                |                      |            |                  |     |

Post OP Order



| t Name : Mr.OT Flow          | Ca                    | ontact No :      | 25252525252    |          |               | 0         | -        | 0:0       |      |
|------------------------------|-----------------------|------------------|----------------|----------|---------------|-----------|----------|-----------|------|
| 55 :                         |                       | ender :          | Male           |          |               | Operation | lime :   | 0.0       |      |
| 'rs.): 31Y                   | Er                    | try Date :       | 08/07/2024     |          |               |           |          |           |      |
| tients Prepared Patients     | Relative Approval O   | peration Details | Post Of Orders | Recovery | Transfer      |           |          |           |      |
| ost Of Order Det             | tails :               |                  |                |          |               |           |          |           |      |
| indings:                     |                       |                  |                |          |               |           |          |           |      |
|                              |                       |                  |                |          |               |           |          |           |      |
|                              |                       |                  |                |          | -             |           |          |           |      |
| Procedure:                   |                       |                  |                |          | 7             |           |          |           |      |
|                              |                       |                  |                |          |               |           |          |           |      |
|                              |                       |                  |                |          |               |           |          |           |      |
|                              |                       |                  |                |          | 2             |           |          |           |      |
| Drain Please Select          | ✓ Suture              |                  |                |          |               | Conditio  |          |           |      |
|                              | Used                  | Please Sel       | ect 🗸          | Implant  | Please Select |           | Pleas    | se Select | ~    |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        |               |           |          |           |      |
|                              | Used                  |                  | outes          | -        | Please Select |           | sage Qty |           | Edit |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        |               |           |          |           |      |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        |               |           |          |           |      |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        |               |           |          |           |      |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        |               |           |          |           | Edit |
| NPO Yes No                   | Used                  |                  |                | -        |               |           |          |           |      |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        |               |           |          |           | Edit |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        |               |           |          |           | Edit |
| Add Medicine                 | Used                  |                  |                | -        |               |           |          |           | Edit |
| NPO Yes No Add Medicine      | Used                  |                  |                | -        | e From        |           |          |           | Edit |
| Special Instruction:         | Used                  |                  |                | Dosag    | e From        |           |          |           | Edit |
| Special Instruction:         | Used                  |                  | outes          | Dosag    | e From        |           |          |           | Edit |
| Add Medicine<br>Date<br>Date | Medicine Name         |                  | outes          | Dosag    | e From        |           |          |           | Edit |
| NPO Yes No Add Medicine      | Used<br>Medicine Name |                  | outes          | Dosag    | e From        |           |          |           | Edit |

# **Cardiology Reports**



| ration Theater         | » Add New Operation B      | oking                  |                   |                  |     | Operatio                  | Theater »            | Add New Op  | eration Booking          |                    |          |                    |              |
|------------------------|----------------------------|------------------------|-------------------|------------------|-----|---------------------------|----------------------|-------------|--------------------------|--------------------|----------|--------------------|--------------|
| 1-Mr.OT Flow           | V X                        |                        |                   |                  |     | MR No : * Patient Name :  | 1-Mr.OT Flow         | x           | Contact No :             | 2525252525252      |          |                    |              |
| ie : Mr.OT Flow        | Contact N                  | o : 25252525252        |                   | 0                | ٥.٥ | Address :<br>Age (Yrs.) : | 31Y                  |             | Gender :<br>Entry Date : | Male<br>08/07/2024 |          | Opera              | ation Time : |
| 31Y                    | Gender :<br>Entry Dat      | Male<br>:: 08/07/2024  |                   | Operation Time : | 0.0 | Patients Prep             | red Patients Relativ | ve Approval | Operation Details        | Post Of Orders     | Recovery | Transfer           |              |
| D 104 ( D1             |                            | De la como de          |                   |                  |     | Transfer                  | Details :            |             |                          |                    |          |                    |              |
| Prepared Patients Rela | elative Approval Operation | Jetails Post Of Orders | Recovery Iranster |                  |     | Previous Dept.            |                      |             | Previous Ward / Be       | ed                 |          | Previous Room / Be | I            |
| overy Details :        |                            |                        |                   |                  |     | Transfer 1                | * Please Select      | v           |                          |                    | A        |                    |              |
| ci y Detalis .         | •                          |                        |                   |                  |     | Ward *                    | Please Select        | ~           |                          | MR No              | Bed No   |                    | MR No. R     |
|                        |                            |                        |                   |                  |     | Bed No                    |                      |             |                          |                    |          |                    |              |
| etails                 |                            |                        |                   |                  |     | Room_No                   |                      | ~           |                          |                    |          |                    |              |
|                        |                            |                        |                   |                  |     | Room Typ                  | Please Select        | ~           |                          |                    |          |                    |              |
|                        | li                         |                        |                   |                  |     | Save T                    | ansfer               |             |                          | 4                  | •        |                    | 4            |
| List View Update       | e New                      | Yint                   |                   |                  |     | Save T                    |                      | New         | Print                    | 4                  |          |                    | 4            |

### **Ward & Room Definition**



#### Ward Definition » Add Ward Definition

| Ward ID       | 1               | Ward No. *    | 207 Male Ward  |   |
|---------------|-----------------|---------------|----------------|---|
| Department *  | IPD ~           | Location      | Second Floor ~ | - |
| No. Of Beds * | 20              | Charges/Day * | 0              |   |
|               | View List Updat | e             |                |   |

