



# *Saral Doctor Management*

*Presented By*

*Deep Solutions*

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*B/2, Mahalaxi Center, Rambaug Cross Road, Jagabhai Park, Maninagar, Ahmedabad-380 008  
(M) : 9898053777, 7383315626, 9904554232*

## Masters :- Patient Masters

Windows window titled "Patient Master" with a close button (X) in the top right corner.

<b>Code</b>	A02101	<b>Name</b>	Baldev M. Parmar
<b>Group Code</b>	85	<b>Group</b>	SUNDRY DEBTORS
<b>Opening Bal.</b>	0		
<b>Age</b>	49	<b>Sex</b>	M
<b>Occupation</b>	BAnk managar	<b>Ref By</b>	self
<b>Address</b>	B/82 Mayarohidas soc.		
<b>Area</b>	Ishanpur	<b>Pin</b>	
<b>City</b>	Ahmadabad	<b>Phone No</b>	25716490
<b>Admit Date</b>	24/Nov/2015		

Buttons: Update, Cancel

# *Dosage English*

English Dosage Master

Name

# Dosage Hindi

Hindi Dosage Master ✕

Name

# *Dosage Gujarati*

Gujarati Dosage Master ✕

Name

# Transaction : First Consultation Reports

First Consultation Form							
Pr No.	6	Date	26/Apr/2011				
Patient	A02411	Khengar K.Begadia					
Age / Sex	23/M	Age / Sex					
History	pain dur. def bleeding P/R						
	two yrs						
Diagnosis	Fissure in ano 6 o clock						
Advise	Fissurectomy						
	investigation						
	admission for operation						
	ref to physician for pre operative checkup						
<<	<	Save	Cancel	View	Print	>	>>

# First Diagnosis

First Diagnosis <span style="float: right;">✖</span>										
No	Name	Date	Ref By :	Age	Sex					
				Occu.						
Pain	Bledding	Swelling / Hardness / Boil at Perialan Regions			Discharge	Address				
Prolapes	Bowel Habbit	Frequency	H/O Past Illness :	Pain	Bleeding					
				Local Trauma						
Boil of Abcess Perial Region Colitis			Recent Delivery							
Drug Allergy	Nature of Work	Dietary Habit	Intoxications							
Family History	Associate Dis.	Treatment	Pre Treatment			O/E	B.P.	Pulse	Temp.	Wt.
Local Exam	Proctoscopic Exam : Position (O'clock)									
Fissure / Haemorrhoids / Sentinal tag		Fistula / Abscess								
X-Ray Chest	Fistulogram	Treatment Adv.			Lab. Inv. : CBC,RBC,HIV,Urine, R M					
<span style="border: 1px solid black; padding: 2px 10px;">Add</span> <span style="border: 1px solid black; padding: 2px 10px; margin-left: 20px;">Modify</span> <span style="border: 1px solid black; padding: 2px 10px; margin-left: 20px;">Delete</span> <span style="border: 1px solid black; padding: 2px 10px; margin-left: 20px;">Close</span> <span style="border: 1px solid black; padding: 2px 10px; margin-left: 20px;">Print</span>										

# Predifined Priciption

Pre Operative Prescription		Patient		Date	
Pr No.	1	A00003	Pappu yadav	23/ Jul /2009	
Inj. Avil.	0	Inj. Phenergan	6	Disposable Needle No.	4
Inj. Atropine Sulphate	0	Inj. Pentothal Sodium	0	Disposable Cap/Mask	0
Inj. Amplox / Sulbacin	0	Inj. Perinorm Emeset	2	Disposable Glove No.	6
Inj. Aminophyllin / Adrenalin / Deriphyllin	34	Inj. Ranitidine	2	Hydrogen Peroxide	4
Inj. Botropase	0	Inj. Ringer Lactate	4	Jeko No. 18-19-20	0
Inj. Butrum	34	Inj. Soda-bi-Carb	0	J and J Adhesive Tape	0
Inj. Garamycin	4	Inj. Tramadol	5	Micropore Adhesive Tape	2
Inj. Calcium Gluconatic With Vit. C	0	Inj. Tetanus Toxide	4	Procto Clysis Enema	4
Inj. Ciplox / Oflox / Levoflox	0	Inj. Tidigesic / Fortwin	3	Rubber Cathater No.	0
Inj. Dopram / Restimulen	0	Inj. Valium / Anxol	0	Surgical Cotton	0
Inj. Dextrose 10% / 5% / 25%	5	Inj. Voveran / Dicloran	0	Surgical Gauze	0
Inj. Dextrose / Efcorlin	34	Inj. Xylocaine 5%	1	Sterillium	4
Inj. Dopamine / Ephedrine / Mephentin	0	Inj. Xylocain 2% c Adrenalin	34	Sterile L.P. Needle No.	0
Inj. Ketmex	0	Aro/JmsSet. 1450/2450	0	Scalp Vain Set No.	0
Inj. Lasix	1	AHD 2000	4	Water For Injection	12
Inj. Metrogyl	0	Betadine / Wockadine Solution	0	Xylocaine Jelly 2%	1
Inj. Midazolam / Fulsed	4	Catgut	2	Xylocaine Topical 4%	0
Inj. Normal Saline	5	Disposable Syringe	2		

