WORK FLOW CHART

IF PATIENT IS ELIGIABLE FOR DEPARTMENT

REGISTRATION

PRESCRIPTION

IPD

OPD

SERVICES

Part1 Part2

RX

VALIDITY UP TO

NEW

DOSE

OLD

RECEIPT SYSTEM

YES

EXAMINATION

DEPARTMENT

GYNECOLOGY ECG

NO RADIOLOGY ULTRASOUND

NEUOLOGY CBC

INFECTION CONTROL X-RAY

ORTHOPAEDICS

EXIT

PRINT

FORM

SERVICES

PRESCRIPTION

REGISTRATION

IPD

RECEIPT SYSTEM

EXAMINATION

DEPARTMENT

IF EMER GENCY

NO

CHILD

YES

OT SYSTEM

EXIT

DISCHARGE PROCESS

MALE

FEMALE

WARD

BED ALLOCATE SYSTEM

FOR THE MANAGEMENT TEAM

1. REGISTRATION—

Simple Registration Form

1. PRESCRIPTION ---

PRESCRIPTION

REGISTER

OLD

NEW

VALIDITY UP TO

IF YOU WANT SCAN UPLOAD SYSTEM AND NOT PRESCRIB BY SOFTWARE

YES

MEDICINE NAME FROM MASTER PAGE

NO

REGISTER

STRAIGHT

DOSE

RX

1. DEPARTMENT--

DEPARTMENT

REGISTER

ALL PATIENT RECORD STORE

4 EXAMINATION OR INVESTICATION—

NO

YES

ALL MAINTAIN REGISTER

RECEIPT

IF YOU WANT PAY DIRECTLY

ALL DATA STORE

& ACCESS EASLY

CBC

OTHER

ECG

ULTRASND

X-RAY

CT SCAN

SURGERY

EXAMINATION

5 RECEIPT.—

RECEIPT

REGISTER

ROUND PAYMENT

PAYMENT DATE

PAYABLE AMOUNT

DUES

DISCOUNT

TOTAL AMOUNT

6 EXTRA—

1. Item store page.

FOR DEVELOPER

1. REGISTRATION:-

REGISTRATION NO.

DATE

PATIENT NAME

FATHER NAME

ADDRESS

REGISTRATION CHARGE

RELIGION

EMAIL ADDRESS

CONSULTRATION CHARGE

IDENTITY

MOBILE

AGE

SEX

TIME

1. PRESCRIPTION

STRAIGHT

REMARKS

NEXT VISIT WORK

NEXT VISIT DATE

DOCTOR NAME

INVESTIGATION

RX

DATE AND TIME

REG NO

DOSE

COMPLAINTS

PATIENT NAME

ADVICE

SEX

AGE

SERIAL NO

EXAMININATION

MASTER PAGE OF DOSE

MASTER PAGE OF RX

1. RECEIPT—

DUES

PAYMENT DATE

ROUND PAYMENT

DATE & TIME

DISCOUNT

PAYABLE AMOUNT

TOTAL AMOUNT

NAME OF TREATMENT

RECEIVER NAME

PATIENT NAME

REGISTRATION NO

BILL NO