



एशोसिएसन अफ मेडिकल डक्टर्स अफ एसिया नेपाल
(AMDA-Nepal)

जि.प्र.का. काठमाण्डौं द.नं. ३२१/०४७/०४८
स.क.प.द.नं. १०००२
पान नं. ३०१७८२७०५
ठेगाना: गोकर्णेश्वर नगरपालिका - ६
जोरपाटी, काठमाण्डौं

च.न. ००६७५८

मिति: २०७६।०७।०३

श्रीमान् कार्यालय प्रमुखज्यू
जिल्ला जनस्वास्थ्य कार्यालय
काठमाण्डौं ।

560

विषय: 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 अनुरोध छ।

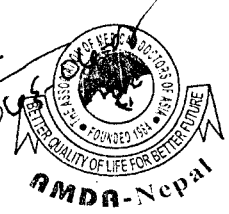
निरन्तर सहयोग र समझदारीका लागि हार्दिक धन्यवाद ।

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Punz

भवदीय,



सुदेश रेग्मी
मुख्य प्रशासक



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Punz

GON_DPHO_Monthly Report_PLM

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Health Management Information System

Hospital Monthly Reporting Form

AmDA-Neel Shimazur Nanda Clinic, Hospital

OWNERSHIP TYPE		NGO	
FACILITY TYPE		Nanda	
VAT/PAN No.		301989705	
Health Facility Code:		560	
Dispatched Date:		04 / 07 / 2076	
Received Date:		/ / 207...	
Number of Beds	Sanctioned		
	Operational		

Fiscal Year:	2076 / 2077
Reference No:	

To *DPHO*

Tezu, Kathmandu

Subject: Submission of Monthly Report on Hospital Services : *Ashej* Month, 2076.. Year.

Hospital Services				
Age Group	New Clients Served		Total Clients Served	
	Female	Male	Female	Male
0 - 9 Years	1	11	1	11
10 - 19 Years	3	4	3	4
20 - 59 Years	15	11	15	11
≥ 60 Years	3	5	3	5

Emergency Services	
Total Clients Served	
Female	Male

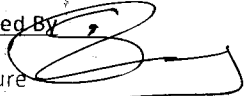
Total Patients Admitted	
Total Inpatient Service Days	

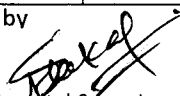
Diagnostic/Other Services	Unit	Number
X-ray	Number	20
Ultrasonogram (USG)	Number	
Echocardiogram (Echo)	Number	
Electro Encephalo Gram (EEG)	Number	
Electrocardiogram (ECG)	Number	
Trademill	Number	
Computed Tomographic (CT) Scan	Number	
Magnetic Resonance Imaging (MRI)	Number	
Endoscopy	Persons	
Colonoscopy	Persons	
Nuclear Medicine	Persons	
Total Preventive service Provided	Persons	
Total Laboratory service Provided	Persons	
Other Service Provided (if any)	Persons	

Free Service Received by Impoverished Citizen	Female	Male
Heart		
Kidney		
Cancer		
Head Injury		
Spinal Injury		
Alzheimer		
Parkinson		
Sickle Cell Anaemia		

ORC Clinics/FCHV	Planned / Total No.	Conducted / Report Received	No. of Clients Served
PHC Outreach Clinic			
Immunization Clinic			
Immunization Session			
FCHV			

Referrals	Referral In	Referred Out		
		Outpatient	In-tpatient	Emergency
Female				
Male				

Prepared By 
 Signature _____
 Name of Medical Recorder *Subark Dulp*

Approved by _____
 Signature 
 Name of Hospital Superintendent/ Director

Health Management Information System

Hospital Monthly Reporting Form

AWDA-Wej of Shingaz Dental Clinic Hospital

OWNERSHIP TYPE	Private NGO
FACILITY TYPE	Dental
VAT/PAN No.	301989705

Fiscal Year:	2076.. / 2077
Reference No:	

Health Facility Code:	
Dispatched Date:	04 / 07 / 2076
Received Date:	/ / 207...

To *D.P.H.O.*
Teku K. Kattumandu

Subject: Submission of Monthly Report on Hospital Services : *Ashoj* Month, 2076... Year.

Number of Beds	Sanctioned	
	Operational	

Hospital Services				
Age Group	New Clients Served		Total Clients Served	
	Female	Male	Female	Male
0 - 9 Years				
10 - 19 Years				
20 - 59 Years				
≥ 60 Years				

Emergency Services	
Total Clients Served	
Female	Male

Total Patients Admitted	
Total Inpatient Service Days	

Diagnostic/Other Services	Unit	Number
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		Outpatient	In-tpatient	Emergency
Female				
Male				

Prepared By *[Signature]*
Signature
Name of Medical Recorder
Subash D. D.

Approved by *[Signature]*
Signature
Name of Hospital Superintendent/ Director