<< <
Add
Edit
Delete
View
Close
Print
> >>



# Outdoor / Indoor Case

**INDOOR CASE ENTRY** ✖

Case No  Date

Patient   Morn/Even

Category  Sub Category

Complains  Treatment

AGE  SEX  Wt  BP  Pulse  Temp

Type	Prescription	DOSE-GUJ		DOSE-HIN		DOSE-ENG	QTY
Cap	Enuff	સવાર	સાજ	સુબહ	શામ		6
▶ Cap	Enuff	svar	saj	subh	xam		6
Tab	Rantac	svar	saj	subh	xam		6
Tab	Zenflox OZ	svar	saj	subh	xam		6
Tab	Sporlac DS	svar	saj	subh	xam		6

Next Consultation Dt

Delete
View
Close
Print



# Receipt / Payment

RECEIPT			
NO	25	DATE	25/Aug/2010
CASH/BANK	X90005	CASH A/C	
PARTY	A02052	Mitesh G.Patel	
AMOUNT:	300		
NARRATION:	CONSULTING CHARGE		

Add Edit Delete View Close Print

# *Income / Expense*

RECEIPT

NO	25	DATE	28/Aug/2010
CASH/BANK	X90005	CASH A/C	
PARTY	A02052	Mitesh G.Patel	
AMOUNT:	300		
NARRATION:	CONSULTING CHARGE		

Add Edit Delete View Close Print

# Certificate : General Entry

CERTIFICATE GENERAL			
Certificate No.	2	Date :	26/Sep/2005
This is to certify that Mr./Mrs./Miss		Rajivkumar S. rajpoot	
is/was under my treatment since	10/Sep/2005	to	24/Sep/2005
For	Enteric fever		
He/She is/was advised rest for about	14	Days/Weeks	
He/She may resume his/her normal duty from	25/Sep/2005		

<< < Add Edit Delete Close PRINT > >>

# *General Print*

DT: 25/9/2005

## **To Whom So Ever It May Concern**

Mr./Mrs./Miss. Bhavin Z. Bharwad

is/was under my treatment since 21/9/2005 to 22/9/2005

for fever

He/She is/was advised to take rest for about Days / Weeks

He/She will be fit to resume his/her normal duty from 23/9/2005

# Leave

DT: 11/Sep/2006

## LEAVE CERTIFICATE

This is to certify that Miss **Champaben B. dodiari**  
**is** under my treatment for **40%Burns**  
from dt. 05/Sep/2006

She requires complete bed rest from  
05/Sep/2006 to 05/Oct/2006

# *Leave Extension Certificate*

DT: 11/Sep/2006

## LEAVE CERTIFICATE

This is to certify that

Miss **Champaben B. dodiari**

**is** under my treatment for

**40%Burns**

from dt. 05/Sep/2006

She requires complete bed rest from

05/Sep/2006 to 05/Oct/2006



# *Fitness Certificate*

DT: 11/Sep/2006

## LEAVE CERTIFICATE

This is to certify that

Miss **Chanpaben B. dodiar**

**is** under my treatment for  
from dt. 05/Sep/2006

**40%Burns**

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She requires complete bed rest from

05/Sep/2006 to 05/Oct/2006

Certificate No. 2

Date : 15/Oct/2007

INJURY CERTIFICATE

This is to certify that Mrs. Arunaben Mukeshbhai Patel  
aged 30 residing at Navivasahat Jasodanagar  
was admitted to my hospital as indoor patient on 23/Sep/2007  
Time 5pm (PM) without Police Yadi.

