

UNITEONE



Standards We Follow



ALL HOSPITAL SERVICES UNDER ONE ROOF

**UniteOne – India's NABH-Aligned
& ABHA-Enabled HIMS Software**

UniteOne is a comprehensive, paperless Hospital Information Management System (HIMS) designed to streamline healthcare operations and enhance patient care. NABH-compliant and ABHA-enabled, it empowers hospitals with seamless digital workflows, improved efficiency, and better clinical outcomes.

www.UniteOne.in



Short Story

UniteOne stands at the forefront of healthcare innovation as the first Indian software meticulously aligned with the National Accreditation Board for Hospitals & Healthcare Providers (NABH) standards. Designed to seamlessly integrate all aspects of hospital management, UniteOne is a comprehensive platform that enhances efficiency, quality, and patient care in healthcare institutions across India.

Team

AMIT CHAUDHARI

Role: founder, Product Owner

Experience: Over 10 years in IT

Responsibilities: Manages IT teams, delivers high-quality solutions, and is responsible for strategic and expansion decisions.

RAMANAND CHHATAR RAY

Role: Co-founder, Operations Head

Experience: Over 10 years

Responsibilities: Oversee day-to-day operations, optimize processes, manage teams, and ensure timely, efficient, and compliant delivery of services aligned with business goals.

AJINKYA BANSOD

Role: Operations Head

Experience: Over 5+ years

Responsibilities: delivers high-quality solutions, and is responsible for strategic and expansion decisions. sales & marketing management services in health care sectors

SHRIKANT ARDHAPURKAR

Role: Digital Forensic | OWASP Leader | Techno Legal | Fraud Examiner

Experience: Over 10 years

Responsibilities: Provides legal guidance on technology-related issues, drafts and reviews contracts, and advises clients on the legal implications of emerging technologies.





USER 300+



PATIENT
ENCOUNTER
4 LAC+



INSTALLATION
17+



NO.OF BEDS
350+

Differentiators

- Comprehensive healthcare solutions provider dedicated to delivering end-to-end services.
- Our hospital utilizes Audit Modules to systematically review and improve healthcare practices, ensuring compliance with the highest standards.
- We implement Assessment Tool Modules to evaluate and enhance the effectiveness of clinical processes and patient care.
- Continuous education is supported through our Training Module, designed to keep our healthcare staff up-to-date with the latest best practices.
- The SOPs Modules provide standardized operating procedures, ensuring consistency and quality across all hospital operations.
- Task management is streamlined with our Task Modules, enabling efficient tracking and completion of daily responsibilities
- The Minutes of Meeting Module ensures that discussions and decisions made in various committees are properly recorded and available for future reference.
- Our Mobile Application provides easy access to hospital services, allowing patients and staff to manage appointments, access records, and receive updates on the go.
- SMS Integrations ensure that patients and staff are promptly informed about important notifications, reminders, and alerts via text messaging.
- Very easy to use with an innovative, lucid design offering an enhanced user experience.
- Advanced, scalable, highly secure, and web-based solution.
- Utilizes standardized scoring systems, including NABH.
- Recognized as the trusted solution for healthcare facilities, maintaining a 100% retention rate.

Standards We Follow





Software Modules



- Appointments
- Registration
- Billing
- Pharmacy
- OPD & IPD clinical
- Nursing station
- eMRD
- MIS reporting
- SMS management
- Patient queue management
- Duty Roster & Attendance management
- Payroll management
- Store management
- Accounts management/Finance
- OT scheduling
- Laboratory management
- Radiology management
- Device integration

NABH Modules



- Quality Indicator modules
- Audit modules
- Assessment tool modules
- Training module
- SOPs modules
- Task modules
- Documentation module
- Notification's modules
- Minutes of meeting for various
- Committees
- Mobile Application
- SMS integrations





OPD & IPD Clinical

- Comprehensive Consultations
- Workflow built between doctor requests, diagnostic lab, and billing.
- Single screen IPD (Inpatient Department) details per patient.
- Clinical summary is built based on cases.

OPD & IPD NABH

- Average IPD Waiting Time
- Total No. of OPDs
- Average OPD Waiting Time in Hrs.
- IPD Feedback Form
- OPD Feedback Form

Pharmacy

- Pharmacy module is for managing medicines stock, selling and generating medicine bill.
- Patient refill reminders via SMS.
- Nursing indents to pharmacy.



Pharmacy NABH

- Total no of Pharmacy Registration
- Total No. of Item Purchases
- Total No. Of Medication Error
- No. Of Stock Outs

Nursing Station

- A nursing note is a medical note into a medical or health record made by a nurse that can provide an accurate reflection of nursing assessments, changes in patient conditions, care provided and relevant information to support the clinical team to deliver excellent care.





Nursing Station NABH

- Thrombophlebitis Rate
- Hematoma Rate
- Bed Score Rate
- Patient Fall Rate
- Accidental Removal of Drains and Lines Rate
- Injury to Patient Rate

Laboratory Management

- The Clinical Pathology section analyzes body fluids and specimens, covering chemistry, microbiology, and molecular studies, essential for accurate diagnosis and patient care.
- Comparing test parameters on different days for pathology department analysis.
- Discreetly manage inventory and bills, visible only to authorized personnel.

