

Landing page where different kinds of user can login into our Patient Information Management System (PIMS) Such as:


Employee Login: These are the standard users of PIMS.

Company / Agency Login: These users are for the agency personnel for them to view the real time medical status of their applicants.


Patient Login: This is a patient portal where patient's can view the status of their medical.


Doctor Login: A special Module for External Doctors such as Cardiologist and Radiologist where they can view the scanned x-ray images and can input result or remarks.

Sign in to continue






★ Employee Login ▼

 mclezondato@yahoo.com



☐ Remember me [Forgot your password?](#)

Retype the characters from the picture:


Login page with CAPTCHA to prevent spammers and bots to try to automatically login in.

HEALTHPLUS DIAGNOSTIC CLINIC

ADMIN

Administrator

Online

Reception

Cashier

Inquiry

Records

Other Tests

Company / Agency

Price List

Reports

User Administration

Company / Agency User

External Doctors

Signatories

Lastname or Patient No

Firstname

From

06/17/2019

To

06/17/2019

Department






















ALL DEPARTMENT

Filter

Recently Added

Recently Edited

Today's Entry

	Entry Date	Position	Lastname	Firstname	MI	DOB	Type	Agency Code	Action
	10-Jun-2019	ABLE SEAMAN	LEZONDATO	MANUEL	CAHELES	01/01/1980	APE	QPS	 
	10-Jun-2019	ABLE SEAMAN	LEZONDATO	MANUEL	CAHELES	01/01/1980	FOLLOW-UP	QPSM	 
	03-Jun-2019		CRUZ	JOSE	T	01/01/1980	LOCAL	CMS	 
	02-Jun-2019	ABLE SEAMAN	LEZONDATO	MANUEL	CAHELES	01/01/1980	OFW LANDBASE	QPS	 
	02-Jun-2019	ABLE SEAMAN	NITRO	JAYZEL	NITRO	01/01/1980	OFW LANDBASE	QPSM	 
	02-Jun-2019	ABLE SEAMAN	LEZONDATO	KENNETH	NITRO	01/01/1980	OFW LANDBASE	SDV	 
	02-Jun-2019	ABLE SEAMAN	LEZONDATO	MANUEL	CAHELES	01/01/1980	FOLLOW-UP	QPS	 

Search Patient page.

ABC DIAGNOSTIC CLINIC

ADMIN

Administrator

Online

Reception

Cashier

Inquiry

Records

Other Tests

Company / Agency

Price List

Reports

User Administration

Company / Agency User

External Doctors

Signatories

Lastname or Patient No

Firstname

READY...

Open

SMS

Patient Information

Entry Date

06/02/2019

Patient No.:

2019-0010124

Transaction No.:

0010124

Lastname *

LEZONDATO

Civil Status *

MARRIED

Position Applied

ABLE SEAMAN

Firstname *

MANUEL

Address *

MANILA PHILIPPINES

Religion *

ROMAN CATHOLIC

Middle Name

CAHELES

Contact No.

Place of Birth

Gender *

MALE

Email

Agency Code

QPS

Birthdate * Age

01/01/1980 39

Patient Type *

OFW LANDBASE

Agency Name

QUADPOINTS COMPUTER SERVICES

ID Presented

Select ID Presented

Country of Destination:

Country

Referred By

Select Referred By

LEZONDATO, MANUEL CAHELES

Fingerprint

Capture Signature

Mobile

+ Packages

+ Additional Exam

+ Add New

Routing Slip

Bill

Requests

Save

Edit

Delete

Cancel

Sign Tablet

Reception Page

ABC DIAGNOSTIC CLINIC

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Signatories

Lastname or Patient No

Firstname

EDIT MODE

Open

SMS

Patient Information

Entry Date

06/02/2019

Patient No.:

2019-0010124

Transaction No.:

0010124

Lastname *

LEZONDATO

Firstname *

MANUEL

Middle Name

CAHELES

Gender *

MALE

Birthdate * Age

01/01/1980 39

ID Presented

Select ID Presented

LEZONDATO, MANUEL CAHELES

Fingerprint

Capture Signature

Mobile

Position Applied

ABLE SEAMAN

Religion *

ROMAN CATHOLIC

Place of Birth

Agency Code

PS

Agency Name

QUADPOINTSYS COMPUTER SERVICES

Referred By

Fingerprint Enrollment

Prompt:

Using the fingerprint reader, scan your fingerprint.