### Room Definition » Add New Room

| Room No. *  | 201              | Room Name       | 201   |
|-------------|------------------|-----------------|-------|
| Location    | Second Floor ~   | Floor No. *     | 2     |
| Room Type * | Executive Room ~ | Charges / Day * | 13000 |
|             |                  | OPD Room        |       |
|             | List View Updat  | te              |       |

Pharmacy



| یر<br>الحادات |           |                    |              |                     |     |       |                 |           |                                       |            | Welcome I | DEMO ! [ Log Out |
|---------------|-----------|--------------------|--------------|---------------------|-----|-------|-----------------|-----------|---------------------------------------|------------|-----------|------------------|
| Bashboard     | Nome Page | ☐<br>Transactions  | ✓ Reports    | L<br>Administration |     |       |                 |           |                                       |            |           |                  |
|               | Phar      | macy » Sale        | Invoice      |                     |     |       |                 |           |                                       |            |           | •                |
|               | Cash      | Credit             | Card O Panel | MR No:              |     |       | Sale Return     |           | Total Payable:<br>Total Line Discount | •          |           |                  |
|               | Walk-in C | Customer: demo     |              | Refered By :        |     |       | On Hold (Alt+S) | 1         | Disc : (Alt+D                         |            |           |                  |
|               | Medicine  | : (Alt+Q) Select M | edicine      |                     |     |       | ▼ Save & Prin   | t 🗹 Print | Total Discount :<br>Adjustment :      | (Alt+A)    |           |                  |
|               |           |                    |              |                     |     |       |                 |           | Amount Received:<br>Balance:          | (Alt+R)    |           |                  |
|               | Sr.       | Description        |              |                     | Qty | Stock | Rate            | Dis %     | Dis Amount                            | Net Amount | Action    | •                |

### Lab Module (Group Test Definition)



|                |              |                    |                     |                 |                     |        |             |                | Welcome DEMO ! | [Log Out] |
|----------------|--------------|--------------------|---------------------|-----------------|---------------------|--------|-------------|----------------|----------------|-----------|
| 🚯<br>Dashboard | Nome Page    | Transactions       | <b>⊘</b><br>Reports | Administration  |                     |        |             |                |                |           |
|                | Grou         | p Tests » Ad       | d Group Test        |                 |                     |        |             |                |                | \$        |
|                | Group Test N | ame                |                     | Report Columns  | 2-Fixed Or DropDown | · · ·  | Fixed Value | C Result Value | □ List Value □ |           |
|                | Main Departi | ment Select Depart | ment V              | Group Departmen | Select Departm      | nent V |             |                |                |           |
|                | Save         |                    |                     |                 |                     |        |             |                |                |           |
|                |              |                    |                     |                 |                     |        |             |                |                |           |
|                | IPD Test     | t Rates            |                     | 0               | PD Test Rates       |        |             |                |                |           |
|                | Add More     |                    |                     |                 | Add More            |        |             |                |                |           |
|                | Patient Cate | egory Rate         | Action              |                 | Patient Category    | Rate   | Action      |                |                |           |
|                |              |                    |                     |                 |                     |        |             |                |                |           |

Contact: 0304 111 0365

### Lab Module (Individual Test Definition)



|           |           |                |                         |               | 9999906      |                    |                        | 2000200  | 5666666                        |
|-----------|-----------|----------------|-------------------------|---------------|--------------|--------------------|------------------------|----------|--------------------------------|
| ٹر ادادا  |           |                |                         |               |              |                    |                        |          | Welcome                        |
| <b>2</b>  | •         |                | ľ                       | Ţ             |              |                    |                        |          |                                |
| Dashboard | Home Page | Transactions   | Reports Ac              | Iministration |              |                    |                        |          |                                |
|           | Test I    | Defination »   | Test Defination List    |               |              |                    |                        |          |                                |
|           | Add New   | View Rate List |                         | Select        | Department v | Select Group Catag | gory 🖌 Select Group De | partm( V | View Test Ranges               |
|           |           |                |                         |               |              |                    |                        |          |                                |
|           | Active    | Test ID        | Test Name               | Main          | Department   | Group Category     | Group Department       | Unit     | Action                         |
|           |           | 76             | Blood Glucose (Randor   | n) I          | .ab Test     |                    | Routine Chemistry      | mg/dl    | Print Report  Edit  <br>Delete |
|           |           | 89             | Uric Acid               | I             | .ab Test     |                    | Routine Chemistry      | mg/dl    | Print Report  Edit  <br>Delete |
|           | <b>V</b>  | 90             | Urine Protein           | I             | ab Test      |                    | Microbiology           |          | Print Report  Edit  <br>Delete |
|           |           | 94             | Calcium                 | I             | .ab Test     |                    | Routine Chemistry      | mg/dl    | Print Report  Edit  <br>Delete |
|           | <b>v</b>  | 104            | Malarial Parasite (MP   | ) I           | .ab Test     |                    | Haematology            |          | Print Report  Edit  <br>Delete |
|           |           | 105            | H.Pylori IgG            | I             | .ab Test     |                    | Special Chemistry      | EIU      | Print Report  Edit  <br>Delete |
|           |           | 106            | Typhidot                | I             | ab Test      |                    | Serology               |          | Print Report  Edit  <br>Delete |
|           |           | 114            | R.A Factor (Quantitativ | re) I         | .ab Test     |                    |                        | U/I      | Print Report  Edit  <br>Delete |

