

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

(AMDA-Nepal)

स.क.प.द.नं. १०००२ पान नं. ३०१७८९७०५

ठेगानाः गोकर्णेश्वर नगरपालिका - ६ जोरपाटी, काठमाण्डौं

च.न. 006758

मितिः २०७६।०७।०३

श्रीमान् कार्यालय प्रम्खज्यू जिल्ला जनस्वास्थ्य कार्यालय काठमाण्डौं ।

विषयः माशिक प्रतिवेदन ।

महोदय,

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

निरन्तर सहयोग र समझदारीका लागी हार्दिक धन्यवाद ।

भवदीय MDA-Net मुख्य प्रशासक

GON_DPHO_Monthly Report_PLM

			Hea	th Manager	ment Inforn	nation System					
			^	Hos	Reporting Form	OWNERSHIP TYPE	N	NGO.			
	Hospital Monthly Repo Auri) A-Nepal Shimazu Lould Cini Pear: 2076. / 2077.						FACILITY TYPE		Fall		
· · · · · · · · · · · · · · · · · · ·			7 7	VAT/PAN No.	VAT/PAN No. 301		189705				
Fiscal Year:	207 6 . / 20	7 🕽		3001. B.	Health Facility Code:	Health Facility Code:		560			
Reference No:	No:						Dispatched Date: 04		107	/ o) / 207 6	
LO .D. P. 140							Received Date:	·	/	/ 207	
Texu, Ko Subject: Submis	turand	hly Panart on	Hospital Convi	Number of Beds Sanctioned							
	SION OF WORK	my keport on	nospitai servi	res	wionth, 20	07. 6 Year.		Operational			
	Н	ospital Service	es	Total Patients Admitted	Total Patients Admitted						
Age Group	New Clier	nts Served	Total Clie	nts Served	Total	Clients Served	Total Inpatient Service	Total Inpatient Service Days			
	Female	Male	Female	Male	Female	Male	Diagnostic/Othe	Services	Unit	Number	
0 - 9 Years	<u> </u>	77	7	<u> </u>			X-ray		Number	20	
10 - 19 Years	3	4	3	4						<u> C 0 </u>	
20 - 59 Years	15	7 7	15	1 7			Ultrasonogram (USG)		Number		
≥ 60 Years	3	5	7	5			Echocardiogram (Echo)		Number		
					od /		Electro Encephalo Gram (EEG)		Number		
Free Service Received by Impoverished Citizen Female Male				/FCHV Planni Tota			Electrocardiogram (ECG)		Number		
Heart			PHC Outreach	Clinic			Trademill		Number		
Kidney			Immunization	Clinic			Computed Tomographic (CT) Scan		Number		
Cancer			Immunization	Session			Magnetic Resonance Imaging (MRI)		Number		
Head Injury			FCHV				Endoscopy	Endoscopy			
Spinal Injury					Po	ferred Out	Colonoscopy	Colonoscopy			
Alzheimer			Referrals Referral In Outpatient			-tpatient Emergenc	Nuclear Medicine		Persons		
Parkinson			Female		Outpatient II	-thatient Emergent	Total Preventive service P	rovided	Persons		
Sickle Cell Anaemi	a		Male				Total Laboratory service P	rovided	Persons		
Prepared By					I [Other Service Provided (if		Persons		
Signature Name of Medica	Recorder) 0 n				•	Si	pproved by gnature ame of Hospita	Superinten	dent/ Direct	

	-			Healt	h Manager	ment Info	rmatio	on System			_	
Hospital Monthly Reporting Form AWDA-Nejla Shiwazullandar Chini Chospital Fiscal Year: 2078. / 2073							orting Form	OWNERSHIP TYPE FACILITY TYPE VAT/PAN No. 301		Lectal 205051	Sental NOTO	
Fiscal Year: 207 6 / 207 🕽						in the			Health Facility Code:		1 1 1	T
Reference No:						1			Dispatched Date:	04	60 \	/ 207 G
TO 129 14.0									Received Date:		/ 03	/ 207
Teku, K. Subject: Submis	Struitsion of 1	ب ە سر Monthly	Report on	Hospital Servic	es: Ashor	Month,	2076	. Year.	Number of Beds	Sanctioned Operationa		7 207
		AL EXPLOREMENT	oital Service			3 Guardan and Alberta		Services	Total Patients Admitted			
	New Clients Served			Total Clien	То	tal Client	ts Served	Total Inpatient Service Days				
Age Group	Female M		Male	Female	Female Male		Female Male		Total inputeric service a	uy5		
0 - 9 Years	<u>-</u>								Diagnostic/Other	Services	Unit	Number
10 - 19 Years					· · · · · · · · · · · · · · · · · · ·				X-ray		Number	20
20 - 59 Years						 			Ultrasonogram (USG)		Number	
	····································					l		· · · · · · · · · · · · · · · · · · ·	Echocardiogram (Echo)		Number	
≥ 60 Years									Electro Encephalo Gram (E	EG)	Number	
Free Service Received by Impoverished Citizen		Femal	e Male	ORC Clinics/	FCHV Planno Tota		nducted/ ort Received	No. of Clients Served	Electrocardiogram (ECG)		Number	
Heart				PHC Outreach Clinic					Trademill		Number	
Kidney				Immunization C	linic				Computed Tomographic (C	·	Number	
Cancer			+	Immunization S	ession				Magnetic Resonance Imagi	ng (MRI)	Number	
Head Injury				FCHV			·		Endoscopy		Persons	
Spinal Injury Alzheimer						Referred Out		Out	Colonoscopy		Persons	
				Referrals Referral In				ent Emergency	Nuclear Medicine		Persons	
Parkinson		1		Female	224				Total Preventive service Pro		Persons	
Sickle Cell Anaemi	a	<u> </u>		Male					Total Laboratory service Pr	ovided	Persons	·····
Prepared By)	1		L	L	1	1		Other Service Provided (if a		Persons	
Signature Name of Medica		ler \	^				•		Sig	proved by nature me of Hospit	al Superintend	ent/ Direct