Laboratory Management NABH

- Total No. of Test
- Average Total No. of Test
- No. Critical Alerts
- % Redos
- % Reporting of Error

Radiology Management

- Report validation with digital signature.
- Single/multi-report creation.

Radiology Management NABH

- Total no of Radiology Indicator
- Average (TAT Turn around Time)
- No. Critical Alerts
- Average Critical Alerts Time
- % Reporting of Error





Registration

- Queue Management: Manages tokens and queues efficiently.
- Patient Identification: Utilizes barcode stickers, patient cards, and wristbands.
- SMS Events: Automated SMS events for registration.

Billing

- In Smart Hospital, centralized billing allows staff to generate bills for either a single module or multiple treatments under OPD/IPD using a patient's Case ID, simplifying the billing process.

Payroll Management

- To generate payroll, go to Human Resource > Payroll. Select the role, month, and year, then click "Search" to view the staff list and their salary details.

Store Management

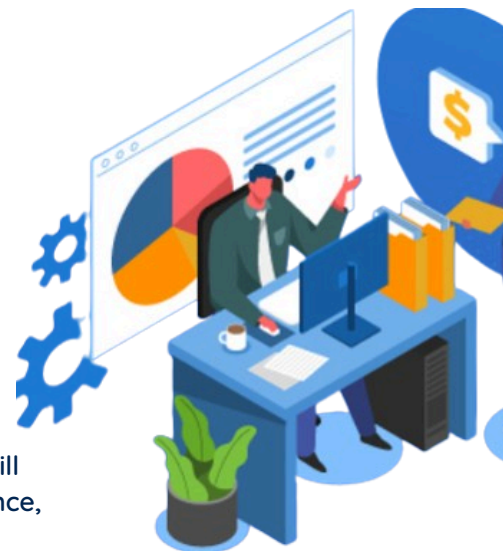
- The Inventory Module maintains inventory records like uniforms and bill books, simplifies equipment tracking, and manages item stocks, issuance, and returns.

Accounts Management/Finance

- Ledger: Income/expense summary ledger.
- Revenue Reports: Patient category-wise and department-wise revenue reports.
- Bank reconciliation and multi-bank cheque printing.

CRM (Customer Relationship Management)

- Feedback Collection: Collect feedback from patients or their relatives.
- Issue Escalation: Allows for the escalation of issues.
- Questionnaire Configuration: Configure questionnaires and generate reports based on data.





Duty Roster & Attendance Management

- **Leave Management:** Manages leave allocation.
- **Comp Off & Shift Scheduling:** Allows comp off, weekly off, and tour allocations. Schedules duty rotas for all employee types.
- **Attendance Tracking:** Tracks attendance using biometric IN/OUT times, with automatic mapping of scheduled rota to actual attendance.
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OT Scheduling

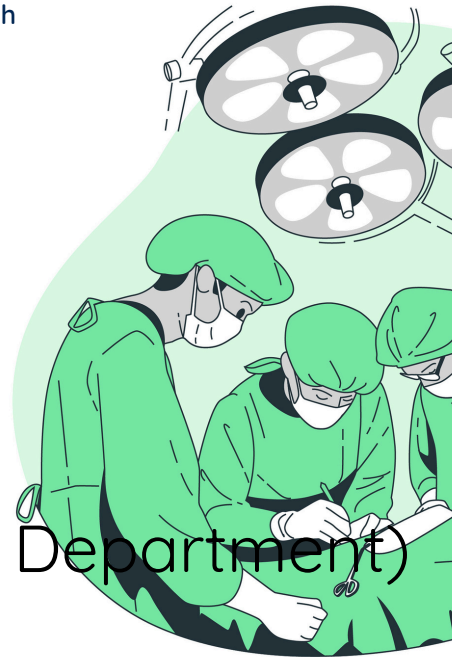
- **Procedure Blocking** restricts OT procedures based on availability, Checklist Management ensures all required items are added through a checklist, and Schedule Override enables adjustments for emergencies or priorities.

Insurance Activity

- The TPA module manages third-party administrators for insurance claims, handling processing and benefits. It helps patients secure significant discounts on hospital charges.

eMRD (Electronic Medical Records Department)

- **Document Scanning:** Scans and attaches additional files to the eMRD.



SMS&WhatsApp Management

- **Event-Based SMS:** Sends SMS based on specific events.
- **Manual SMS & WhatsApp:** Sends manual SMS to patients or departments, including internal communication through WhatsApp-like groups.
- **Web Portal:** Tracks SMS consumption via a web portal.



Purchase Management

- **Rate Contracts:** Manages rate contracts.
- **Quotation Comparisons:** Compares quotations.
- **Requisitions & Orders:** Handles purchase requisitions and orders.
- **Invoice Conversion:** Converts multiple challans to a single invoice.
- **GRNs/SRNs:** Manages goods received and sent notes.
- **Reorder Levels:** Sets reorder levels based on sales and consumption trends.
- **GRN Register:** Maintains a GRN register.