### Lab Module (Sample Collection)

Search From MRNo:



| ٹی جا          |  |               |                          |                |   |              |          |           | Weld          | come DEI | MO ! [ Log Out |
|----------------|--|---------------|--------------------------|----------------|---|--------------|----------|-----------|---------------|----------|----------------|
| 🔀<br>Dashboard | Home Page  | Transactions  | <b>I</b><br>■<br>Reports | Administration |   |              |          |           |               |          |                |
|                | Sam  | ple Collect   | tion » Add Nev           | w Sample       |   |              |          |           |               |          |                |
|                | MR No:<br>Name:<br>Adress:<br>Age Yea<br>Specime | Irs:          |                          |                | Bill No:<br>Contact<br>Gender:<br>Reg. Da<br>Room / | te:          |          |           |               |          |                |
|                | Collecte   | ed Date* 9/   | /11/2024 5:26:12 PM      | San            | nple Code   |              | Sample S | Status    | Select Status | ~        |                |
|                |  |               | Test Na                  | ame            |   | Gener        | r 🗹 Ci   | ollected  | Remarks       |          |                |
|                |  |               |                          |                | Print Barcode                                       | Save & Print | New      | List View | w Sav         | e        |                |
|                | S  | ample Calling | List                     |                |   |              |          |           |               |          |                |

| MR No | Patient Name | Bill No | Department | Room / Ward | Action |
|-------|--------------|---------|------------|-------------|--------|

 $\mathbf{v}$ 

Please Select

## Lab Module (Lab Work Order)



| MR No:<br>Patient Name: | 8817<br>Mr.Arshad Jafri | Bill No:<br>Sample Date: | 14190<br>24-Mar-2021 6:27:17PM |
|-------------------------|-------------------------|--------------------------|--------------------------------|
| F/H 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 |
|----------------------------|------------------------|--------|
| Haematology                |                        |        |
| 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                 |                        |        |

| arne:  | Mr.M ASLAM S/O ANWER, N/A   | Sample By:   | administrator   | Sample No:           | 980             | BH No: 17168 |  |
|--------|-----------------------------|--------------|-----------------|----------------------|-----------------|--------------|--|
| pe:    | 60, Male                    | Sample Time: | 24-Mar-2021 1:0 | 0:56 pm Sample Statu | r: Taken in Lab | Mr No: 30    |  |
| ontac  | f No: +92 000 0000000       | Department   | OPD             | Location             |                 |              |  |
| Addres | a: phool nager              |              |                 |                      |                 |              |  |
| S.No:  | Test Description            | Resu         | n               |                      |                 |              |  |
| Herr   | atology                     |              |                 |                      |                 |              |  |
| Comp   | lete Blood Count (CBC)      |              |                 |                      |                 |              |  |
| 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

Mr.ali

13/24



Select

Lab

|           |  |                   |                          |                     |           |  |                     |                | Welcome | DEMO ! [ Log Out |
|-----------|--|-------------------|--------------------------|---------------------|-----------|--|---------------------|----------------|---------|------------------|
| Dashboard | Nome Page  | ा<br>Transactions | <b>I</b><br>■<br>Reports | L<br>Administration |           |  |                     |                |         |                  |
|           | Labora   | atory » Ad        | d Test Result            | 1                   |           |  |                     |                |         | C                |
|           | Search Bill No<br>Bill No :                      | Type in a searcl  | h term                   |                     |           | MR No:                                 |                     | Lab No:        |         |                  |
|           | Name:<br>Adress:<br>Age Years:<br>Main Departmer | nt :              |                          |                     |           | Contact No :<br>Gender :<br>Reg. Date: |                     |                |         |                  |
|           | Use Letter He                                    |                   |                          |                     |           | Test Department: Sel                   | lect Department 🗸 🗸 |                |         |                  |
|           | •  | D Test Nam        | e                        |                     | Bill Date | Group Dept                             | I                   | Reporting Time | Action  |                  |
|           |  |                   |                          |                     |           |  | Preview All Ba      | ck Print       | New     |                  |
|           | Search From I                                    | MRNo:             |                          | Please              | Select ~  |  |                     |                |         |                  |
|           | MF   | ۱ No              | Name                     |                     | Father Na | ame                                    | Dpt                 | Action         |         |                  |



### Lab Module (Reports Formats)

#### TibbIT By Garaj \*13.00\* 224 New Muslim Town Lahore - Pakistan MR No : 13 \*6-24\* Lab No : 6-24 LAB TEST REPORT Mr.ali 07-Aug-2024 7:15 pm Patient Name : Sample Date: 07-Aug-2024 7:29 pm Father/Husband Name : Report Date:

Sex/Age :

Male

111111111111

22Y

Phone :

| HAEMATOLOGY REPORT             |        |          |                 |  |
|--------------------------------|--------|----------|-----------------|--|
| CBC FOR DENGUE                 |        |          |                 |  |
| Test Name                      | Result | Units    | Reference Range |  |
| Total Leukocyte Count<br>(TLC) | 1.9    | 10^9/I   | 4.0 - 11.0      |  |
| Red Cell Count                 | 2.2    | 10^12 // | 4.50 - 6.50     |  |
| Haemoglobin (HB)               | 12     | g/dl     | 13.0 - 18.0     |  |
| Haematocrit (Hct)              | 2      | %        | 40 - 54         |  |
| Platelets Count                | 2      | 10^9/I   | 150 - 400       |  |

