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| --- | --- | --- |
| Super admin Login |  | * User Name Change pana mudiuma * Top la Logo maranjurukku.. konjam nala view aaganum (Possible iruntha konjam peruse pani keela irakki vaikanum) |
|  | * Intha Error 3 times varuthu athukapram than login aaguthu… |
| My Profile Page |  | * Photo Add pana Change pana Options venum * Designation (Super Admin Need to be Changed)(Name Chabge pana Option venum |
| Admin Page Login |  | * Kindly Check this error * 2nd time than login aaguthu |
| Super Admin Dashboard |  | * No need Treatments & Plans * Staffs & Hospitals are enough |
| Super Admin – Revenue Reports |  | * Revenue Report ah Click panum pothu Ipdi error varuthu |
| Dashboard |  | * Swasi Naturo Cure Hospital (correct the spelling) Fixed |
| Add patient – Personal history |  | * Personal history not Mandatory for allFixed |
| Add patient - investigation |  | * Investigation la neraiya document add panna option venum   Already Multiple file upload option is there check as well   * Document delete option venum * CSF not mandatory |
| Add patient - investigation |  | * Documents add pannitu submit kudutha intha error varuthu * Document add panna mudiyala |
| Add OPD |  | * Patient id no not shows |
| PURCHASE Medicines |  | * Stock spelling mistakes |
| Add OPD |  | * Visit type , payment mode(mandatory) * Payment mode option (cheque spelling change) |
| Add OPD |  | * Save pannum pothu error varuthu |
| OPD Services |  | * OPD Service add panna option illa * OPD Medicines Add pana option ila |
| OPD Bill |  | * SWASI NATURO CURE HOSPITAL * ISSUE DATE – Date * **#**SWASI01-1 - #No need * No need PAY NOW Button * No Need Export Button |
| Print Bill |  | * Print Design Proper ah venum * Box pananum nan kudutha format la |
| OPD |  | Details Need to be displayed   * S. No * Date * OPD ID * Patient name * NATURE OF ILLNESS * Treatment * Therapist name |
| Purchase Medicine |  | * Check Calendar * Purchase Rate – Intha place la sales rate view aaguthu… Purchase Rate than kaatanum |
| Purchase Medicine |  | * S. No * Date * Medicine Name * Medicine rate * Quantity * Bill amount |
| New Expense |  | * Date – Calendar View Need to be changed * Approved from – Text Box |
| Expense |  | * S. No * Date * Description * Store Name * Approved From * Bill amount |
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