4

Fingerprint Samples Needed

Fingerprint samples needed: 4

Close

+ Packages

+ Additional Exam

+ Add New

Routing Slip

Bill

Requests

Save

Edit

Delete

Cancel

Sign Tablet

Photo Capture

Save

Close

Sign above

LEZONDATO, MANUEL CAHELES

Save Signature

Clear

Back

Reception Page with built-in Photo Capture, Signature Capture and Fingerprint scanning.

ABC DIAGNOSTIC CLINIC

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READY ...

Verify

Summary

LIS

Clinical Chemistry

Hematology

Serology/Immunology

Endocrinology/Tumor Markers

Fecalysis

Urinalysis

Pregnancy Test

Drug Test

Miscellaneous

HIV Cert

Picture

Signature

LEZONDATO, MANUEL CAHELES

Patient No.

Entry Date

Gender

Birthdate

Age

Address

Position Applied For

Company / Agency

Country Destination Type

Date

06/17/2019

Transact No.

0010124

Add New Test

Set as Default

Use Default

1 of 1

LIS Code	Test	Result SI	Reference Range	Result Conventional	Reference Range	H/L	Factor	Sort	
FBS	FBS	4	3.89 - 6.40 mmol/L	72.73	70.73 - 118.38 mg/dL		0.055	1	
CRE	CREATININE	50	M: 43 - 133 umol/L F: 53 - 105 umol/L	0.57	M: 0.49 - 1.50 mg/dL F: 0.60 - 1.19 mg/dL		88.4	2	
CHOL	TOTAL CHOLESTEROL	1	2.50 - 5.70 mmol/L	38.61	98.53 - 220.08 mg/dL	L	0.0259	3	
TRIG	TRIGLYCERIDES		0.70 - 1.88 mmol/L		61.95 - 164.60 mg/dL		0.0113	4	
HDL	HDL		1.04 - 1.30 mmol/L		40.15 - 50.19 mg/dL		0.0259	5	
LDL	LDL		2.6 - 3.38 mmol/L		100.39 - 130.50 mg/dL		0.0259	6	
VLDL	VLDL		0 - 0.94 mmol/L		0.00 - 36.29 mg/dL		0.0259	7	
TP	TOTAL PROTEIN		66 - 87 g/L		66 - 87 g/L		1	8	

Add New

Save

Edit

Delete

Print

Print Batch

Cancel


LIS Result


CHEMISTRY RESULT					
Patient Name:	LEZONDATO, MANUEL CAHELES	Gender: MALE	Age: 39	Date: 17 Jun 2019	
Company:	QUADPOINTSYS COMPUTER SERVICES	Control Number: 0010124			


TEST	RESULT (S.I. UNIT)	NORMAL VALUES (S.I. UNIT)	RESULT CONVENTIONAL UNIT	NORMAL VALUES CONVENTIONAL UNIT	H / L
FBS	4	3.89 - 6.40 mmol/L	72.73	70.73 - 116.36 mg/dL	
CREATININE	50	M: 43 - 133 umol/L F: 53 - 105 umol/L	0.57	M: 0.49 - 1.50 mg/dL F: 0.60 - 1.19 mg/dL	
TOTAL CHOLESTEROL	1	2.50 - 5.70 mmol/L	38.61	96.53 - 220.08 mg/dL	L

***** Nothing Follows *****

Remarks:


~~MARLINA S. B. R. M.~~
 License No.: 33705AA




~~NORINA B. B. R. M.~~
 License No.: 2017-B

MEDICAL TECHNOLOGIST

PATHOLOGIST

Sample Chemistry Result Print Out where only Tests that have results will be displayed.

RADIOGRAPHIC REPORT

Patient Name:	LEZONDATO, MANUEL CAHELES	Gender: MALE	Age:39	Date:02-Jun-19
Company:	QUADPOINTSYS COMPUTER SERVICES		Control Number: 0010124	

Examination:	
Findings:	The lungs are clear The heart is within normal size The trachea is at midline The hemidiaphragms and costophrenic sulci are intact The body thorax are unremarkable
Impression:	NORMAL CHEST XRAY



SHEILA MARIE S. TARIMAN SESE RXT
License No.: 11111

RADIOLOGIC TECHNOLOGIST

MARCIA V. MACBULO MD FRCR FUSP
License No.: 091740

RADIOLOGIST

Sample X-Ray Report.