Specimen :

|                       | Tibb    | IT By Ga |              | MR No :<br>Lab No : | *13.00*<br>13<br>*3-24*<br>3-24 |         |
|-----------------------|---------|----------|--------------|---------------------|---------------------------------|---------|
|                       |         | LABIE    | STREPORT     |                     |                                 |         |
| 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 :               | 1111111 | 1111     |              |                     |                                 |         |

#### SEROLOGY REPORT

Result

Negative

Test Name VIRAL MARKERS

Anti HCV Screening

TibbIT By Garaj \*13.00\* 224 New Muslim Town Lahore - Pakistan MR No: 13 عادار \*3-24\* Lab No : 3-24 LAB TEST REPORT Mr.ali 07-Aug-2024 6:33 pm Patient Name : Sample Date: Father/Husband Name : Report Date: 07-Aug-2024 6:36 pm Sex/Age Male 22Y Specimen 11111111111 Phone :

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

Electrically Verified Reports, No Signature(s) Required

Electrically Verified Reports, No Signature(s) Required

SWISO Certified ISO 9002

Electrically Verified Reports, No Signature(s) Required





#### BLOOD BANK » ADD BLOOD TRANFUSION FORM

| MR No *                              |                 |                      |            |
|--------------------------------------|-----------------|----------------------|------------|
| Patient Name :                       | L               | 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                                |                 |                      |            |





#### 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 F      | orm                      |              |  |     |    |
| Pre Transfusion Che   | cklist                   |                          |              |  | Yes | No |
| Explain Benefits/risk | is to the patient/attend | i                        |              |  |     |    |
| Checked and matche    | ed data on wrist band y  | with compatibility Lable |              |  |     |    |
| Checked and matche    | ed data on compability   | / lable with blood bag   |              |  | -   |    |
| Checked bag for lea   | kage, clumps or abnor    | mal color                |              |  |     |    |
| Checked expiry date   | on bag                   |                          |              |  |     |    |
| Checked any specia    | l instruction            |                          |              |  |     |    |

| Tranfusion Checklist | Before Tranfusion | 15min. After | 1hour After                                      | After Transfusion |
|----------------------|-------------------|--------------|--|-------------------|
| Temperature          |                   |              |  |                   |
| Pulse                |                   |              |  |                   |
| Respiratory Rate     |                   |              |  |                   |
| Blood Pressure       |                   |              |  |                   |
| Dyspnea              |                   |              |  |                   |
| Chills/Rigors        |                   |              |  |                   |
| Pain Groins          |                   |              |  |                   |
| Any Other            |                   |              |  |                   |
| Name & Sig.          |                   |              |  |                   |
|                      |                   |              | مریض/سرپر،ست/و،ارث/شریک حیات<br>شناختی کارڈ نمبر | ام ڈاکٹر آن ڈیوٹی |
|                      | تام گواه          |              | شناهتی کارڈ نمبر                                 | ستعط گواه         |



| BLOOD BANK » ADD I      | 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 *            |   |
| Occuption *             |            | State Of Health *    |   |
| Date Of Last Donation * |            | Center Of Donation * |   |
| CNIC *                  |            | No of Bags *         | 1 |
| WEIGHT *                |            |                      |   |

#### **DONOR MEDICAL HISTORY**

| Heart Disease: *        | Yes 🗌 No 🗹 | Tattooing: *              | Yes 🗌 No 🖾 | Imprisonment: *         | Yes 🗌 No 🗹 |
|-------------------------|------------|---------------------------|------------|-------------------------|------------|
| Epilepsy: *             | Yes 🗌 No 🗹 | Acupuncture: *            | Yes 🗌 No 🖾 | Malaria: *              | Yes 🗆 No 🗹 |
| Hypertension: *         | Yes 🗆 No 🖾 | Ear & Nose Piercing: *    | Yes 🗆 No 🖾 | Tuberculosis: *         | Yes 🗆 No 🗹 |
| Syncopal Attack: *      | Yes 🗆 No 🗹 | Recent Hospitalization: * | Yes 🗆 No 🜌 | Diabetes: *             | Yes 🗆 No 🜌 |
| Jaundice: *             | Yes 🗌 No 🗹 | Visit Abroad: *           | Yes 🗌 No 🖾 | Bleeding Disorder *     | Yes 🗆 No 🗹 |
| Previous Trnasfusion: * | Yes 🗌 No 🗹 | Addication: *             | Yes 🗌 No 🖾 | Asthma: *               | Yes 🗆 No 🗹 |
| Recent Surgery: *       | Yes 🗆 No 🖾 | Unsual Sexual Practice: * | Yes 🗆 No 🖾 | Reacent Immunization: * | Yes 🗆 No 🖾 |
| Tooth Extraction: *     | Yes 🗌 No 🗹 | Food Taken: *             | Yes 🗹 No 🗆 | Allergies: *            | Yes 🗆 No 🗹 |