Device Integration

- **Barcode Integration:** Integrates with barcode systems.
- **Biometric Integration:** Integrates biometric systems.
- **Machine Integration:** Semi-automated pathology and full machine integration.
- **Tally Integration:** Integrates with Tally software.
- **Medical Equipment Integration:** Integrates with medical equipment.



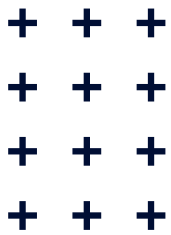
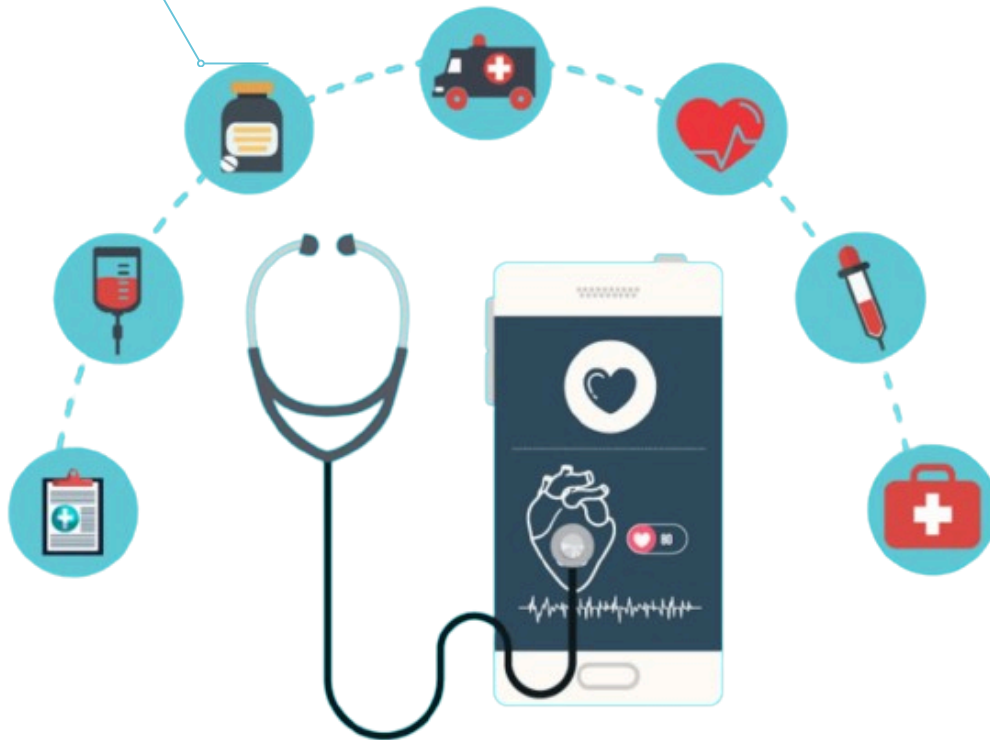
MIS reports

- **MIS Reports:** Provides 100+ MIS reports.
- **Interactive Dashboards:** Offers on-click interactive dashboards for comparative analysis.
- **Day-to-Day Activity Widgets:** Highlights day-to-day activities.
- **Access Control:** Controls access for selective viewing of reports.
- **Export Options:** Provides Excel and PDF formats for detailed and specific viewing of data.



