

# SANTOSH

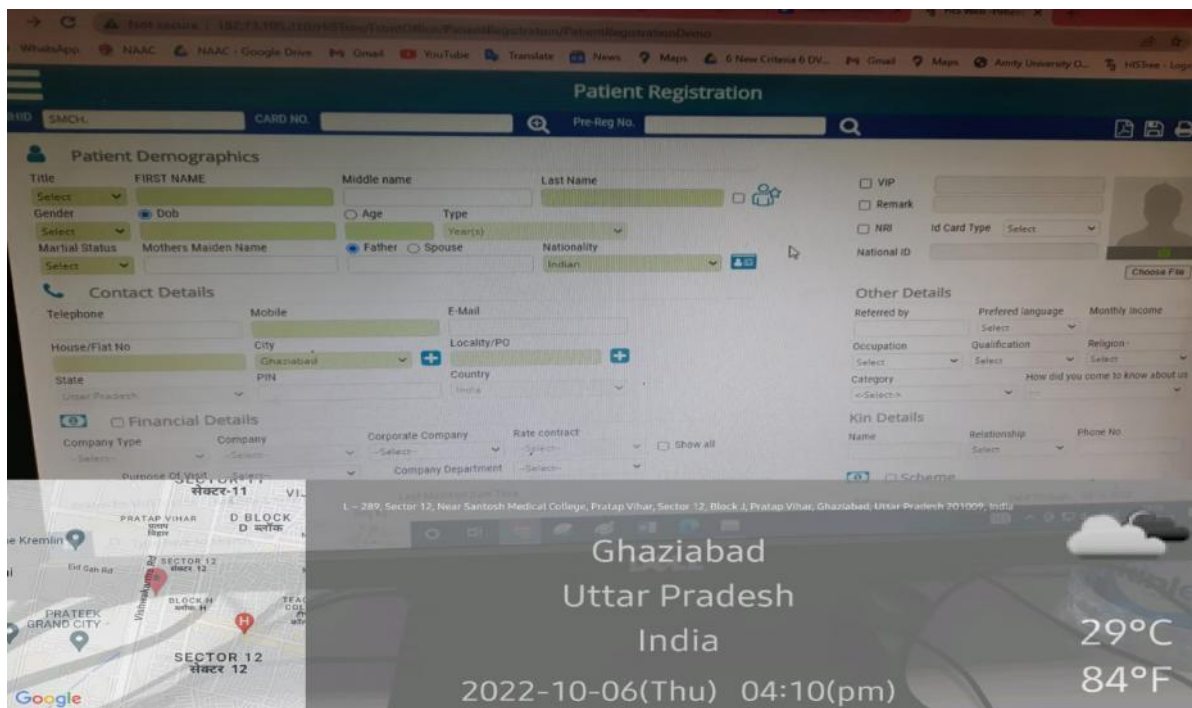
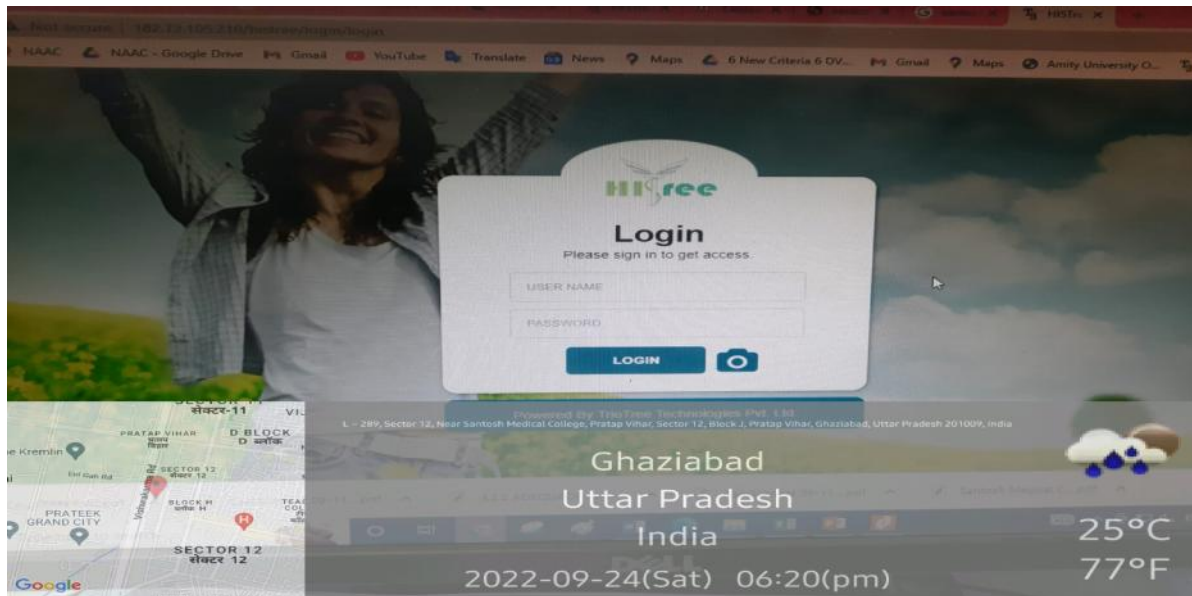
Deemed to be University



**4.2.2 Describe the adequacy of both outpatients and inpatients in the teaching hospital during the last five years vis-a-vis the number of students trained and programmes offered**

## Link to hospital records / Hospital Management Information System

Particular	Link
Link to Hospital Records (HIMS) Medical	<a href="http://182.73.105.210/histree/login/login">http://182.73.105.210/histree/login/login</a>



Particular	Link
Link to Hospital Records (HIMS) Dental	<a href="http://sdc.saral.in/">http://sdc.saral.in/</a>

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

Search: \_\_\_\_\_ Date: 25-02-2023 Mobile: 000007038  
 Reg No: 46994 Name: Mr. AANCHAL Age: 26 UID: \_\_\_\_\_

**Clinical Detail Category**

- CHIEF COMPLAINT
- MEDICAL HISTORY
- INTRA ORAL EXAM
- DRUG ALLERGY
- EXTRA ORAL EXAM
- RVG IMAGES
- ENDO NOTES
- PERIO NOTES
- SURGICAL NOTES
- ORTHO NOTES
- IMPLANT NOTES
- PEDO NOTES
- X-RAY
- PROVISIONAL DIAGNOSIS
- PHOTO
- PDF
- IMAGES
- \_\_\_\_\_
- \_\_\_\_\_
- CONSENT
- IMPLANT

abcd  
 BAD BREATH  
 Bad taste  
 Bleeding gums  
 Broken Denture  
 BROKEN PROSTHESIS  
 Burning sensation  
 CGG  
 CGG  
 cheek bite  
 completely edentulous  
 crowding  
 Decayed teeth  
 Decrease salivary secretion  
 dental caries  
 Difficulty in chewing  
 difficulty in chewing food  
 Difficulty in mouth opening

25-02-2023

Any Other CHIEF COMPLAINT

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**Patient Registration**

Search: \_\_\_\_\_ Doctor: OMR

Reg. No. \* 46994 Date 16-01-2023 UHID \_\_\_\_\_  
 Name \* Mr. AANCHAL Mobile \* 000007038  
 Age \* 26 DOB dd-mm-yyyy Email \_\_\_\_\_

# **SANTOSH**

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