



५६०  
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. ३०१७८९७०५  
ठेगाना: गोकर्णेश्वर नगरपालिका - ६  
जोरपाटी, काठमाण्डौं

च.न. 006785

मिति: २०७६।०८।०२

श्रीमान् कार्यालय प्रमुखज्यू  
जिल्ला जनस्वास्थ्य कार्यालय  
काठमाण्डौं ।

विषय: माशिक प्रतिवेदन ।

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

निरन्तर सहयोग र समझदारीका लागि हार्दिक धन्यवाद ।

भवदीय  
2076-07-02  
सुदेश रेग्मी  
मुख्य प्रशासक



ok  
(B)

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Health Management Information System

Hospital Monthly Reporting Form

ANPA-Nepal Shimazu Dental Clinic Hospital

Fiscal Year: 2076 / 2077  
 Reference No:

To: DPHO  
 Teku, Kathmandu

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

OWNERSHIP TYPE: NGO  
 FACILITY TYPE: Dental  
 VAT/PAN No.: 301789705  
 Health Facility Code:  
 Dispatched Date: 03 / 08 / 2076  
 Received Date: / / 207...  
 Number of Beds: Sanctioned / Operational

Hospital Services				
Age Group	New Clients Served		Total Clients Served	
	Female	Male	Female	Male
0 - 9 Years	2	3	2	7
10 - 19 Years	2	1	2	1
20 - 59 Years	14	10	23	13
≥ 60 Years	1	9	1	11

Emergency Services	
Total Clients Served	
Female	Male

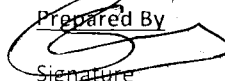
Total Patients Admitted  
 Total Inpatient Service Days

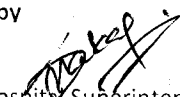
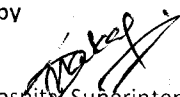
Diagnostic/Other Services	Unit	Number
X-ray	Number	32
Ultrasonogram (USG)	Number	
Echocardiogram (Echo)	Number	
Electro Encephalo Gram (EEG)	Number	
Electrocardiogram (ECG)	Number	
Trademill	Number	
Computed Tomographic (CT) Scan	Number	
Magnetic Resonance Imaging (MRI)	Number	
Endoscopy	Persons	
Colonoscopy	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: Subash  
 Name of Medical Recorder: Subash

Approved by:   
 Signature:   
 Name of Hospital Superintendent/ Director

2076/12/18

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Health Management Information System

Hospital Monthly Reporting Form  
 ANOA-Nepal Shingzu Herbal Clinic Hospital

Fiscal Year: 2076 / 2077

Reference No:

To DPHO

Teju, Kathmandu

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

OWNERSHIP TYPE	NGO
FACILITY TYPE	Herbal
VAT/PAN No.	301789705
Health Facility Code:	
Dispatched Date:	03 / 08 / 2076
Received Date:	/ / 207...
Number of Beds	Sanctioned
	Operational

Hospital Services				
Age Group	New Clients Served		Total Clients Served	
	Female	Male	Female	Male
0 - 9 Years	2	3	2	7
10 - 19 Years	2	1	2	1
20 - 59 Years	14	10	23	13
≥ 60 Years	1	9	1	11

Emergency Services	
Total Clients Served	
Female	Male

Total Patients Admitted	
Total Inpatient Service Days	

Diagnostic/Other Services	Unit	Number
X-ray	Number	32
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  
 Subrah

Approved by  
 Signature  
 Name of Hospital Superintendent/ Director