UNITEONE

Android App



Patient App/Doctors App/Staff App



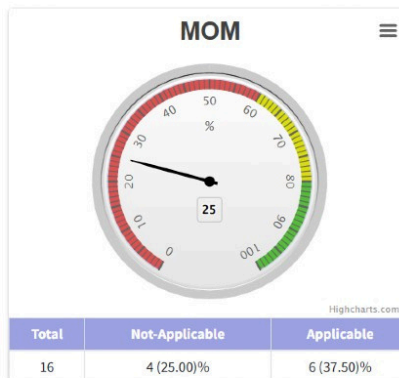
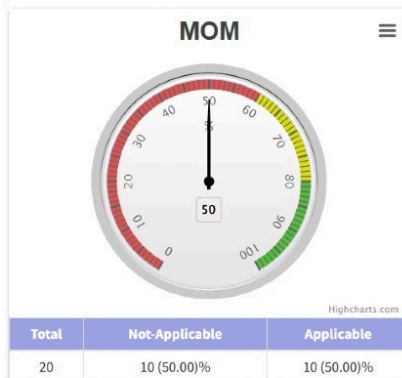
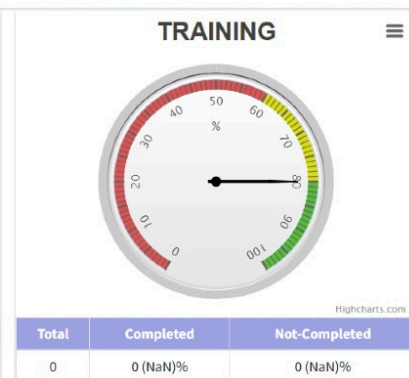
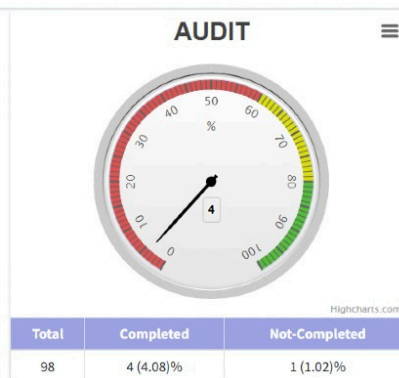
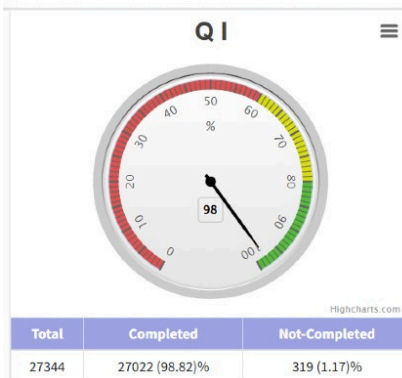
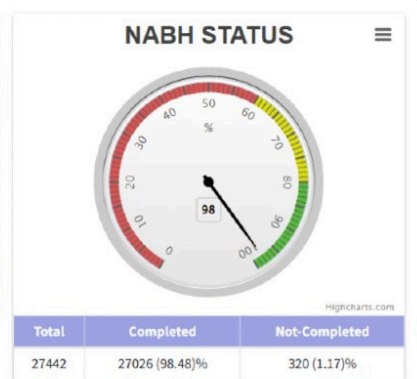
Download Android App



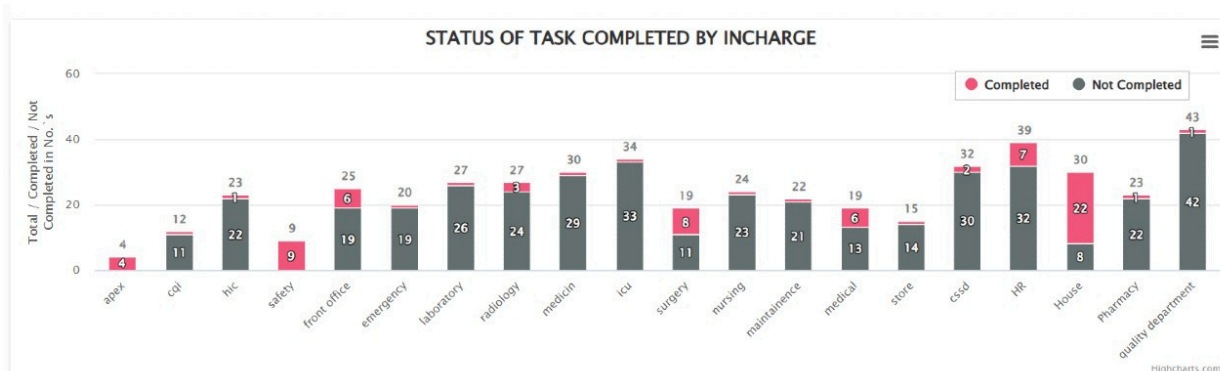
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NABH STATUS			
	Total	Completed	Not-Completed
Quality Indicator	27344	27022	319
Audit	98	4	1
Training	0	0	0
All Total	27442	27026	320



- ### Committee
1. Blood Transfusion Committee
 2. Code Blue Committee (CBC)
 3. Credentialing & Privileging Committee
 4. Drugs And Therapeutic Committee
 5. Infection Control Committee (ICC)
 6. Medical Audit Committee (MAC)
 7. Medical Record Committee (MRC)
 8. Mortality And Morbidity Committee
 9. Ot Committee (OTC)
 10. Purchase Committee
 11. QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE (QAC)
 12. Safety Management Committee (SMC)
 13. Sentinel Events Committee (SEC)
 14. Condemnation Committee





