



१६०
एशोसिएसन अफ मेडिकल डक्टर्स अफ एसिया नेपाल
(AMDANepal)

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. ००६८७४

मिति: २०७६/१०/०१

श्रीमान् कार्यालय प्रमुखज्यू
जिल्ला जनस्वास्थ्य कार्यालय
काठमाण्डौं ।

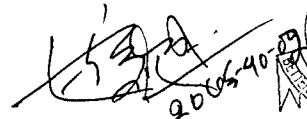
विषय: माशिक प्रतिवेदन ।

महोदय,

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

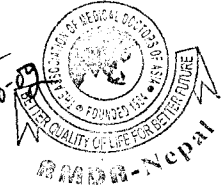
निरन्तर सहयोग र समझदारीका लागि हार्दिक धन्यवाद ।

भवदीय,

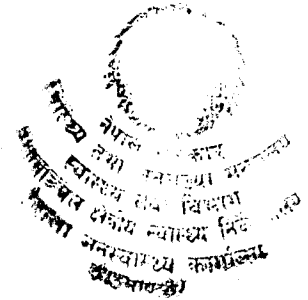


सुदेश रेग्मी

मुख्य प्रशासक



OLC
Rmj



२०७६/१०/०५

GON_DPHO_Monthly Report_PLM

Mailing Address:

AMDANepal, P.O. Box 8909, Kathmandu, Nepal.

URL: www.amda.org.np, Tel: +977(1) 4910235, 4911140, Fax: +977(1)4911141, Email: amda@amda.org.np

15. New Outpatient Morbidity (Including Under 5yrs Children) -- 2

SN	ICD Code	Name of Disease	Female	Male
H. Skin Diseases				
058	L70	Acne		
059	B07	Warts		
060	L81.1	Chloasma/ melasma		
061	L50	Urticaria		
062	L30.9	Dermatitis/Eczema		
063	L65	Alopecia		
064	L80	Vitiligo		
065	E70.3	Albinism		
066	B00	Herpes simplex		
067	B02	Herpes zoster		
068	L53.9	Erythroderma		
069	L01.0	Impetigo		
070	L02	Boils		
071	L02.0	Abscess		
072	L02.9	Furunculosis		
073	L43	Fungal infection (Lichen planus)		
074	B86	Scabies		
075	L81.5	Leukoderma		
076	L40	Psoriasis		
077	L04	Acute Lymphadenitis		
I. Ear, Nose and Throat Infection				
078	H66.0	Acute Suppurative Otitis Media		
079	H66.1	Chronic Suppurative Otitis Media		
080	J32	Sinusitis		
081	J03	Acute Tonsillitis		
082	J02	Pharyngitis/Sore throat		
083	T16	Foreign body in ear		
084	T17.1	Foreign body in nose		
085	T17.2	Foreign body in throat		
086	H61.2	Wax		
087	J33	Nasal Polyps		

SN	ICD Code	Name of Disease	Female	Male
I. Ear, Nose and Throat Infection ...				
088	J34.2	Deviated nasal septum (DNS)		
089	J31	Rhinitis		
090	H60	Otitis externa		
091	K21.0	Reflux laryngitis		
J. Oral Health Related Problems				
092	K02	Dental caries	5	9
093	K08.8	Toothache	7	11
094	K05	Periodontal disease (gum disease)	3	5
095	K08.9	Other disorder of teeth	1	3
096	K12	Oral ulcer (Aphthous & herpetic)	1	0
097	K01.1	Tooth impaction	2	6
098	K00.4	Hypoplasia	-	-
099	K13.2	Leukoplakia	-	-
100	B37	Fungal infection (candidiasis)	-	-
101	K04	Oral space infection & abscess	-	-
K. Eye Problems				
102	H10	Conjunctivitis		
103	A71	Trachoma		
104	H26	Cataract		
105	H54	Blindness		
106	H52	Refractive error		
107	H40	Glaucoma		
108	H53.5	Colour blindness		
109	H05.2	Exophthalmos		
110	H00.0	Sty		
111	H00.1	Chalazion		
112	H11.0	Pterygium		
113	E14.3†	Diabetic retinopathy		
114	H35	Hypertensive retinopathy		
115	H02	Entropion		
116	H02.1	Ectropion		

Health Management Information System
Hospital Monthly Reporting Form

Ambarajal Shimoga Dental Clinic Hospital

Fiscal Year: 2076 / 2077
Reference No: _____

To *D.P.M.O.*
T. K. H. H. H.
Subject: Submission of Monthly Report on Hospital Services : *Pouh* Month, 2076. Year.

OWNERSHIP TYPE	<i>NCL</i>
FACILITY TYPE	<i>Dental</i>
VAT/PAN No.	<i>301789705</i>
Health Facility Code:	
Dispatched Date:	<i>01 / 10 / 2076</i>
Received Date:	<i>/ / 207...</i>
Number of Beds	Sanctioned
	Operational

Age Group	Hospital Services		Emergency Services	
	New Clients Served		Total Clients Served	
	Female	Male	Female	Male
0 - 9 Years	<i>1</i>	<i>1</i>	<i>2</i>	<i>4</i>
10 - 19 Years	<i>0</i>	<i>1</i>	<i>1</i>	<i>2</i>
20 - 59 Years	<i>10</i>	<i>8</i>	<i>32</i>	<i>31</i>
≥ 60 Years	<i>0</i>	<i>0</i>	<i>0</i>	<i>1</i>

Free Service Received by Impoverished Citizen	Planned / Total No.		Conducted / Report Received	No. of Clients Served
	ORC Clinics / FCHV	Total No.		
Heart				
Kidney				
Cancer				
Head Injury				
Spinal Injury				
Alzheimer				
Parkinson				
Sickle Cell Anaemia				

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

Total Patients Admitted	
Total Inpatient Service Days	
X-ray	Unit Number <i>9</i>
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

Prepared By *[Signature]*
Signature *[Signature]*
Name of Medical Recorder *Subash Dandap*
Approved by *[Signature]*
Signature *[Signature]*
Name of Hospital Superintendent/ Director