

**ADMINISTRATION (INCLUDING HOSPITAL ADMINISTRATION
& MEDICAL RECORDS)**

HIMS HOSPITAL- ONE SOFT SOLUTION

MEDICAL COLLEGE SUITE 3.1

File Base Modules Speciality Modules Administration Modules Add On Modules

User Name : SMCH
System Name : DESKTOP-7C9B3MF
Logged In Time : 4/27/2023 3:39:22 PM IST

- | | | | |
|---------------------|---------------------|------------------------|-------------------|
| Female Registration | Out Patient Billing | Lab Samples Collection | General Console |
| Male Registration | In Patient Billing | Lab Reports | Stores Console |
| Casualty | Stores Issue | Radiology | Tariffs Console |
| Admissions | MRD | Blood Bank | Radiology Console |
| Wards Management | Equipment | Operation Theatre | Security Console |
| Front Office | Employee Tracker | Reports | Central Lab |
| | Nursing Station | Stats & MIS Reporting | |

MEDICAL COLLEGE SUITE

File Explorer



ENG IN 3:39 PM 4/27/2023

HMS 3.1 IN PATIENT ADMISSION

O.P.I.D. OP2304271266 PMRN 202304270798 IP No. IP230427080 Admit Date 27 - Apr - 2023 03:40 PM
Unit. Spec. Cancel Admission

Title	First Name	Middle Name	Last Name	Age	Sex	Pat Type

Adm. Type: NORMAL Feetype: CASH Bed Type: GENERAL BED Select Ward: Bed Number:

Patient Personal Details		Patient Contact Details		Patient Doctor Allotment	
Husband Name		Marital Status		Patient Type	
Father Name		Patient Type Detail		Staff Name	
Next of Kin		Relation Type			
Kin Relation					
Height		cms	Weight		Kgs

HMS Admit Clear Search Print Nip Close

Registration

PMRN 202304270798 OP ID OP:2304271286 Date 27-Apr-2023 15:40:00

Title	First Name	Middle Name	Last Name	Age	Gender	DOB
MR				YEARS	MALE	27-Apr-2023

Patient Type	Specialization	Doctor	Package(s)
PAYING			

Fee Type	Unit	Con. Fee	Charity	Net Amt.
CASH				

Fee Sub Type	Fee Remarks (If Any)
CASH	

Patient Contact Details

Father's Name		Search Place	
Husb Name		Place	
MaritalStatus	SINGLE	District	
Religion	UNKNOWN	State	
Ref. Doc		Country	
H.No		Pin	
Street		Phone	
Area			

New Medico Legal Case

HMS Register \ Print Update Clear Search Print Close

HIMS DENTAL AMPLISOFT SARAL

PATIENT REGISTRATION

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AmpliSoft SANTOSH MEDICAL & DENTAL COLLEGE HOSPITALS (OMDR (OMR)) Hello, OMDR

Patient Registration

Search...

Reg. No. * 46994 Date 16-01-2023 Doctor OMDR

Name * Mr. AANCHAL UHID

Age * 26 DOB dd-mm-yyyy Mobile * 000007038 Email

Address

Other Details

Vital Sign

Payment Details

Refresh

Submit

Check IN

Panel

Blank Pres.

Billing

Receipts

View Appt.

Reg.Card

SMS / Whatsapp

Consent

Request Payment

SMS Delivery

Feedback

- Dashboard
- Calender
- Registration
- Clinical Detail
- Treatment Done
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- Appointment
- Endodontic
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- Checked In Status
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- Doctor Amount
- Daily Expense

ENTRY FOR CHIEF COMPLAINTS

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AmpliSoft SANTOSH MEDICAL & DENTAL COLLEGE HOSPITALS (OMDR (OMR)) Hello, OMDR

Search	<input type="text"/>	Date	25-02-2023	Mobile	000007038
Reg No	46994	Name	Mr. AANCHAL	Age	26
				UID	<input type="text"/>

