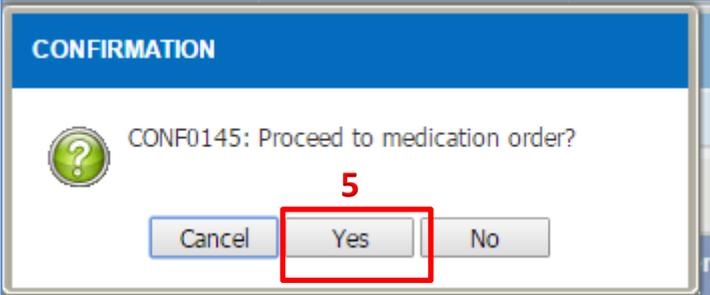
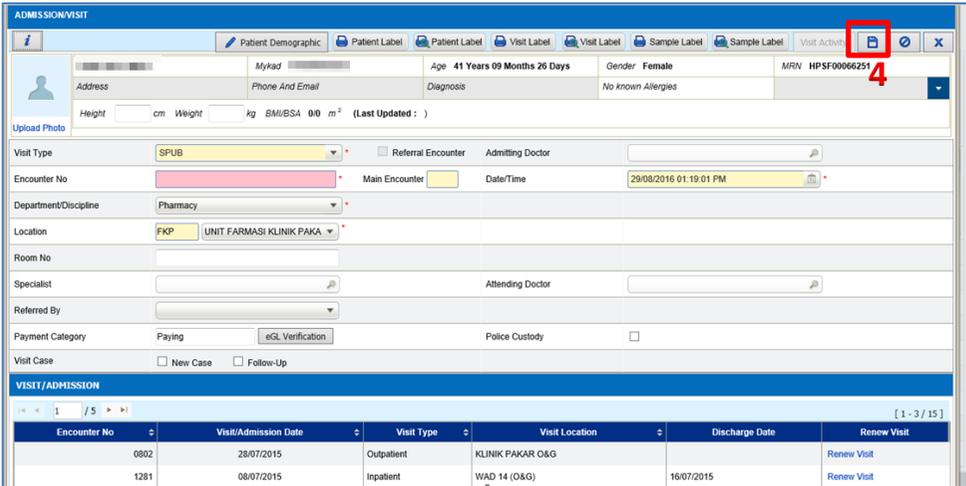
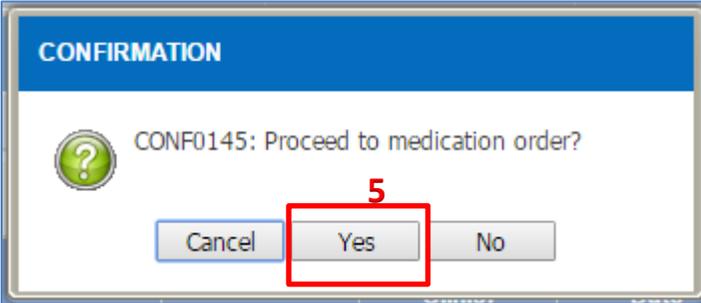


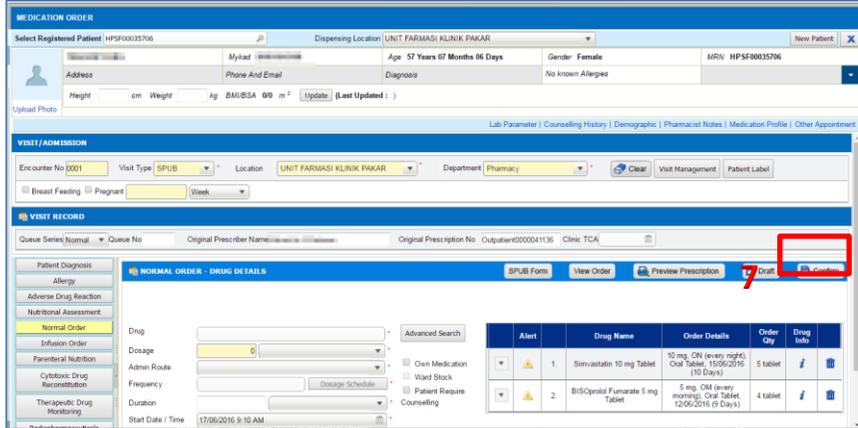
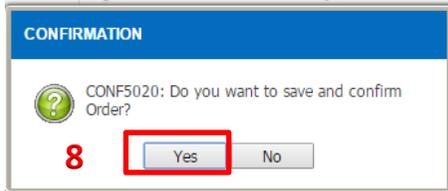
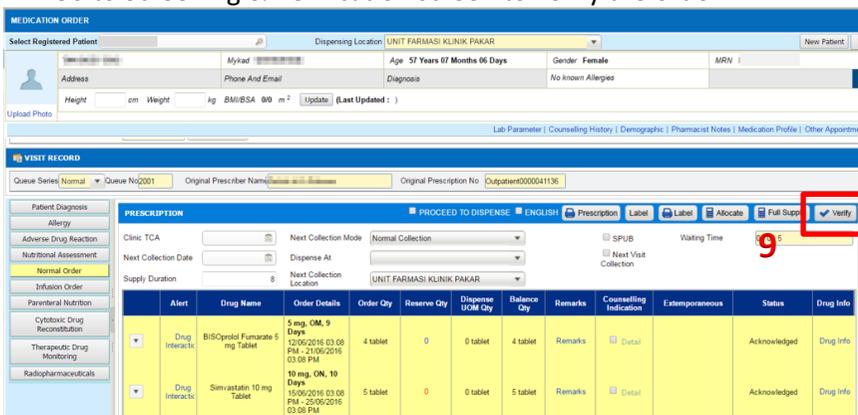