She has sustained following injuries due to

***Burns***

Patient Was Brought By Mukeshbhai Patel  
within the area of Vatva GIDC Police Station.

History Narrated By:

Alleged History Of : Arunaben Mukeshbhai Patel

Vital data

Pulse	B.P.	Consciousness
108	110/70	Burns

On Examination

First/second degree burns on chest & both hands  
due to carceen.Smell  
of carceen was present.

***Injury Certificate***

## *Admission / Discharge*

DT: 30/Sep/2005

### ADMISSION / DISCHARGE

This is to certify that Mr. P.B. Mishra  
was admitted to my hospital on 17/Sep/2005 Time : 8AM  
for Fistula  
He was given discharge on 18/Sep/2005 Time : 8PM  
He remained hospitalised for 2 Days

# *Birth Certificate*

## ***BIRTH CERTIFICATE***

DATE *04/Jun/2004*

CERTIFICATE NO	<i>1</i>
PATIENT NAME	<i>Kariben Bharvad</i>
HUSBAND'S NAME	<i>Kanabhai bharvad</i>
RESIDENCE	<i>Della Tai - Kadi.</i>
PERSONAL HISTORY	<i>Anaemic</i>
DATE OF ADMISSIION	<i>04/Jun/2004</i>
DATE OF DELIVERY	<i>04/Jun/2004</i>
DELIVERY TYPE	<i>4th Para Normal delivery</i>
BABY	<i>One Male Baby</i>
WEIGHT	<i>3.00 Kg.</i>
HEALTH OF BABY	<i>Healthy</i>
HEALTH OF PATIENT	<i>Good</i>

# *Reference Letter*

Date.

## REFERENCE LETTER

My Dear Dr. \_\_\_\_\_

Hello..

Hope this chit will find you in best of your spirit.

I am referring a patient \_\_\_\_\_

aged \_\_\_\_\_ for his illness of \_\_\_\_\_

for \_\_\_\_\_

And Report Me.

Thanking You....

**Sincerely Your's**

# *Thanks Letter*

DT:

LETTER OF THANKS

**Dear**

Thanks for sending the patient

has

requires to get following investigations

And Requires To Come For Next Consultation On.

# Discharge Summary

## DISCHARGE SUMMARY

**Patient Name** Jabbar N.Shah

**Age / Sex** 30M **Indoor No** 146

**Diagnosys** Appendicitis

**Date of Admission** 20/Ju/2008

**Date of Discharge** 22/Ju/2008

**Date of First Consultation** 20/Ju/2008

**Advise & Treatment :**

<u>Tab</u>	<u>Ciplox-tz</u>	<u>1</u>	<u>0</u>
<u>Tab</u>	<u>Beplex forte</u>	<u>1</u>	<u>10</u>
<u>Tab</u>	<u>R-din 150</u>	<u>1</u>	<u>10</u>
<u>Tab</u>	<u>Dynapar</u>	<u>1</u>	<u>10</u>
<u>Cap</u>	<u>A.D.</u>	<u>1</u>	<u>0</u>
<u>Cap</u>	<u>A.D.</u>	<u>1—0—1</u>	<u>0</u>

# Reports : Phone Book

## PHONE BOOK

PARTY	PHONE NO.	Page No.
Dushyant Giri		1
Pappu yadav		
Subodh Ramsingh		
P. B. Mishra		
Vajanti M. Patel		
Nijbuddeen M Shekh		
nijabuddeen Shekh		
Rohit D Bharwad	25892317	
Ramesh R. Saroj	25714884	
Manjulaben A. Maru		
Subhash Nakum		
Subhas A. nakum		
Dineshbhai A. Solanki		
Jayaben B. Medu		
Anil B. Yadav		



