

**Excellence**  
Begins here..

## Hospital Management System



“Spiritual Memorial Hospital” is a trusted and well known for its services and results. It is providing medical, surgical facilities and diagnostic facilities such as Surgeries, Sonographies, CT Scans, Radiology Services etc.

The hospital has many departments like Pathology, Surgery, Pediatrics, Cardiology, X-Ray, Neurology etc.

The hospital is honored with many of specialized doctors who have completed their degrees from renowned Institutions. The hospital welfare section is maintaining records of every employee including doctors, compounders, nurses, ward boys, accountants, clerical staff, supervisors etc.

Whenever a patient is attended by the hospital, they open a new record of that patient and store the information about him/her and allot a new unique PATIENT ID to him/her. In future all referrals are made by this PATIENT ID. That is valid for lifetime.

The hospital have many rooms at different floors which are categorized as Pathology Lab, X-Ray Lab, Female Surgical, Female Medical, Outdoor, Male Surgical, Male Medical, Plaster Room, ICU, Operation Theaters etc. The management maintains a list of rooms and their associated tasks in register so that we can locate the room or service easily.


Every ward maintains a separate “Status Register” showing whether a patient is in the ward or relieved and availability of beds etc. In the ward, we also maintain the expenses made for a patient and his family members, for medicine, food etc.

Expenses are to be maintained properly made by hospital on the basis of PATIENT ID. The hospital charges 100% advance as per the list on diagnostic services. For other medical / surgical services, an estimated amount as decided by the hospital is deposited by the patient and balance is returned at the time relieving the patient.

Management requires the following reports:-



Reports



Spiritual Memorial Hospital  
Address & Contact No

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Department Wise Ward Details


Department No.: - .....

Department: - .....

Ward No.	Ward	No. of Beds

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Dated: - .....



Spiritual Memorial Hospital  
Address & Contact No

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Department Wise Staff Details

Department No.: - .....

Department: - .....

Employee Id	Name	Contact No.	City	Designation
Total Employee		.....		

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Dated: - .....

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# Hospital Management System



## Reports



### Spiritual Memorial Hospital

Address & Contact No

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Staff Details for the Period from ..... to .....

Department No.: - ..... Department: - .....

Employee Id	Name	Contact No.	City	Designation
Total Employee		.....		

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<Page X of Y>
Dated: - .....



### Spiritual Memorial Hospital

Address & Contact No

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Patient Details for the Period from ..... to .....

City: - ..... Total Records: - .....

Patient Id	Name	Contact No.	Type	Registration Date

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Dated: - .....

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# Hospital Management System



## Reports



**Spiritual Memorial Hospital**  
Address & Contact No

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**Department wise Patient Details**

Department No.: - .....


Department: - .....

City: - .....

Patient Id	Name	Contact No.	Type	Registration Date
Total Patient		-----		

<Page X of Y>

Dated: - .....



**Spiritual Memorial Hospital**  
Address & Contact No

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**Bill of Outdoor Patient**

Receipt No: - .....

Dated: - .....

Patient Id: - .....

Patient Name: - .....

Address: - .....

.....

Gender: - .....

Age: - .....

Registration Date: - .....

Doctor: - .....

Disease: - .....

Consultancy Fee/- .....


.....  
(Authorized Signature)

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# Hospital Management System



## Reports



### Spiritual Memorial Hospital

Address & Contact No

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Cash Collection for Period from.....to.....

Receipt No.	Date	Patient Name	Type	Amount
<b>Total Receipts</b>		.....		

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Dated: - .....

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# Hospital Management System



## Reports



### Spiritual Memorial Hospital

Address & Contact No

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**Bill of Indoor Patient**

Receipt No: - ..... Dated: - .....

Patient Id: - .....  
Patient Name: - ..... Guardian Name: - .....

Address: - .....

Gender: - ..... Age: - .....

Registration Date: - ..... Doctor: - .....

Disease: - .....

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Admit Date: - ..... Discharge Date: - .....

Admit At: - ..... Room No./ Bed No. : - .....

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Doctor Fee	:	
Ward Charges	:	
Treatment Charges	:	
(-) Advance		
Balance to be paid	:	

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.....  
(Authorized Signature)