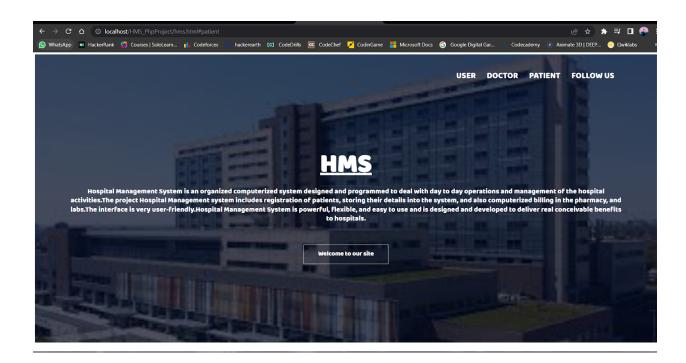
OUTPUT:



USER

ADD USER

CHANGE PASSWORD

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DOCTORS







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PATIENTS







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Back to top

Address
Follow Us
XXXXX - YYYY Road Chennai - 600 127
Fax: 044 3993 2555 hms2021@gmail.com
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Created by PAVISHNA A M 20MIS1002

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INNER PAGES:



Enter old Username:
Enter Username
Enter old Password :
Enter Old Password
Enter new Password:
Enter New Password
UPDATE PASSWORD

ADD DOCTOR INFORMATION

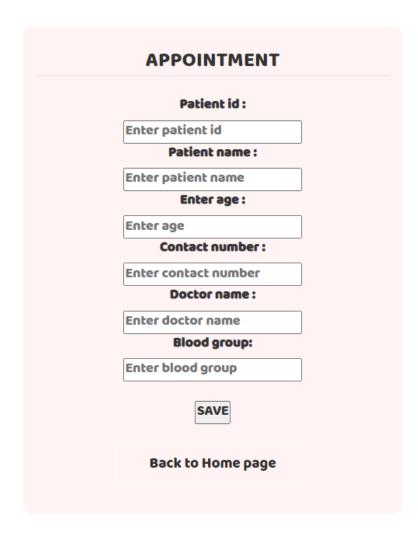
UPDATE DOCTOR INFORMATION

DELETE DOCTOR INFORMATION

ADD INFO
Doctor id:
Enter doctor id
Doctor name:
Enter doctor name
Enter email_id:
Enter email
Contact number:
Enter contact number
Gender:
Enter gender
Blood group:
Enter blood group
SAVE
Back to Home page

UPDATE INFO
Doctor id:
Enter doctor id
Doctor name :
Enter doctor name
Enter email_id:
Enter email
Contact number:
Enter contact number
Gender:
Enter gender
Blood group:
Enter blood group
UPDATE
or bare
Back to Home page

DELETE INFO	
Doctor id : Enter doctor id	
DELETE	
South to House sour	
Back to Home page	



Hospital Management System

ADD INFORMATION

VIEW INFORMATION

SONAL_INFORAM
Patient id :
Enter patient id
Patient name :
Enter patient name
Enter age :
Enter age
Father's name:
Enter father's name
Address:
Enter doctor name
Blood group:
Enter blood group
SAVE
Back to Home page

VIEW_INFO
Patient name :
Enter patient name
SUBMIT

HOSPITAL MANAGEMENT SYSTEM





ROOM SELECTION	
Patient id : Enter patient id	
Enter room type: ac/nac	
Enter bed type: 2/3/4	
Enter food type: normal/special	
SELECT	
Back to Home page	

SCAN	
Patient id:	
inter id	
Scan type:	
MRI / X-RAY / CT	
SUBMIT	