# Address Book

## ADDRESS BOOK

PARTY	PHONE NO.	Page No.
Dushyant Giri	vatva G.I.D.C.	1
Pappu yadav	Jasodanager	
Subodh Ramsingh	Hanumannager Vatva G.I.D.C. Jasodanager Ahmedabad	
P. B. Mishra	Amraiwadi Amraiwadi Ahmedabad	
Vajanti M. Patel	Naviwasahat Jasodanager Ahmedabad	

# *Party Balance*

## CLOSING BALANCES

Party	Closing Balance	Page No.
Dushyant Giri	-2400	1
Pappu yadav	0	
Subodh Ramsingh	6005	
P. B. Mishra	10125	
Vajanti M. Patel	15000	

## *Party Case History*

PARTY		NO	122	DT	06/Oct/2006	BOOK	CI
A00002 Dushyant Giri							
COMPLAINS	TYPE	PRESCRIPTION	ENGLISH	QTY			
TREATMENT		HINDI	GUJARATI				
	tab.	Alfapsin	.	10			
		.	.				
	tab.	Alfapsin D	.	10			
		.	.				
PARTY		NO	198	DT	22/Sep/2006	BOOK	CI
A00002 Dushyant Giri							
COMPLAINS	TYPE	PRESCRIPTION	ENGLISH	QTY			
TREATMENT		HINDI	GUJARATI				
	tab.	R-din 150	.	10			
		.	.				
	tab.	Ofay 200	.	10			
		.	.				
	tab.	Beplex-forte	.	10			
		.	.				
	tab.	Taxideep 0.5	.	5			
		.	.				
	tab.	Iron-folic	.	60			
		.	.				

# Party Ledger

Page :

1

V No	Vouch Dt.	Party Name	Debit	Credit	Bal	Cr Dr
Party Name	A00002	Dushyant Giri		From 01.01.01 To 01.01.10		
	01-01-01	Opening Balance	0.00		0.00	DR
82	16-12-05	BL CONSULTATION INCOME	12600.00		12600.00	DR
	01-01-10	Closing Balance		12600.00	12600.00	DR
		Total	12600.00	12600.00	0.00	

# *Receipt / Payment Register*

## PAYMENT REPORT

Vouch	Date	Name	Amount	Narration
1	25/02/2	DR. PREMAL	7878.00	SDLKFJLSK
2	03/08/2	parchuran a/c	800.00	DAKOR
3	06/08/2	parchuran a/c	650.00	SIGNATURE
4	06/08/2	Vimla Hospital	550.00	O.T. LIGHT
5	08/08/2	Vimla Hospital	4200.00	INTERNET
6	08/08/2	parchuran a/c	500.00	PINTU C/O
7	08/08/2	parchuran a/c	150.00	HOME
12	09/11/2	KASAR ACCOUNT	950.00	KASAR
8	10/08/2	parchuran a/c	1600.00	HOME
9	10/08/2	Vimla Hospital	6500.00	SALARY
10	22/08/2	Vimla Hospital	400.00	GIVEN FOR
11	22/07/2	KASAR ACCOUNT	4800.00	KASARGIVE
13	25/09/2	ManibenR.Patel	500.00	KASAR
14	25/09/2	Nijbuddeen M	345.00	.KJ
15	17/10/2	COMPUTER	2000.00	ON A/C TO
16	23/08/2	Mitesh G.Patel	300.00	CONSULTIN

# *Income / Expense Register*

EXPENSE REPORT  
FROM DATE :01/Jan/2004 TO DATE

Vouch	Date	Name	Amount	Narration
1	02/10/2	Mahendrabhai G.	1020.00	KASAR
2	21/09/2	Dineshbhai A.	300.00	KASAR
3	04/01/2	Ratilal G. malviya	300.00	KASAR
4	05/01/2	Sakurbhai Shekh	1925.00	KASAR
5	28/02/2	Kavitaben M.	3825.00	KASAR
6	06/08/2	Rinkudevi	1000.00	KASAR
7	07/08/2	Ramchandra J.	1925.00	KASAR
9	10/08/2	Gopalsingh	3075.00	KASAR
10	21/08/2	Mukeshbhai	2800.00	KASAR
12	22/07/2	Jabbar N.Shah	4300.00	KASR
13	09/11/2	KASAR ACCOUNT	950.00	KASAR
14	01/04/2	Vipulbhai A.Gajjar	3750.00	KASAR
15	03/10/2	Mashariben R.	2050.00	KASR