PERFORMANCE OF KEY QUALITY INDICATOR

Sr.No.	INDICATORS	MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1	HOSPITAL UTILIZATION	1. Total No. of Inpatient Days	66	111	110	113	115	94	123	157	158	115	90	17
		2. Total No. of Admissions	52	74	59	59	78	66	79	90	88	61	48	28
		3. Total No. of Discharges	50	74	59	58	75	66	78	89	88	61	47	14
		4. Total No. of DAMA	0	0	0	0	0	0	0	0	0	0	0	0
		5. Total No. of Death	0	0	0	1	0	0	0	0	0	0	0	0
		6. Total No. of MLC	0	0	0	0	0	1	0	0	0	0	0	0
		7. Average Length of stay (in Days)	1.27	1.50	1.86	1.92	1.47	1.42	1.56	1.74	1.80	1.89	1.88	0.61
		8. Total No. of Surgeries	23	30	31	22	48	42	39	39	36	25	20	16
2	INITIAL ASSESMENT TIME	Average Intial Assessment Time in Hrs.	0.21	0.21	0.22	0.18	0.18	0.19	0.22	0.21	0.19	0.19	0.20	0.19
3	VENTILATOR ASSOCIATED PNEMONIA FORM	1. VAP Rate	0	0	0	0	0	0	0	0	0	0	0	0
		2. Total Ventilator Days	0	0	0	0	0	0	0	0	0	0	0	0
		3. Positive VAP	0	0	0	0	0	0	0	0	0	0	0	0
4	CATHETER ASSOCIATED UNRINARY TRACT INFECTION	1. CAUTI Rate	0	0	0	0	0	0	0	0	0	0	0	0
		2. Total Catheter Days	24.00	29.00	70.00	47.00	55.00	40.00	48.00	0	0	0	0	0
		3. Positive CAUTI	0	0	0	0	0	0	0	0	0	0	0	0
5	CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION FORM	1. CLABSI Rate	0	0	0	0	0	0	0	0	0	0	0	0
		2. Total Central Line Days	0	0	0	0	0	0	0	0	0	0	0	0
		3. Positive CLABSI	0	0	0	0	0	0	0	0	0	0	0	0
6	SURGICAL SITE INFECTION FORM	1. SSI Rate	0	0	0	0	0	0	0	0	0	0	0	0
		2. Symptoms Of SSI	0	0	0	0	0	0	0	0	0	0	0	0
		3. Positive SSI	0	0	0	0	0	0	0	0	0	0	0	0
7	BED OCCUPANCY FORM	1. Total No. of Patient	52	74	59	59	78	66	79	90	88	61	48	28
		2. Total No. of Discharge/Dama/Death	45	77	60	57	75	69	77	87	83	67	47	16
8	IPD WAITING TIME FORM	Average IPD Waiting Time	0.34	0.28	0.24	0.24	0.23	0.21	0.21	0.20	2.15	0.22	0.24	0.23
9	OPD WAITING TIME FORM	1. Total No. of OPDs	834	744	831	837	786	797	971	945	871	940	779	513
		2. Average OPD Waiting Time in Hrs.	0.27	0.28	0.29	0.37	0.33	0.30	0.31	1.02	0.39	0.31	0.37	0.41
10	NEEDLE PRICK INJURY FORM	1. No. of Operational Exposure / Needle Prick Injury Incidences	0	0	0	0	0	0	0	0	0	0	0	0
		2. Occupational Exposure Rate / Needle Prick Injury Rate	0	0	0	0	0	0	0	0	0	0	0	0
11	SENTINEL EVENT RELATED TO SURGERY AND ANESTHETIA	1. Total Number of surgeries in the month	22	30	29	21	31	59	40	37	33	24	22	8
		2. Total No of anesthesia given in the month	22	30	29	21	31	59	40	37	33	24	22	8
		3. % of Unplanned return to OT	0	3.33	0	0	0	0	0	0	0	0	0	0
		4. % of resceduling of surgeries	0	3.33	0	0	0	0	0	0	0	0	0	12.50
		5. % of cases where procedure followed to prevent adverse events like (WP/WS/WS)	100.00	100.00	100.00	100.00	100.00	100.00	95.00	100.00	100.00	100.00	100.00	100.00
		6. % of cases where planned surgery changed intraoperatively	0	0	0	4.76	0	0	0	0	0	0	0	0
		7. Reexploration Rate	0	0	0	0	0	0	0	0	3.03	0	0	0
		8. % of adverse events related to surgery	0	0	0	0	0	0	0	0	3.03	0	0	0
		9. Total % of PAC done	104.76	103.45	100.00	105.00	100.00	98.31	100.00	102.78	103.13	104.35	100.00	100.00
		10. % of modification in anesthesia plan	0	0	0	0	0	0	0	2.78	0	0	0	0
		11. % of unplanned ventilation following anesthesia	0	0	0	0	0	0	0	0	0	0	0	0
		12. % of anesthesia related mortality rate	0	0	0	0	0	0	0	0	0	0	0	0
		13. % of adverse anesthesia related event	0	0	0	0	0	0	0	0	0	0	0	0
12	BLOOD TRANSFUSION RELATED EVENTS	1. Average Turn around time for Blood	0.00	0.00	0.07	0.22	0.00	0.09	0.00	0.00	0.00	0.00	0.00	0.00
		2. % of blood transfusion reaction	0	0	0	0	0	0	0	0	0	0	0	0
		3. % of Blood Product Wastage	0	0	0	0	0	0	0	0	0	0	0	0
		4. % of Blood Component Usage	1.00	1.00	2.00	5.00	1.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
13	CARE RELATED EVENTS	1. Thromboplebitis Rate	0	0	9.09	0	0	10.64	0	0	0	0	0	0
		2. Hematoma Rate	0	0	0	0	0	0	0	0	0	0	0	0
		3. Bed Score Rate	15.15	0	0	0	0	21.28	0	0	6.33	0	0	0
		4. Patient Fall Rate	0	0	0	0	0	0	0	0	6.33	0	0	0
		5. Accidental Removal of Drains and Lines Rate	0	0	9.09	0	0	0	0	0	0	0	0	0

