

N. Murali Sai

Hospital Management

Patient Details

Add Patient Details

All Patient Details

Patient Admission

Patient Medical History

Lab Test and Results

Add Patient Details

Patient ID *

Pat_ID1692987276745

Name *

First NameLast Name

Registration Date *

dd-MMM-yyyy

D.O.B *

dd-MMM-yyyy

Social Security Number *

Age *

#####

Mobile *

+91 • 81234 56789

Marital Status *

☐ Single

☐ Married

☐ Divorced

☐ Widowed

☐ DP

Address *

Emergency Contact Person *

First NameLast Name

Emergency Phone Number *

+91 • 81234 56789

Department *

☐ OPD

☐ IPD

Consultant Name *

-Select-

Patient's Issue Details *

Prescription Advised (if any)

B I U DejVuSans 10

Himanth Sai

29°C
Partly cloudy

Hospital Management

Patient Details

Patient Admission

New Patient

All Patients

Patient Medical History

Lab Test and Results

New Patient

Name Of Patient *

First NameLast Name

Social Security Number *

Date Of Birth *

dd-MMM-yyyy

Gender *

☐ Male

☐ Female

☐ Other

Age *

#####

Marital Status

☐ Single

☐ Married

☐ Divorced

☐ Widowed

☐ Domestic Partnership

Address *

Himanth Sai

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Hospital Management

Patient Details

Patient Admission

Patient Medical History

Add Medical History

View Medical Histories

Lab Test and Results

Add Medical History

Patient Information

Name *

First Name

Last Name

Age *

#####

SSN # *

Family & Personal History

Please Select Those Who Have Had Any Of The Following Conditions:

Osteoporosis *

-Select-

Cancer *

-Select-

Type Of Cancer

Bleeding Disorder *

-Select-

Diabetes *

-Select-

Usher Syndrome *

-Select-

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himanthsai20041 - Hospital

https://creatorapp.zoho.in/himanthsai2004/hospital-management#FormAdd_Medical_History

WhatsApp

YouTube

Maps

Google Meet

An analysis of the V...

Usher syndrome ~...

Understanding Ush...

usher syndrome chr...

Usher Syndrome J...

Hospital Management

Trial expires in 15 days Upgrade

Edit this application

Help

23:45

25-08-2023

Hospital Management

Patient Details

Patient Admission

Patient Medical History

Lab Test and Results

Lab Test Entry

Lab Test Report

Lab Test Entry

Patient Name *

First Name

Last Name

Patient ID *

Pathology Test *

-Select-

Test Components

Test	Low Value	High Value	Result Value	Measure Unit
+ Add New				

Submit

Reset

29°C

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Search

WhatsApp

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https://creatorapp.zoho.in/himanthsai2004/hospital-management#FormLab_Test_Entry

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