#### **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 » ADD N               | New Donor       |  |                 |
|----------------------------------|-----------------|--|-----------------|
| No *                             |                 | OutDoor)                                 |                 |
| ient Name :                      | Reg. Date:      | Donor ID:                                |                 |
| First Second                     |                 |  |                 |
| ABO group *                      | Please Select ~ | Rh Type *                                | Please Select ~ |
| Pulse *                          |                 | BP *                                     |                 |
| Temp *                           |                 | HB/HCT *                                 |                 |
| HBS AG *                         | Please Select ~ | HCV (AB) *                               | Please Select ~ |
| HIV 1/2 *                        | Please Select ~ | VDRL *                                   | Please Select ~ |
| MP *                             | Please Select ~ |  |                 |
| Time & Type of Food Last Taken * |                 | Remarks *                                |                 |
| Amount of Blood to be Drawn *    |                 | Signature of Blood Transfusion Officer * |                 |
| DONATION RECORD                  |                 |  |                 |
| DONATION RECORD                  | BLOOD DRAWN *   | BAG NO. * SIG                            | SNATURE BTO *   |

List View



### BLOOD BANK » BLOOD ISSUANCE FORM

| Blood ID      | 4000          | Patient ID        |                      | (OutDoor)  |               |   |
|---------------|---------------|-------------------|----------------------|------------|---------------|---|
| ABO Type *    | Please Select | ✓ RH Type *       | Please Select 🗸 🗸    | Donation * | Please Select | ~ |
| No. Of Bags * | 1             | Received By       |                      |            |               |   |
| Expiry Date   |               | Receiving Date    |                      |            |               |   |
| Bag Number    |               | ~                 | (Empty Bag Received) |            |               |   |
| New           | Back Sa       | we Save List View |                      |            |               |   |





### BLOOD DONATION » ADD NEW DONATION

| Donation ID       | (New)           | Donor Name      |                      | S.O,D/O,W/O           |            |
|-------------------|-----------------|-----------------|----------------------|-----------------------|------------|
| Blood Group *     | Please Select ~ | No. Of Bags *   |                      | C.N.I.C No            |            |
| Donation Date     | 08/08/2024      | Expiry Date     | 08/08/2024           | Occupation            |            |
| Address           |                 | Mobile          |                      | State Of Health       |            |
| Gender *          | Please Select ~ | DOB             | 08/08/2024           | Center Of Donation    |            |
| Donee Name        |                 | Email           |                      | Date Of Last Donation | 08/08/2024 |
| Remarks           | 1.              | Blood Condition |                      | 1.                    |            |
| Blood Pre-Sceened |                 | Age             |                      |                       |            |
|                   | New Back        | Save Print      | Compatibility Report |                       |            |

# **Non-Clinical**



# Inventory







### Material Issue Request » Add Material Issue Request

| Request<br># | New           |   | MIR<br>Date | 8/19/2024 4:25:37 PM |    | Priority    | Please Select V            |
|--------------|---------------|---|-------------|----------------------|----|-------------|----------------------------|
| Department*  | Please Select | ~ | Employee    | Please Select        | ~  | Status      |                            |
| Remarks      |               |   |             |                      |    | Attachments | Choose File No file chosen |
|              |               |   |             |                      | 1. |             |                            |
| ltem         |               |   |             |                      |    | Warehouse*  | Please Select V            |

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

Total Qty

.

### **Store Issue Note**



#### Store Issue Note » Add Store Issue Note

| Store is<br>no | sue       | ew    |              |            |           |                  |     |           |             | Warehouse* | Please    | Select      | ~       |        |
|----------------|-----------|-------|--------------|------------|-----------|------------------|-----|-----------|-------------|------------|-----------|-------------|---------|--------|
| MIR#           | S         | elect |              | Add        | Departme  | nt* Please Sele  | ct  | ~         | :           | Employee   | Please    | Select      | ~       |        |
| Status         |           |       |              |            | Document  | 08/19/2024       |     |           |             | Trans Date | 08/19/2   | 024         |         |        |
| Item*          |           |       |              |            | Date      |                  |     |           |             |            |           |             |         |        |
|                |           |       |              |            |           |                  |     |           |             |            |           |             |         |        |
|                | Request # | MIR # | MIR App Date | Department | Item Code | Item Description | UOM | Batch Num | Store Stock | MIR Oty    | Issue Oty | Balance Qty | Remarks | Action |

Print

View List

New

**Inverted Gate Pass** 



Save

| IGP No    |      | New          | Date          | 8/19/2024        | 4:29:43 PM |          | Vendor *            | Please | Select  | •        | F          | °o No       |             |                 | •          |
|-----------|------|--------------|---------------|------------------|------------|----------|---------------------|--------|---------|----------|------------|-------------|-------------|-----------------|------------|
| Driver Na | me   |              | Veh           | icle #           |            |          | Bility #            |        |         |          | At         | tachments   | Cho         | oose File No fi | ile chosen |
| Status    |      |              | War           | ehouse* Main Sto | ore        | Ŧ        | Department          | Please | Select  | •        |            |             |             |                 |            |
| Remarks   |      |              |               |                  |            |          |                     |        |         |          |            |             |             |                 |            |
| _         |      |              |               |                  |            |          |                     |        |         |          |            |             |             |                 |            |
| Sr No.    | PO # | Item<br>Code | Item Descript | lion             | Unit       | Batch No | PO Delivery<br>Date | PO Qty | Rcv Qty | Binc Qty | IGP<br>Qty | Mfg<br>Date | Exp<br>Date | Bonus Qty       | Action     |
|           |      |              |               |                  |            |          |                     |        |         |          |            |             |             |                 |            |