Clinical Detail Category		
<input checked="" type="radio"/> CHIEF COMPLAINT	<input type="checkbox"/> abcd	<div style="background-color: #f9f9f9; height: 100px; margin-bottom: 5px;"></div> <div style="background-color: #e0e0e0; height: 100px;"></div>
<input type="radio"/> MEDICAL HISTORY	<input type="checkbox"/> BAD BREATH	
<input type="radio"/> INTRA ORAL EXAM	<input type="checkbox"/> Bad taste	
<input type="radio"/> DRUG ALLERGY	<input type="checkbox"/> Bleeding gums	
<input type="radio"/> EXTRA ORAL EXAM	<input type="checkbox"/> Broken Denture	
<input type="radio"/> RVG IMAGES	<input type="checkbox"/> BROKEN PROSTHESIS	
<input type="radio"/> ENDO NOTES	<input type="checkbox"/> Burning sensation	
<input type="radio"/> PERIO NOTES	<input type="checkbox"/> CGG	
<input type="radio"/> SURGICAL NOTES	<input type="checkbox"/> CGG	
<input type="radio"/> ORTHO NOTES	<input type="checkbox"/> cheek bite	
<input type="radio"/> IMPLANT NOTES	<input type="checkbox"/> completely edentulous	
<input type="radio"/> PEDO NOTES	<input type="checkbox"/> crowding	
<input type="radio"/> X-RAY	<input type="checkbox"/> Decayed teeth	
<input type="radio"/> PROVISIONAL DIAGNOSIS	<input type="checkbox"/> Decrease salivary secretion	
<input type="radio"/> PHOTO	<input type="checkbox"/> dental caries	
<input type="radio"/> PDF	<input type="checkbox"/> Difficulty in chewing	
<input type="radio"/>	<input type="checkbox"/> difficulty in chewing food	
<input type="radio"/>	<input type="checkbox"/> Difficulty in mouth opening	
<input type="radio"/> IMAGES		
<input type="radio"/>		
<input type="radio"/> CONSENT		
<input type="radio"/> IMPLANT		

Any Other CHIEF COMPLAINT

SAVE History
DONE

Submit

Print

Delete

View Appt.

ENTRY FOR TREATMENT PLAN AND TREATMENT DONE

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AmpliSoft SANTOSH MEDICAL & DENTAL COLLEGE HOSPITALS (OMDR (OMR)) Hello, OMDR

Search: Date: 25-02-2023 Doctor: OMDR View Appointment Print Options

Reg No: 46994 Name: Mr. AANCHAL Age: 26 000007038 UID: History Lab Status

Teeth No

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			55	54	53	52	51	61	62	63	64	65			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
All			85	84	83	82	81	71	72	73	74	75			
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Find Diagnose

- Oral candidiasis
- Abfraction
- Abrasion
- acute exacerbation of chronic periodontitis/Phoenix Abscess
- ADD with reduction
- ADD without reduction
- Aggressive periodontitis
- Angles class 1 malocclusion

Find Treatment Plan

- PPE Kit
- Anterior RCT
- DENTCARE ACRYLIC FULL DENTURE (BREIDENT,GERMANY) - Upper & Lower (teeth setting, Acrylising) - Direct delivery with Lucitone Material
- DENTCARE ACRYLIC FULL DENTURE (BREIDENT,GERMANY) - Upper or Lower (teeth setting, Acrylising) - Direct delivery with Lucitone Material

Find Treatment Done

Alloted To UG: Alloted To PG: Alloted To Faculty:

Estimate: Disc. %: Disc.Amt: Net Estima: Submit View Estimate : 5800 Received : 0 Refund : 0 Balance : 5800