AUDIOMETRY REPORT

Patient Name:	LEZONDATO, MANUEL CAHELES	Gender:	MALE	Age:	39	Date:	17-Jun-19
Company:	QUADPOINTSYS COMPUTER SERVICES		Position: ABLE SEAMAN				

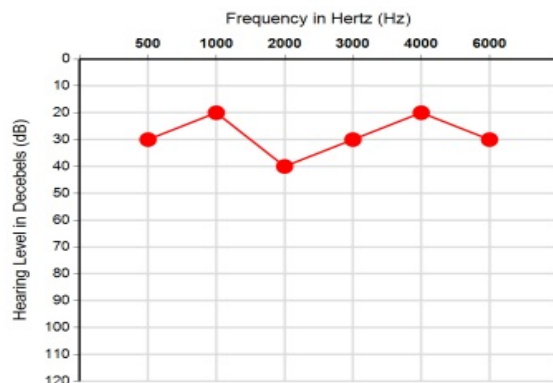
PURE TONE AUDIOGRAM

AIR	500	1000	2000	3000	4000	6000
R.E.	30	20	40	30	20	30
L.E.	50	30	20	30	30	20

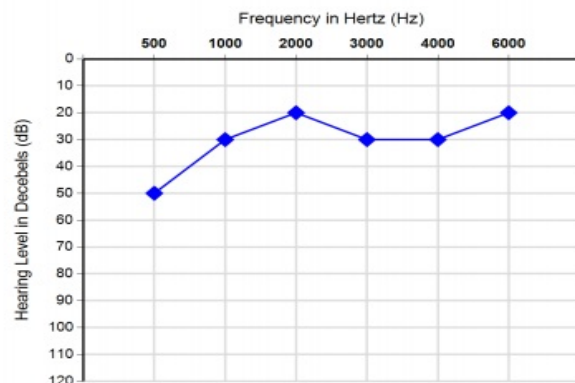
CODE: UPPER 1/2 OF SPLIT BOX = UNMASKED
LOWER 1/2 OF SPLIT BOX = MASKED

AUDIOMETRY MODEL: AS608

RIGHT EAR



LEFT EAR




REMARKS:

Sample Audiometry report where the results are automatically graphed.

Type Laboratory Test
Select Month JUNE
Input Year 2019
Submit Close

1 of 1
100%
Find | Next
Print



Republic of the Philippines
Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES

Month JUNE Year 2019

MONTHLY STATISTICAL REPORT ON SELECTED LABORATORY TESTS

Gender :

Name of Clinic: ABC DIAGNOSTIC CLINIC
Address: 2106 Taft Avenue, Malate Manila
Classification of Clinic: Regular Land based and Sea based

Contact Nos.: 523-8009
Email Address: emmanuel@yahoo.com

Table 1. Number and Results of Selected Laboratory Tests Performed on Land Based Workers

RPR		Confirmed Positive to TPHA	HIV Test		Confirmed Positive to HIV	Hepatitis B (HBV)		Confirmed Positive to HBV	Hepatitis C (HCV)		Confirmed Positive to HCV	Name of Drug	Drug Test		Confirmed Positive to Drugs
Total	R*		Total	R*		Total	R*		Total	R*			Total	R*	
1	0	0	1	0	0	1	0	0	1	0	0				

Table 2. Number and Results of Selected Laboratory Tests Performed on Seafarers

RPR		Confirmed Positive to TPHA	HIV Test		Confirmed Positive to HIV	Hepatitis B (HBV)		Confirmed Positive to HBV	Hepatitis C (HCV)		Confirmed Positive to HCV	Name of Drug	Drug Test		Confirmed Positive to Drugs
Total	R*		Total	R*		Total	R*		Total	R*			Total	R*	

Legend: *R = Reactive

Prepared By:
Validated By:

Sample Report for DOH MONTHLY STATISTICAL REPORT ON SELECTED LABORATORY TESTS.

Section Clinical Chemistry
From 06/17/2019 To 06/17/2019 Gender Both
Submit Close

1 of 1
100%
Find | Next

ABC MEDICAL AND DIAGNOSTIC CENTER, INC.

LABORATORY LOGBOOK
Period Covered: 06/17/2019

CLINICAL CHEMISTRY

Name	Age	Sex	GLUC	BUN	BUA	CREA	TRIG	CHOL	HDL	LDL	TP	ALB	TB	DB	IB	SGOT	SGPT	ALP	NA	K
LEZONDATO, KENNETH NITRO	39	MALE	7			70														
LEZONDATO, MANUEL CAHELES	39	MALE	4			50	1													
NITRO, JAYZEL NITRO	39	MALE	3			40														
Total Cont:			3	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0

Can also generate electronic logbook for laboratory results such as chemistry, hematology, serology, fecalysis , urinalysis, drug test, pregnancy test and HIV.

DOH STANDARD CERTIFICATE FOR LANDBASED AND SEABASED.