**Good Receive Note** 



### $GRN \ \ \text{ \ } \ \ \mathsf{Add} \ \mathsf{GRN}$

| GRN No     |      | New      |       |                 | Date    | 8/19/2024 4:3 | 1:19 PM  |       | Vendor  | Please Sele | ct       | •        | lgp No    |         |                 | •      |
|------------|------|----------|-------|-----------------|---------|---------------|----------|-------|---------|-------------|----------|----------|-----------|---------|-----------------|--------|
| Department |      | Please S | elect | •               | Remarks |               |          |       |         |             |          | 1.       | Attachmen | t Choo  | se File No file | chosen |
| Warehouse  |      | Please S | elect | •               | Status  |               |          |       |         |             |          |          |           |         |                 |        |
| Sr No.     | ltem | Code     |       | Item Descriptio | n       | 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

| Transaction ID          | (New)       |         |   | Transaction Date | 08/19/2024      |
|-------------------------|-------------|---------|---|------------------|-----------------|
| Item Code & Description |             |         | ] | Status           |                 |
| Batch No                |             |         |   | Expire Date      |                 |
| Quantity                |             |         |   | Rate             |                 |
| Amount                  |             |         |   | WareHouse        | Please Select ~ |
| Current Stock           |             |         |   | UOM Stock        |                 |
| Remarks                 |             |         |   | 1.               |                 |
|                         | List View S | ave New |   |                  |                 |





Store Transfer Note » Add STN

| Stock no:        | New              |                     |              | Date:          | 08/19/2024 |
|------------------|------------------|---------------------|--------------|----------------|------------|
| Ware House From: |                  | In Transit:         |              | Ware House To: | ~          |
| Item Code :      |                  | Batch No :          | ✓ Quantity : | Stock :        | + Add      |
| Remarks :        |                  |                     |              |                |            |
| Item Code        | Batch No         | Description         | Stock        | Quantity       | Action     |
| Save             | UnApprove Receiv | e Add New List View |              |                |            |





# Purchase



## **Purchase Requisition**



### Purchase Requisition » Add Purchase Requistion

|        |           | PR#     | New         |      | PR Date     | 8/19/202 | 24 4:37:31 | PM            |       | Priority *       | Plea | se Select 🗸              |            |       |        |   |
|--------|-----------|---------|-------------|------|-------------|----------|------------|---------------|-------|------------------|------|--------------------------|------------|-------|--------|---|
|        |           | Ref #   | Ref #       |      | Department* | Please   | Select     | ~             |       |                  |      |                          |            |       |        |   |
|        |           | Remarks |             |      |             |          |            |               |       | Status           |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               | 1.    |                  |      |                          |            |       |        |   |
|        |           | ltem    |             |      |             |          |            |               |       | Attachments      | Cho  | oose File No file chosen |            |       |        |   |
|        |           |         |             |      |             |          | UOM        |               |       |                  |      |                          |            |       | (      | • |
| Sr No. | Item Code |         | Description | Unit | Stock       | Qty      | Qty        | Required Date | Techn | ical Specificati | ions | Remarks                  | Attachment | Stats | Delete |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        | • |
| •      |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       | •      | Ť |
|        |           |         |             |      |             | Total Q  | ty         |               |       |                  |      |                          |            |       |        |   |
|        |           |         |             |      |             |          |            |               |       |                  |      |                          |            |       |        |   |
| 1      | Save      | Vi      | ew List New |      |             |          |            |               |       |                  |      |                          |            |       |        |   |

## **Request For Quotation**



| No P.R No Ite   | m Code | Item Description | Qty    | MOU         | Required Date      | Unit Price     | General S.Tax % | т | otal Price |
|-----------------|--------|------------------|--------|-------------|--------------------|----------------|-----------------|---|------------|
| Remarks         |        |                  |        |             | Attachme<br>Choose | File No file o | hosen           |   |            |
| Please Select   |        |                  |        |             |                    |                |                 |   | Ŧ          |
| Payment Terms   |        |                  |        |             |                    |                |                 |   |            |
| Cash Payment    | •      | 19 Aug 2024      |        |             |                    |                |                 |   |            |
| Mode of Payment |        | Due Date         | Quota  | ion Validty |                    |                |                 |   |            |
| 14              |        | 19 Aug 2024      |        |             | Vendo              | r Pleas        | e Select        | • | Add        |
| RFQ No.         |        | RFQ Date         | Status |             |                    | Pr.No          |                 |   |            |

### **Comparative Statement**



### Comparative Statement » Add New

| CS#                  | 16                    |                  | All Items V    | endor 1   | All Items Ven  | lor 2  | Attachments              |
|----------------------|-----------------------|------------------|----------------|-----------|----------------|--------|--------------------------|
| Date                 | 19 Aug 2024           | Vendor Name      |                |           |                |        | Choose File No file      |
| CS Validity          |                       |                  | Please Select  | ▼         | Please Select  | •      |                          |
| PR No                | Please Select •       | Mode of Payment  |                |           |                |        |                          |
| Remarks              |                       |                  | Please Select  | •         | Please Select  | •      |                          |
| Status               | Created               | Delivery Terms   |                |           |                |        |                          |
| Term &<br>Conditions | Please Select -       |                  | Please Select  | •         | Please Select  | •      |                          |
| PR No Item           | Code Item Description | UOM Qty Req Date | Qty Rate S.Tax | Amount    | Qty Rate S.Tax | Amount | Total App Amt Last GRN F |
|                      |                       |                  | Amount         |           | Amount         |        |                          |
|                      |                       |                  | Freight        |           | Freight        |        |                          |
|                      |                       |                  | Total Amount   |           | Total Amount   |        |                          |
|                      |                       |                  | •              |           |                | •      | •                        |
|                      |                       |                  |                |           |                |        | •                        |
|                      |                       |                  | Save           | View List | Print Cancel   |        |                          |

