



HA Requirment : Mandotory to fill Chief Complaints, Allergies, Vital Signs, Past & Family History, Pair

Start Time	Nurse Stati	ion Doctor Eva	aluation Ortl	nopedic Case Asse	essment 🔻	Diagnosis
Treatments/Pr	ocedures 🔻	Packages	Prescription	Reimbursemen	t Forms ▼	Documents
Progress Notes	s Addeno	dum NGI Form	NGI Claim	Form Other F	orms Sick	k Leave End Time
Visit Summary	Sheet N	Nabidh Clinical Doo	cs Audit Log	Radiology	Laboratory	Health Declaration
Signed Docum	ents Ima	age Comparison				

Print

Send Visit Summary Sheet to Nabidh

Patient details

Date	:04-Nov-2024 / 10:15AM - 10:30AM	
Doctor	:Humaira(General)	
Reg # / Patient Name	:44391 / RAHUL MAHMUD SABBIR	
Mobile #	:0528639960	
Gender / DOB/Age	:Male / 04-Aug-2002	
Nationality	:Bangladeshi	

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