MEDICAL CERTIFICATE FOR LANDBASED OVERSEAS WORKERS		
Approved and authorized by the Department of Health (DOH)		
SURNAME / LASTNAME LEZONATO	GIVEN NAME MANUEL	MIDDLE NAME CAHELES
AGE 39	DATE OF BIRTH 01-Jan-1980	PLACE OF BIRTH PILIPINO
GENDER: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	CIVIL STATUS: MARRIED	RELIGION: ROMAN CATHOLIC
ADDRESS: MANILA PHILIPPINES		
PASSPORT NUMBER:	COUNTRY OF DESTINATION:	
POSITION APPLIED FOR: ABLE SEAMAN	EMPLOYER / COMPANY / RECRUITMENT AGENCY (IF APPLICABLE): QUADPOINTS COMPUTER SERVICES	
SATISFACTORY HEARING?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SATISFACTORY SIGHT?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SATISFACTORY COLOR VISION?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SATISFACTORY PSYCHOLOGICAL TEST?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IS APPLICANT SUFFERING FROM ANY MEDICAL CONDITION LIKELY TO BE AGGRAVATED BY LANDBASED OVERSEAS WORK OR TO RENDER THE APPLICANT UNFIT FOR SUCH SERVICE OR ENDANGER THE HEALTH OF OTHER PERSONS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
 <p>THIS IS TO CERTIFY THAT A MEDICAL AND PHYSICAL EXAMINATION WAS GIVEN TO MANUEL CAHELES LEZONATO (NAME OF APPLICANT)</p> <p>RESULT: FIT <input checked="" type="checkbox"/> UNFIT <input type="checkbox"/></p> <p>JOSE RIZAL Name and Signature of Examining / Authorized Physician</p> <p>Date of Examination: 22-Jun-2018</p> <p>Approved by: ANDRES S. BONIFACIO, M.D., MGM, FPSP Medical Director License No.: 121512</p> <p>I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE ABOVE AND THE INTEGRAL NOTES HEREOF.</p> <p>APPLICANT'S NAME AND SIGNATURE: MANUEL CAHELES LEZONATO DATE: 28-Jun-2018 (THIS SIGNATURE SHOULD APPEAR IN THE PRESENCE OF THE EXAMINING PHYSICIAN)</p> <p>DATE OF ISSUANCE OF PEMS CERTIFICATE: 28-Jun-2018 DATE OF EXPIRATION OF PEMS CERTIFICATE: 28-Sep-2018 DAY MONTH YEAR DAY MONTH YEAR</p>		

MEDICAL EXAMINATION REPORT FOR LANDBASED OVERSEAS WORKERS		
Approved and authorized by the Department of Health (DOH)		
SURNAME/ LAST NAME LEZONATO	FIRST NAME MANUEL	MIDDLE NAME CAHELES
AGE 39	DATE OF BIRTH (day / month / year) 01-Jan-1980	PLACE OF BIRTH PILIPINO
GENDER: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	CIVIL STATUS: MARRIED	RELIGION: ROMAN CATHOLIC
ADDRESS: MANILA PHILIPPINES		
PASSPORT NUMBER:	COUNTRY OF DESTINATION:	
POSITION APPLIED FOR: ABLE SEAMAN	NAME OF COMPANY / EMPLOYER / RECRUITMENT AGENCY (WHENEVER APPLICABLE): QUADPOINTS COMPUTER SERVICES	
I. MEDICAL HISTORY - Has applicant suffered from, been diagnosed, sought advice or treatment from a medical doctor on the following conditions: Place a check mark (✓) in the appropriate box <input type="checkbox"/>		
Head or neck injury	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other Lung Disorders
Frequent headaches	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	High Blood Pressure
Frequent Dizziness	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Heart Diseases (Atherosclerosis / Chest Pain)
Fainting spells, fits or seizures or Other Neurological Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Rheumatic fever
Sleeping or Sleep Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Diabetes Mellitus
Depression, Other Mental Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other Endocrine Disorders (e.g. Goiter)
Eye Problems / Vision or Refraction	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Cancer or tumor
Chafes, Other Skin Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Blood Disorders
Noise or Throat Disorders	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Stomach Pain, Gas/bills or Ulcer
Tuberculosis	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Other Abdominal Disorders
		Genitals, Hereditary or Familial Disorders
		Sexually Transmitted Disease
		Tropical Diseases (e.g. Malaria, Typhoid Fever)
		Subintoxications
		Aspirin (Acetaminophen)
		Operations (Specify)
Findings / Remarks:		
Place a check mark (✓) in the appropriate box <input type="checkbox"/>		
1. Have you ever been signed off as sick or incapacitated from a job/overseas?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
2. Have you ever been hospitalized?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
3. Have you ever been declared unfit for work overseas?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
4. Has your medical certificate ever been restricted or revoked?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
5. Are you aware that you have any medical problem, disease or illness?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
6. Do you feel healthy and fit to perform the duties of your designated position/occupation?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
7. Are you allergic to any medication?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
8. Are you taking any non-prescription or prescription medication? If yes, please list the medication(s) (brand/brand name, and the purpose(s) and dosage(s))	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Sample Report for List of Patients on a specific date range.