[illegible]

फोन : (०२११८) ३६४४२/४३
मोबाइल : ०९९६५५००६५
ई मेल : d@uniteone.com
(ISO 9001: 2008 certified)



Hospital Name

सुपरस्पेशलिटी हॉस्पिटल
एण्ड रिसर्च सेंटर
युनिट ऑफ़ केयर हॉस्पिटल



DISCHARGE SUMMARY

Master Parashuram Kasappa Bandala

UHID-1122424



DOB/AGE : 11 YR / Male
ADDRESS : Magangeri
MOBILE NO : 7259496587
CASE ID : 175656
DISCH. TYPE : Normal
DEPARTMENT : OPD
ADMISSION DATE : 12/08/2024 08:48 AM

REG NO.: IPDN14941

WARD INFO : 420 - RECOVERY 2 - 2nd Floor

DISCH. CONDITION: Normal

CONSULTANT : DR SATISHKUMAR PATIL (R)

DISCHARGE DATE: 12/08/2024 05:00 PM

PAST HISTORY

1=REDUCTION WITH K-WIRE FOR FRACTURE RADIAL HEAD RIGHT ON 09/07/2024

2= IV FLUIDS ,ANALGESICS,ANTIBIOTICS

CHIEF COMPLAINTS

C/C :- Came To Implant (K Wire) Removal

GENERAL EXAMINATION

Patient Is Conscious, Oriented & Afebrile
BP = 120/80mm Of Hg
Pulse : 96/ Min, Regular.

LOCAL EXAMINATION

> No Swelling Over Rt Hand
> Tenderness (+) Over Hand

PROVISIONAL DIGNOSIS

REDUCTION WITH K-WIRE FOR FRACTURE RADIAL HEAD RIGHT

FINAL DIGNOSIS

REDUCTION WITH K-WIRE FOR FRACTURE RADIAL HEAD RIGHT

TREATMENT PLAN

1= IMPLANT (K WIRE) REMOVAL FOR OP/C/O REDUCTION WITH K-WIRE FOR FRACTURE RADIAL HEAD RIGHT UNDER GA/LOCAL ON 12/08/2024

2= ANTIBIOTIC , ANALGESICS, IV FLUIDS

TREATMENT GIVEN

1= IMPLANT (K WIRE) REMOVAL FOR OP/C/O REDUCTION WITH K-WIRE FOR FRACTURE RADIAL HEAD RIGHT UNDER GA ON 12/08/2024

2= ANTIBIOTIC , ANALGESICS, IV FLUIDS



फोन : (०७९८) ३६४४२/४३
मोबाइल : ०९७६५५००६५
ई-मेल : diacare@yahoo.com
(ISO 9001: 2008 certified)



हेकर
सुपरस्पेशलिटी हॉस्पिटल
एण्ड रिसर्च सेंटर
युनिट ऑफ़ केयर हॉस्पिटल

TREATMENT ADVISED/MEDICATION

SR.	Medicine	Frequency	Dose Duration	Instruction
1	LETROZOLE 2.5 MG Tab	1-0-0	Daily For 1 Month	OD (दिन में एक बार)
2	SHELCAL 500 Tab	0-0-1 (HS)	Daily For 1 Month	OD (दिन में एक बार)

PHYSIOTHERAPY & INSTRUCTIONS

BED REST
AVOID EXERTION

CONDITION ON DISCHARGE

HAEMODYNAMICALLY STABLE .

FOLLOWUP DATE & TIME

16/01/2025 12:30 PM

Doctor Signature

(Prepared by : Medical Officer)

DR. THIMESHWARI MESHRAM

Doctor Signature & Stamp

(Authorized by)

Discharge Instructions

1. In Case of any Emergency please contact the Hospital Emergency Number: 91 71822 36442 or visit our emergency department. किसी भी आपात स्थिति में कृपया अस्पताल आपातकालीन नंबर: +91 71822 36442 पे संपर्क करें या हमारे आपातकालीन विभाग पर जाएं।
2. Declaration by guardian of the patient: Copy of the above -mentioned instructions have been received and understood. Reports, Old papers and documents have been received and verified. मरीज के अभिभावक द्वारा घोषणा: उपर्युक्त निर्देशों की प्रति प्राप्त हुई और समझ गई. रिपोर्ट, पुराने कागजात और दस्तावेज़ प्राप्त हो गए हैं और सत्यापित हो गए हैं।

Signature Of Patient : -----

Name Of Relatives : -----

Signature Of Relatives : -----

Relation With Patient : -----





फोन : (०७९८) ३६४४२/४३
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युनिट ऑफ़ केयर हॉस्पिटल