### **Purchase Order**



T

#### Purchase Order » Add New

| PO No.      | New             | Date           | 8/19/2024 4:39:07 PM | Currency      | PKR           | •   | Р.О Туре    | •                          |
|-------------|-----------------|----------------|----------------------|---------------|---------------|-----|-------------|----------------------------|
| Vendor *    | Please Select 👻 | Delivery Terms | Please Select 👻      | Payment Terms | Please Select | ▼   | Status      |                            |
| Ref. No     |                 | Freight        |                      | Pr.No         | Please Sel 🔻  | Add | Attachments | Choose File No file chosen |
| Remarks     |                 |                |                      |               |               | 1.  |             |                            |
| Search Item |                 |                |                      |               |               |     |             |                            |

| 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  |  |
|------|-----------|-----|------------|--|
| Save | View List | New | St Amount  |  |
|      |           |     | Net Amount |  |
|      |           |     |            |  |

### **Purchase Return**



#### Purchase Return » Add Purchase Return

| Purchase Return #       | •                        | Purchase Ret |                                     |             | Status<br>Created |     |       |            |      |        |
|-------------------------|--------------------------|--------------|-------------------------------------|-------------|-------------------|-----|-------|------------|------|--------|
| Vendor<br>Please Select | endor<br>Please Select 🔹 |              | Return Form WareHouse Please Select |             |                   |     | •     | Select     |      |        |
| Remarks                 |                          |              |                                     |             |                   |     |       |            |      |        |
| Item Code               | Item Description         | UOM          | Batch#                              | Total Stock | GRN Qty           | Qty | GRN # | Trans Type | Rate | Action |
| Save                    | Vie                      | w List       | N                                   | lew         |                   |     |       |            |      |        |

**Item Replacement** 



#### Item Replacement » Add Item Replacement

| Trans Num     | New   |            |           |      | Trans Date | 8/19/2024 | 4 4:41:27 P | м       |      |           |           |              |
|---------------|-------|------------|-----------|------|------------|-----------|-------------|---------|------|-----------|-----------|--------------|
| Inventory Org | Plea  | ase Select |           | -    | Department | Please Se | lect        | *       | 6    | Status    | Created   |              |
| Remarks       |       |            |           |      |            |           |             |         | ,    |           |           |              |
|               |       |            |           |      |            |           |             |         | 1.   |           |           |              |
| +             |       |            | 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

| 1            | Invoice # No<br>Ref Invoice<br># | ew   |              | Date<br>Supplier* | 8/19/2024 4:43:13 PP<br>Please Select | M<br>•    |              |        |
|--------------|----------------------------------|------|--------------|-------------------|---------------------------------------|-----------|--------------|--------|
| 1            | Remarks                          |      | 1.           | Status            |                                       |           |              |        |
|              |                                  |      | **           |                   |                                       |           | +            |        |
| Account Code | Description                      | n De | partment Qty | Rate              | S.Tax%                                | ST Amount | Total Amount | Remove |
| Save         | List view                        | New  |              |                   | Gra                                   | and Total |              |        |

### **Payable Invoice**



#### Payable Invoices » Add Purchase Invoice

| Invoice #    | New               | Invoice Ty    | pe * Invoice      | ▼        | Vendor  | * Please Selec     | t          | •    | Ref Invoice # |               | S Tax invoice #         | ŧ            |      |
|--------------|-------------------|---------------|-------------------|----------|---------|--------------------|------------|------|---------------|---------------|-------------------------|--------------|------|
| Invoice Date | 8/19/2024 4:45:36 | PM Accounting | Date 8/19/2024 4: | 45:36 PM |         | GRN Due            | Date       |      | Currency      | PKR           | • Ex Rate               |              |      |
| Remarks      |                   |               |                   |          | Attachr | ments 8/19/2024    | 4:45:36 PM |      | Ex Date       | 8/19/2024 4:4 | 15:36 PM                |              |      |
|              |                   |               |                   | 1.       | Cho     | ose File No file o | hosen      |      |               |               |                         |              |      |
|              |                   |               |                   |          |         |                    |            |      |               |               |                         |              |      |
|              |                   |               |                   |          |         |                    |            |      |               |               |                         |              |      |
| Payable I    | nvoice Ad         | vance         |                   |          |         |                    |            |      |               |               |                         |              |      |
| Item C       | odo               | Description   | Invoice Am        | t PO No  | PODU    | Department         | Qty F      | Rate | S.Tax%        | <b>S</b> 1    | Tax Amt                 | Total Amt    | Valu |
| Item C       | oue               | Description   | Invoice Am        |          |         | Department         | Qiy I      | Nate | 5.14X /0      | 5.1           | тах лшт                 | I Utal Allit | Valu |
|              |                   |               |                   |          |         |                    | •          |      |               |               |                         |              | -    |
|              |                   |               |                   |          |         |                    | -          |      |               |               | T ( 11 - 1              |              | •    |
| Sav          | e Vie             | ew List N     | ew                |          |         |                    |            |      |               |               | Total Invoice<br>Amount |              |      |
|              |                   |               |                   |          |         |                    |            |      |               |               | Total Advance           |              |      |
|              |                   |               |                   |          |         |                    |            |      |               |               | Adjusted                |              |      |
|              |                   |               |                   |          |         |                    |            |      |               |               | Net Amount              |              |      |