PATIENT LIST

Period Covered: 6/1/2019 to 06/17/2019

Company / Agency Name: ALL
Patient Type: ALL

	Enrt Date	Name	Agency	Examination(s)	
1	3 Jun 2019	CRUZ, JOSE T	CMS	SAMPLE PACKAGE	CASH
2	2 Jun 2019	LEZONATO, KENNETH NITRO	SDV		
3	2 Jun 2019	LEZONATO, MANUEL CAHELES	QPS	BASIC 8	CASH
	10 Jun 2019	LEZONATO, MANUEL CAHELES	QPS		
4	2 Jun 2019	NITRO, JAYZEL NITRO	QPSM	BASIC 8	CASH
				"PEME B" MALE	CASH
				SAMPLE PACKAGE	CASH

ACCOUNTING REPORT

Period Covered: 06/17/2018 To 06/17/2019

SALES REPORT (ALL)

	Date	Name	Agency	Examinations	Amount Due	Amount Paid	Charge	Rebate	Clinic Sales	Remarks
1	2 Jun 2019	LEZONDATO, MANUEL CAHELES	QPS	BASIC 8	1,000.00	1,000.00	0.00	0.00	1,000.00	
2	2 Jun 2019	NITRO, JAYZEL NITRO	QPSM	BASIC 8,"PEME B" MALE,SAMPLE PACKAGE,BASIC 8	13,800.00	13,800.00	0.00	0.00	13,800.00	
3	3 Jun 2019	CRUZ, JOSE T	CMS	SAMPLE PACKAGE	1,000.00	1,000.00	0.00	0.00	1,000.00	
Total:					15,800.00	15,800.00	0.00	0.00	15,800.00	

Prepared By: _____

Received By: _____

Signature over printed name / Date

Checked By: _____

Close

Sample Sales Report on a specific date range.

ABC MEDICAL AND DIAGNOSTIC CENTER, INC

LEGEND:

- HOLD
- FIT TO WORK
- UNFIT
- DELIVERED

MEDICAL UPDATE

Period Covered: 6/1/2019 to 06/17/2019

Company / Agency Name: ALL

DATE OF MEDICAL	PATIENT NAME	POSITION	DATE UPDATED / REMARKS	RESULT	FITNESS DATE	STATUS	DELIVERY DATE
02-Jun-2019	LEZONDATO, MANUEL CAHELES	ABLE SEAMAN	17-Jun-2019 10:11:37 PM	FIT TO WORK	28-Jun-2018	DELIVERED	09-Jun-2019
			09-Jun-2019 09:19:04 PM	Pending waiting for laboratory results			

Received By: _____

Prepared by: _____

Date: _____

Sample transmittal report.

Company / Agency: ALL

Period Covered: 06/17/2018 - 06/17/2019

Examination	Count
	2
1 hr Post Prandial	1
24 Hr Urine Protein	1
ADULT APICO-LORDOTIC WALK-IN	2
ADULT PA LATERAL	1
ADULT PA VIEW	2
AUDIOMETRY	4
CBC	3
Cranial Ultrasound	3
Creatinine	2
ECG	3
Fecalysis	4
Hepa B Rapid Test	1
ISHIHARA TEST	2
PHYSICAL EXAM	1
PSYCHOLOGICAL TEST	3
SGOT (AST)	2
SGPT (ALT)	2
Urinalysis	5

Sample report on total number of test conducted on a specific date range.

Company / Agency: ALLs

Period Covered: 06/17/2018 - 06/17/2019

Company Agency Name	Examination	Count
CROSSWORLD MARINE SERVICES	SAMPLE PACKAGE	1
	Total	1
QUADPOINTSYS COMPUTER SERVICES	"PEME B" MALE	1
	BASIC 8	1
	SAMPLE PACKAGE	1
	Total	5
Grand Total		6

Sample report on total number of packages conducted on a specific date range.

NOTE: The above are just few of the features and functionalities of our Patient Information Management System (PIMS).

We will be very glad and happy to demonstrate the full functionalities our (PIMS) system.