

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

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मितिः २०७६।०८।०२

श्रीमान् कार्यालय प्रमुखज्यू जिल्ला जनस्वास्थ्य कार्यालय काठमाण्डौं ।

विषयः 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 अन्रोध छ।

निरन्तर सहयोग र समझदारीका लागी हार्दिक धन्यवाद ।

स्देश रेग्मी

म्ख्य प्रशासक

			Heal	th Managei	ment Info	rmatio	n System					
			^	OWNERSHIP TYPE		GO -						
Hospital Monthly Reporting Form Au 1) A-Ne Jul Shimazan Landa Cini Hospital								FACILITY TYPE		Collin	Doll	
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iscal Year:	207 🕻 / 20	7 .}.	•		Health Facility Code:							
eference No:				Dispatched Date: 03		1 08	7 207 (
126HO								Received Date:			1/207.	
Teku, K	warethe	رلم ،							Sanctioned	1	15.7	
			Hospital Servic	es: Karti	Month,	207.6	Year.	Number of Beds	Operationa			
	Ĥ	ospital Servic	es		En	nergency	Services	Total Patients Admitted	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Age Group	New Clier	nts Served	Total Clier	its Served	Total Clients Served			Total Inpatient Service Days				
	Female Male			Female Male		Female Male		Diagnostic/Other Services		Unit	Numbe	
0 - 9 Years	2	3	2					X-ray		Number	32	
10 - 19 Years	2		2	1				Ultrasonogram (USG)		Number	134	
20 - 59 Years	14	70	23	13							-	
≥ 60 Years L			1			Echocardiogram (Echo)		Number	ļ			
TAS AS TO A PART	L			/scruz Plann	ed / Co	inducted/	No. of Clients	Electro Encephalo Gram (I	EEG)	Number	 	
Free Service Rece	I ⊦en	nale Male	ORC Clinics,	H(HX/ · I		ort Received	Served	Electrocardiogram (ECG)		Number		
leart			PHC Outreach				Trademill		Number			
Kidney			Immunization (Clinic				Computed Tomographic (CT) Scan		Number		
encer			Immunization	Session				Magnetic Resonance Imaging (MRI)		Number		
ead Injury			FCHV					Endoscopy		Persons		
pinal Injury				7.8	Referred Out			Colonoscopy		Persons		
Izheimer		Referrals	Referral In	Outpatient		nt Emergency	Nuclear Medicine		Persons			
arkinson			Female	<u> </u>	Jucputient	in-tpatiei	Linergency	Total Preventive service P	rovided	Persons		
ckie Céli Anaem	ia		Male		100		-	Total Laboratory service P	rovided	Persons		
repared By			J L		+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Other Service Provided (if		Persons		
enature ame of Medica	Seconder ()						Si	pproved by gnature ame of Hospita	Superinten	dent/ Dire	

2010/17/8

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	Hospital Monthly Reporting Form AUNA-Nejal Shi wazu Lowlal Chini C Hospital											who	
										Health Facility Code:		1787705	· · ·
scal Year: 207 6 . / 207 🔭								Dispatched Date: 03		1 2 5 1			
OHIGO										Received Date:	03	/08	/ 207
	•									Received Date.		/ T	
ieku, Kaltunaudy								Number of Beds	Sanctioned		•		
bject: Submission of Monthly Report on Hospital Services: Karty Month, 207.6 Year.									Operational				
	W 4.5	Hospita	al Service	S			En	nergenc	y Services	Total Patients Admitted			
Age Group	New Clients Served Female Male 2 3		Total Clients Served			Тс	tal Clier	nts Served	Total Inpatient Service Days				
:			Female Male		Fem	Female Male		Diagnostic/Other Services X-ray		Unit	Numb		
) - 9 Years										Number	32		
) - 19 Years	2		1	2	1					Ultrasonogram (USG)		Number	-
) - 59 Years	14	7	_	23	13	,)						ļ	
≥ 60 Years	1		9	1	1	1				Echocardiogram (Echo)		Number	
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dney		+		Immunization	1 Clinic					Computed Tomographic (CT) Scan	Number	
incer				Immunization	1 Session					Magnetic Resonance Imag	ing (MRI)	Number	
d Injury				FCHV						Endoscopy		Persons	
					#23		T	- ·	10.	Colonoscopy		Persons	
inal Injury				Referrals Referral In		Referred Out			Nuclear Medicine		Persons		
zheimer rkinson				- 1			Outpatient	In-tpat	ient Emergency	Total Preventive service P	rovided	Persons	ļ
ckle Cell Anaemia				Female				ļ		Total Laboratory service P		Persons	
	a ·			Male			<u> </u>	<u></u>		Other Service Provided (if		Persons	