



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

Start Time	Nurse Station	Doctor Eval	uation Ort	hopedic Case Asse	essment ▼	Diagnosis
Treatments/Pro	ocedures 🔻	Packages	Prescription	Reimbursement	t Forms ▼ Documents	
Progress Notes	Addendum	FMC FORM	N FMC Reim	nbursement Form	Other For	ms Sick Leave
End Time	Visit Summary Sh	eet Nabio	Ih Clinical Docs	Audit Log	Radiology	Laboratory
Health Declara	tion Signed	Documents	Image Compa	arison		



Send Visit Summary Sheet to Nabidh

## **Patient details**

Date	:18-Nov-2024 / 11:00AM - 11:15AM
Doctor	:Humaira(General)
Reg # / Patient Name	:27193 / NISHANTHI PUSHPA KUMARI WELLAGE
Mobile #	:0557160220
Gender / DOB/Age	:Female / 01-Jan-1982
Nationality	:Sri Lankan

1 of 2

2 of 2