V Date	Tooth	Diagnosis	Treatment Plan	Treatment Done	W.Date	T.Chg.	Rec.	Treatment Notes	Doctor	Dept	Rec.Date	U.G.	P.G.	Faculty
01-02-2023	32	Acute apical period	Anterior RCT	Access opening done	01-02-2023	1800	0		ENDO	CONS			Dr. Suneed	Dr. Sumita
20-01-2023	25	dry socket	Extractions under L	extraction done	20-01-2023	200	0		OS	OS			dr tanya	dr sanjeev
17-01-2023	FM	AGGRESSIVE PER	Scaling / Polishing/	PARTIAL SCALING	17-01-2023	500	0		PERIO	PERIO				
17-01-2023	FM	Halitosis	Chlorhexidine mouth	Chlorhexidine mouth	17-01-2023	0	0		PERIO	PERIO				

REFERRAL PAGE

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AmpliSoft
SANTOSH MEDICAL & DENTAL COLLEGE HOSPITALS (OMDR (OMR))
Hello, OMDR

Search

Reg No Name

Date

Age

Doctor

UID

[View Appointment](#) [History](#)

[Lab Status](#) [Upload Image](#)

Patient Refer

Refer From Department Refer To Department

Refer For Work

[Submit](#)

Refer date	From	To	Work
25-02-2023	OMR	PERIO	<input type="button" value="🗑"/>
25-02-2023	OMR	OS	<input type="button" value="🗑"/>
01-02-2023	OMR	CONS	<input type="button" value="🗑"/>
20-01-2023	OMR	OS	<input type="button" value="🗑"/>
17-01-2023	OMR	PERIO	<input type="button" value="🗑"/>
17-01-2023	OMR	PHD	<input type="button" value="🗑"/>
16-01-2023	OMR	PERIO	<input type="button" value="🗑"/>
16-01-2023	OMR	OS	<input type="button" value="🗑"/>

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- [📍 Treatment Done](#)
- [➕ Prescription](#)
- [👤 Patient Refer](#)
- [📅 Appointment](#)
- [🦷 Endodontic](#)
- [🔄 Recall](#)
- [☑ Checked In Status](#)
- [☰ Follow UP](#)
- [€ Doctor Amount](#)
- [Daily Expense](#)

PRESCRIPTION

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AmpliSoft SANTOSH MEDICAL & DENTAL COLLEGE HOSPITALS (OMDR (OMR)) Hello, OMDR

Search Date 25-02-2023

Reg No 46994 Name Mr. AANCHAL Age 26 000007038 Set name Select

Drug Name	Dosage	No of Tabs	Days	Instructions
<input type="text"/>	Once Daily	1	3	<input type="text"/> OK

Print
WhatsApp
E Mail
SMS

Post Operative Instructions

- ADV
- ADVICE
- ADVICE2
- ADVISE
- Bleaching
- CHILDREN
- Crown

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ENTRY FOR FOLLOW UP

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Followup/Recall Entry

Search	<input type="text" value="Search"/>
Date*	<input style="border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px;" type="text" value="25-02-2023"/> 📅
Reg No*	<input type="text" value="46994"/>
Patient Name	<input type="text" value="AANCHAL"/>
Mobile	<input type="text" value="000007038"/>
E Mail	<input type="text" value="email"/>
Followup/Recall	<input type="radio"/> In Year <input type="radio"/> In Month <input checked="" type="radio"/> In Days
Period	<input type="text" value="Period Number Only"/>
Date	<input type="text" value="Date"/>
Reason	<input type="text" value="RECALL REASON"/>

PAYMENT DETAILS

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mpliSoft SANTOSH MEDICAL & DENTAL COLLEGE HOSPITALS (OMDR (OMR)) Hello, OMDR

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Doctor Amount

From Date: 25-02-2023

To Date: 25-02-2023

Doctor: Select

DAILY EXPENSE ENTRY

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AmpliSoft SANTOSH MEDICAL & DENTAL COLLEGE HOSPITALS (OMDR (OMR)) Hello, OMDR

Daily Expense Entry

Search Expense For

V Numb

V Date 25-02-2023

Expense For*

Amount

Remarks

[Add New](#) [Submit](#) [Update](#) [Report](#)

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