ADMIT PATIENT

	7 (014111 1 7 (11214)
Patient Id: input (AC/Pa	atient Number (1))
Patient Name:	
Husband/Father Name	
Age:	
Admit Date:	Admit Time:
Birthdate:	
Sex:	
Address: Street1	
Street 2	
District	
Pin code	
State	
Patient Mobile Number	r:
Relative Mobile Number	er:
Patient Email Id:	
Treating Doctor: Fix(An down	il Chauhan) : Master Data Need to create table fr this field and will display in drop
Refer By: Input field	
Information given by:	
Relation with Patient:	
Medi-claim : (Yes / No	drop down)
Room Category: Input f	ield (price)
Room Type: (HDU – Hig	shly dependency unit / HDU + Isolation)
Physician Charge: Input	: Field (price)
Submit Button:	
*Send this information	to email id : abhigamcovidcare@gmail.com
Deposit Amount	

Patient Id:

Deposit Amount: Deposit Date: A	Add deposit button
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Patient Daily Expense:

Patient Id:

Date: Time:

Radiology:

Pathology:

Pharmacy:

Other: Remarks:

Submit:

Individual Patient Profile

Date wise all entry for one patient like expenses /deposit and all.

Patient Id: input (AC/Patient Number (1)) (read/ no change allowed)

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All Patient Profile

-Cumulative

- All Patient

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Bill

Bill Number: unique

Patient Id: Select (from drop down)

Admit Date: (read) based on Patient id

Discharge Date: Bill Date will be discharge date

Pan Numner: Fixed value

CIN Number: Fixed Value

Patient Name: auro (id

Patient Address: auto(id)

Patient Phone number: auto

Patient Email: auto

Description	Days	Price	Total(Price * Days)
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Covide care charges(HDU / HDU + ISOLATION)	Admit+current , inshot discharge – admit	Auto(based on admit form)	
Initial phycian	1(Fixed)	Auto(Physician Charge)	
assessment charge			
Physician consulting	Admit+current , inshot	Auto(Physician Charge)	
charge	discharge – admit		

Print Bill button



Reference Report

Filter = Dr Name Drop down

Refer By	Patiend Id	Days	