EZZ



एशोसिएसन अफ मेडिकल डक्टर्स अफ एसिया नेपाल जि.प्र.का. काठमाण्डौ द.नं. ३२१/०४७/०४८

(AMDA-Nepal)

स.क.प.द.नं. १०००२

पान नं. ३०१७८९७०५

ठेगानाः गोकर्णेश्वर नगरपालिका - ६

जोरपाटी, काठमाण्डौं

च.न. 006639

मितिः २०७६।०५।०२

श्रीमान् कार्यालय प्रम्खज्यू जिल्ला जनस्वास्थ्य कार्यालय काठमाण्डौं ।

विषयः माशिक प्रतिवेदन ।

महोदय.

आम्दा नेपाल द्वारा सञ्चालित आम्दा नेपाल शिमाजु डेन्टल क्लिनिकको "२०७६ साल साउन महिना" को माशिक प्रतिवेदन यसै पत्रसाथ संलग्न गरी पठाईएको व्यहोरा जानकारी साथ अन्रोध छ।

निरन्तर सहयोग र समझदारीका लागी हार्दिक धन्यवाद ।

मुख्य प्रशासक

SILVA-11 ODII OULX WAN BINGL BILLE

			Hea	lth Manage	ment Inf	ormati	on System				
	Hospital Monthly Reporting Form						OWNERSHIP TYPE NG		7/00		
	AUIDA-Nejal Shimazurban Pal Clinic										
AUDA-Nejal Shiwazuland Clinic							VAT/PAN No. 30		2068851		
scal Year:	207 💪 / 207	7.3						Health Facility Code:			
eference No:							Dispatched Date:	02	/ 05	/ 207	
O DPHO							Received Date:	3	15	/ 207	
Jeku,	Kellene	undy							Sanctioned		7. 207
ubject: Submission of Monthly Report on Hospital Services: Shrawan Month, 207.6 Year.						Number of Beds	Operational				
Hospital Services Emergency Services							Total Patients Admitted				
Age Group	ge Group New Clients Served		Total Clie	Total Clients Served			Total Inpatient Service Days				
	Female	Male	Female	Male	Fer	nale	Male	Diagnostic/Othe	Unit	Numbe	
0 - 9 Years			3 5					X-ray		Number	30
10 - 19 Years			7	8	-			Ultrasonogram (USG)		Number	30
20 - 59 Years	38	34	38	34				Echocardiogram (Echo)		Number	-
≥ 60 Years	-2	15	2	15] [Electro Encephalo Gram (I	EG)	Number	+
Free Service Received by Impoverished Citizen Female Male ORC Clinics/FCHV Planned / Conducted/ Total No. Report Received					No. of Clients	Electrocardiogram (ECG)	Number				
eart		PHC Outreach				Trademill		Number			
idney			Immunization Clinic					Computed Tomographic (Number	1	
incer			Immunization	Session				Magnetic Resonance Imag	ing (MRI)	Number	
ead Injury	· · · · · · · · · · · · · · · · · · ·	-	FCHV					Endoscopy		Persons	
inal Injury					1	Referred	Out	Colonoscopy		Persons	
zheimer			Referrals	Referral In	Outpatien			Nuclear Medicine		Persons	
ırkinson			Female			(pat)	- Lineigency	Total Preventive service Pr	ovided	Persons	
kle Cell Anaemi	a		Male					Total Laboratory service P	rovided	Persons	
epared By								Other Service Provided (if		Persons	
me of Medica	l Recorder							Si	proved by gnature (ame of Hospital	19 Car	d- 1/0:



				_	nent Informati	,						
Hospital Monthly Reporting Form									1000 L			
	A	upa-Ne	rive this	uzu De	In clini				enter	- \		
Auga-reput shing Lender Cinic, Hospital									0178270	782702		
Fiscal Year:	207 6 . / 207 3 .						Health Facility Code:					
Reference No:							Dispatched Date: 0 2		2/05	/ 207		
TO DPMO							Received Date:		/	/ 207		
Texu Kalturandi Subject: Submission of Monthly Report on Hospital Services: Mon					· • •		No. and Day to	Sanction	ed			
Subject: Submis	sion of Montl	hly Report or	Hospital Serv	ices : State a.C.	Month, 2076.	Year.	Number of Beds	Operation	nal			
					Carette company of the							
Hospital Services					Emergence	y Services	Total Patients Admitted					
Age Group	New Clients Served		Total Clients Served		Total Clients Served		Total Inpatient Service Days					
	Female	Male	Female	Male	Female	Male	Diagnostic/Other	r Services	Unit	Numb		
0 - 9 Years	3	5	3	5				ESOCIATIONS				
10 - 19 Years	7	8	7	8			X-ray		Number	133		
20 - 59 Years	38	34	38	34			Ultrasonogram (USG)		Number			
≥ 60 Years	2	15	2	15			Echocardiogram (Echo)		Number			
						No. of Clients	Electro Encephalo Gram (EEG)		Number			
Free Service Received by Female Male			ORC Clinic	s/FCHV Planned Total	Electrocardiogram (ECG)		Number					
Heart			PHC Outreach Clinic				Trademill		Number			
Kidney			Immunization Clinic				Computed Tomographic (CT) Scan		Number	1		
Cancer			Immunization Session				Magnetic Resonance Imaging (MRI)		Number			
Head Injury			FCHV				Endoscopy		Persons			
pinal Injury			Referred Out				Colonoscopy		Persons			
Alzheimer			Referral in Outpatient In-tpatient Emergency Female				Nuclear Medicine		Persons			
Parkinson							Total Preventive service Provided		Persons			
iickle Cell Anaemia			Male				Total Laboratory service P	rovided	Persons			
Tenared By						Other Service Provided (if	Persons					
)						A	pproved by	wax,			
ignature							Si	gnature /	(V) (X)			
اame of Medica عصامر لـ		`					N	ame of Hosp	ital Superinter	ndent/ Di		