OPD Case Summary

Case ID	: 176551		
Regi. No.	: 161627	Date	: 17/08/2024
Patient Name	: Mr.Vishwjeet Vijay Ghatge	Scheme Name	:
Complaints	: C/c Pain & swelling over clavicle right left -----hours days Restricted movements of right left shoulder since ----hours days. Abnormal prominence (+) lateral end of clavicle ROM of left right shoulder H/o Fall -----hours days back in form of ----- H/o RTA -----hours days in form of -----		
Past History	: NO ANY K/C/O HTN AND DM AND COPD AND IHD		
General Examination	: Pt is consciousness , co-operative B.P. 120/70 mm of Hg Pulse 84/min		
Systematic Examination	: NAD		
Local Examination	: Tenderness (+) over lateral end of clavicle left right Abnormal prominence (+) lateral end of clavicle ROM of left right shoulder painful and restricted No DNVD		
Provisional Diagnosis	: FRACTURE LATERAL END CLAVICLE		
Investigation Advice	:		
Final Diagnosis	: FRACTURE LATERAL END CLAVICLE		
Investigation Done	:		
Treatment Advice	:		
Next Follow up	:		



फोन : (०७१८) ३५४४२/४३
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ई-मेल : clinic@uniteone.com
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एडवर्ड रिसर्च सेंटर
युनिट ऑफ़ केयर हॉस्पिटल



Prescription OPDP50

Date : 17/08/2024

OPD ID	OPDN161626	UHID	UHID-1124169
Patient Name	Sachin Sambha Chavan (124169)	Age / Gender	30 Year / Male
Address	Herekud	WT : HT :	
Consultant Doctor	DR SATISHKUMAR PATIL (S) (PIOS1583)	Phone	9606678072

Sleep : -

Anorexia : -

Constipations : -

Stress
NOPulse
180BP
120SpO₂
80S₁S₂
90Chest
NAPA
NAEdema
NAb/L DPA
NAh/o Covid
NAf/h/o
NA

Addictions:

Tobacco +
Alcohol - Occasional,
Daily, ++
SMoking - +, ++, 20
bidis/day

K/C/O:

CHEST PAIN since 2 days

associated with Sweating + -, SOB + -, Radiation to arms + -, Exertional SOB + - NYHA class 2'
Exertional angina + -, Pedal edema + -, Giddiness

Finding:

Rosacea

Rosacea (roe-ZAY-she-uh) is a common skin condition that causes blushing or flushing and visible blood vessels in your face. It may also produce small, pus-filled bumps. These signs and symptoms may flare up for weeks to months and then go away for a while.

Complaints:

Chest pain since last 4 days

Cough, Cold since last 3 days

Fever with Chills since last 2 days

SOB on exertion since last 5 days

Pathology

Tests

CBC, VDRL TEST - TPHA,

Radiology

Tests

Part Of Investigation

Xray

chest

MRI

Right Brain

Drugs

#	Category	Medicine	Frequency	Duration	Instruction
1	Syrup	Benadryl	1 (ML)	4 times a day	1 Month

Prescription Medications:

#	Category	Medicine	Frequency	Dose Duration	Instruction
1	Cap	ECOSPRIN / AV (75/10)	0-1-0	1 Month	AFTER FOOD
2	TAB	ANGIWELL 2.6mg	8am - 4pm	1 Month	
3	TAB	KORANDIL 5mg	1-0-1	1 Month	
3	TAB	PANROM 40 mg	1-0-0	1 Month	1/2 hr Before food

Special Instructions:

Fluid 1.5 litres/day, Low protein diet



फोन : (०७९८) ३६४४२/४३
मोबाइल : ०९७६५५००६५
ई-मेल : diacare@yahoo.com
(ISO 9001: 2008 certified)



Hospital Name

सुपरस्पेशलिटी हॉस्पिटल
एण्ड रिसर्च सेंटर
युनिट ऑफ केयर हॉस्पिटल

DR. AMIT CHAUDAHRI

MBBS, D.G.O.D.N.B, FIMCH
Obstetrician, Gynaecologist & Sonologist

OPD Timing: Mor: 10 am to 2 pm & Eve: 6.30 to 8 pm

UHID
Consultant Doctor

UHID-100:448
DR. NITU SINGH, DGO DNB
(HNAN002)
Shila Mitkar (1448)

OPD ID
Date

OPDN1426
2024-10-17 12:38:41 PM

Patient Name
Husband Name
Husband Occupation
Husband's Mob.
Religion

Age / Gender
Age
Wife Occupation
Wife Mob.
Aadhra Card No

22 Year / Female

N/A

Chief Complaint:

C/o Cough Cold since 2 days
Associated with Expectoration - White/ Yellow
Not associated with expectoration
Associated with Fever - with chills/ without chills
Associated with sore throat

Examinations

BP: 120/80 mmHg Wt: 58kg kg Temp: 97 °C
GC: fair (General Condition)
Pulse: 76/min bpm
Pallor: Nad Edema test: NO
CUS/RS: Nad

P/A:

P/A: Uterus 38 Weeks
absent
ROA FHS+Regular 100/min
Vertex fixed Uterine contraction Present

P/S:

P/A: Uterus 36 week
ROA FHS+Regular 134/min
UC++

P/V:

OS closed, partially effaced
Membrane++

Diagnosis:

primi withn lps

Rx

	Medicine	Frequency	Duration	Instruction
1	Augmentin 625 BD	10.00AM-10.00PM	Daily For 2 Days	दिन में दो बार

Follow Up Date: 20/10/2024

Special Instructions

Review after one month for check up



फोन : (०७९८) ३६४४२/४३
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UHID
Consultant Doctor

UHID-1001448
DR. NITU SINGH, DGO DNB
(HNAN002)
Shila Mitkar (1448)

OPD ID
Date

OPDN1426
2024-10-17 12:38:41 PM

Patient Name
Husband Name
Husband Occupation
Husband's Mob.
Religion

Age / Gender
Age
Wife Occupation
Wife Mob.
Aadhra Card No

22 Year / Female

N/A

History:

Caesarean Section, Bad obstetric history, Intertity, Congenital anomalies,
Forcep/vacuum, Blood Trims.

Menstrual history

LMP: 01/10/2024

E.D.D: 08/07/2025

E.D.D (corrected by USG):
22/10/2024

High Risk Factor: Bad obstetric history, Blood Trims.

Any Other: nad

Obstetric History:

Sex & Age of child	Type of delivery	Immunized	Anomaly/Problem any
1 Primi			
2 g2p111 1st male child 1 year	LSCS	done	

Medical History: Nil

Surgical History: TL Done

Family History:

Diabetes.

Any Other: Nad

Allergy: Inj xone

Investigations:

Blood Group Patient: O+

Blood Group Husband:

Hb Electrophoresis by HPLC method: NIL

Test	Date(06/10/2024)	Date()	Date()	Test	Status
Hb%	10gms			HBsAg	Negative
Urine(R)	NAD			HIV	Negative
Sr.TSH	2.3			V.D.R.L	Negative
OGCT	1.9				
Blood-F	2.6				
Sugar-PM	183				



PIH Profile:

KFT : done

Coagulation
Profile
Sr. Uric Acid

Urine Albumin:

Special Investigation:

Double Marker : done

Triple Marker : done

Quadruple Marker :

Ultrasonography:

Viability Scan :

NT Scan : DOne

Anamoly Scan :

Fetal Echo :

Growth Scan :

Vaccination:

Inj Tdp : done on 1/9/2024

1st

dose

Inj Tdp :

2 nd

dose

Flu shot :

Special Instructions:

Review after one month for check up





फोन : (०८११८) २६४२२/२३
मोबाइल : ९९७६५५००६५
ई मेल : drachandrashekar@gmail.com
(ISO 9001:2008 certified)



Hospital Name
सुपरस्पेशलिटी हॉस्पिटल
एनड रिसर्च सेंटर
मुंबई डॉक केमर इंडियन



Patient Name : **Mr. Vedprakash Kole (UHID-1001607)** Report ID : **483**
Reference : **Dr.CHNDRASHEKAR RANA MS(ENT)** Regi. Date : **24/12/2024 03:05 PM**
Age / Sex : **42 / Male** Sample Collected on : **24/12/2024 03:06 PM**
Mobile No. : **9422152643** Report Released on : **24/12/2024 03:07 PM**


REPORT ON HAEMATOLOGICAL TESTS

INVESTIGATIONS	Result	Unit	NORMAL VALUE
RED BLOOD CELLS COUNT			
HAEMOGLOBIN	13.0	g/dl	12 to 16
HCT	41.9	%	35 To 50
RBC COUNT	5.45	mili/cumm	3.8 To 5.8
MCV	76.9	fl	80 To 97
MCH	23.8	pg	26.3 To 33.5
MCHC	31.0	g/dl	31.5 To 36.5
RDW	15.7	%	10 To 16
WHITE BLOOD CELL COUNT			
WBC COUNT	6.2	/cumm	4000 To 11000
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	54	%	40 TO 75
LYMPHOCYTES	38	%	23 To 45
EOSINOPHILS	2	%	1 To 6
MONOCYTES	6	%	1 To 10
BASOPHILS	0	%	To 1
THROMBOCYTES COUNT			
PLATELETS COUNT	179	/cumm	150000 To 450000

-----End Report -----
* Please Correlate with Clinical Condition



Deepak
Mr. Deepak patle
DMLT

Varsha
Dr. Varsha Rahangdale
MBBS, MD (Pathologist)
Reg No.: MC1/13-52076





**PLOS Medilinks Pvt
Ltd Jaysingpur**



**Bahekar Superspeciality
Hospital Gondia**



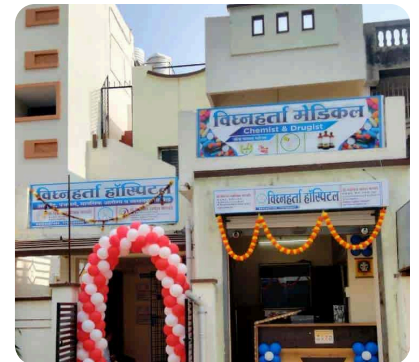
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Hospital Nagpur**



**Apulki Vairagade
Hospital ,Nagpur**



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Hospital, Yavatmal**



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