**Payment Invoice** 



#### Payment Invoices » Add Payment Invoice

| Payment No       | New           |            |                   | Paym    | ient Date | 8/       | /19/2024 4:46: | 40 PM           |             | Bank         | Cash*   |   | Please Select        | Ψ |
|------------------|---------------|------------|-------------------|---------|-----------|----------|----------------|-----------------|-------------|--------------|---------|---|----------------------|---|
| Payment Mode*    | Please Select |            | •                 | Cheq    | ue No     |          |                |                 |             | Chequ        | 1e Date |   | 8/19/2024 4:46:40 PM |   |
| Vendor Name*     | Please Select |            | • Add             | Attac   | chments   |          | Choose Fil     | e No file ch    | osen        | Paid         | Amount  |   |                      |   |
| invoice Adjusted |               |            |                   | W Ta    | x Amount  |          |                |                 |             | Statu        | S       |   |                      |   |
| Remarks          |               |            |                   |         |           |          |                |                 | 1.          |              |         |   |                      |   |
|                  |               | invoice No | invoice<br>Amount | Balance | Discount  | Adjusted | W Tax<br>Type  | W Tax<br>Amount | Paid Amount | Invoice_type | Actions |   |                      |   |
|                  |               |            |                   |         |           |          |                |                 |             |              |         | • |                      |   |
|                  |               | 4          |                   |         |           |          |                |                 |             |              | •       |   |                      |   |
| Save             | View List     | New        |                   |         |           |          |                |                 |             |              |         |   |                      |   |

Advance Payment » Add Advance Payment

| Advance No       | New           | Date                    | 08/19/2024 | Attachments  | Choose File No file chosen |                |
|------------------|---------------|-------------------------|------------|--------------|----------------------------|----------------|
| Vendor           | Please Select | Advance A/C             |            |              |                            | ]              |
| Cheque No        |               | Cheque Date             | 08/19/2024 | Paid Through | Please Select              | Advance Amount |
| With Holding Tax | Please Select | With Holding Tax Amount |            | Paid Amount  |                            |                |
| Status           | Created       | Remarks                 |            |              |                            | 4              |
| Save             | New View List |                         |            |              |                            |                |

### **Advance Payment**



# **General Ledger**



## **Cash Payment Voucher**



| Туре        | No  | Date        | Status                     | Currency Exchange | Voucher Summary |
|-------------|-----|-------------|----------------------------|-------------------|-----------------|
| CPV         | New | 08/19/2024  |                            | Currency          | Debit           |
| Ref Num     |     | Pay to Name |                            | PKR V             | Dent            |
|             |     |             |                            | Eachanas Data     | Credit          |
| Description |     |             | Attachment                 | Exchange Rate     | Difference      |
|             |     |             | Choose File No file chosen | 1.00              |                 |

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

| List | Save | New |
|------|------|-----|
|------|------|-----|

### **Bank Payment Voucher**



| Туре        | No  | Date       | Status                     | Currency Exchange | Vouche     | r Summary |
|-------------|-----|------------|----------------------------|-------------------|------------|-----------|
| BPV         | New | 08/19/2024 |                            | Currency          | <br>Debit  |           |
| Ref Num     |     | Document # |                            | PKR ~             |            |           |
|             |     |            |                            | Exchange Rate     | Credit     |           |
| Description |     |            | Attachment                 | 1.00              | Difference |           |
|             |     | 1.         | Choose File No file chosen |                   |            |           |

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



### **Cash Receipt Voucher**



| Туре        | No  | Date       | Status                     | Currency Exchange | Vouche     | r Summary |
|-------------|-----|------------|----------------------------|-------------------|------------|-----------|
| CRV         | New | 08/19/2024 |                            | Currency          | Debit      |           |
| Ref Num     |     | Name       |                            | PKR v             |            |           |
|             |     |            |                            | Ezekongo Doto     | Credit     |           |
| Description |     |            | Attachment                 |                   | Difference |           |
|             |     |            | Choose File No file chosen | 1.00              |            |           |

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



## **Bank Receipt Voucher**



| Туре         | No  | Date       | Status                                   | Currency Exchange | Vouche     | r Summary |
|--------------|-----|------------|--|-------------------|------------|-----------|
| BRV          | New | 08/19/2024 |  | Currency          | <br>Debit  |           |
| Ref Num      |     | Document # |  | PKR V             | Deble      |           |
|              |     |            |  |                   | Credit     |           |
| Decembration |     |            | A 44 B                                   | Exchange Rate     | Difference |           |
| Description  |     |            | Attachment<br>Choose File No file chosen | 1.00              |            |           |
|              |     | h          | Choose File No me chosen                 |                   |            |           |

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



**Journal Voucher** 



#### Voucher » Add New Voucher Туре No Date Status Currency Exchange Voucher Summary JV New 08/19/2024 Currency Debit **Ref Num** Reference PKR $\mathbf{v}$ Credit Exchange Rate Difference Description Attachment 1.00 Choose File No file chosen

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