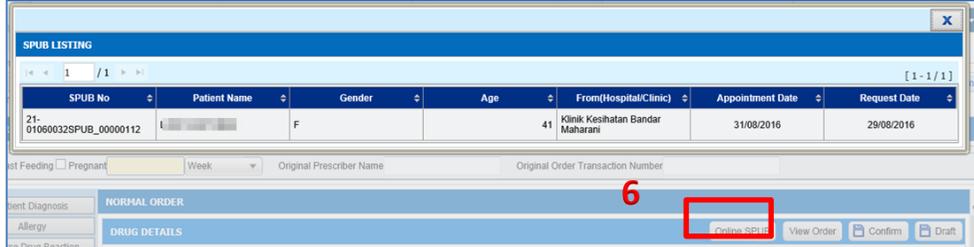
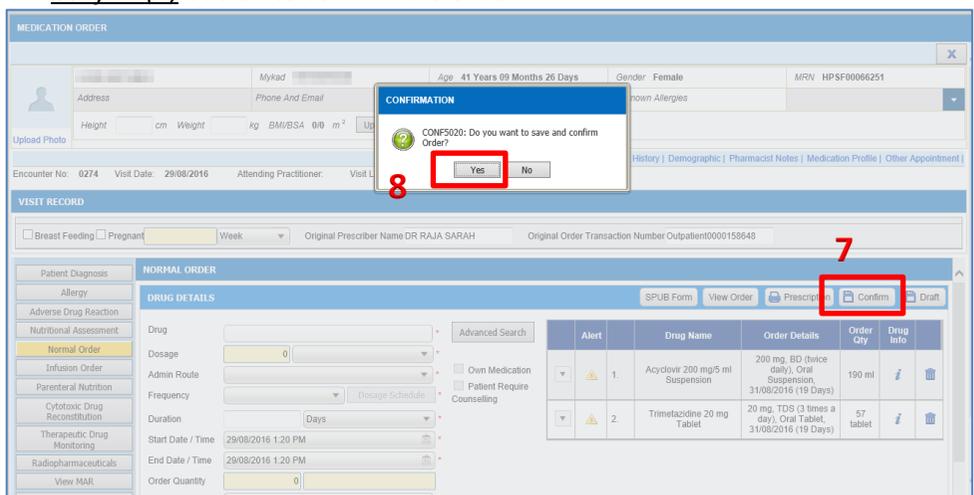
## 1. Summary of Ticket Number and Requests on SPUB Online

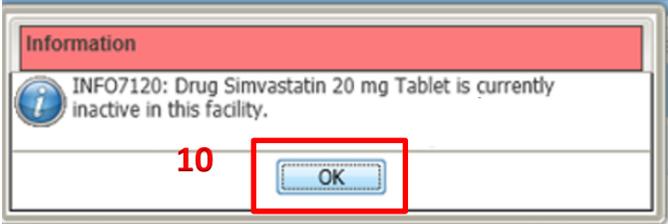
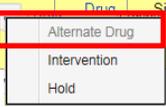
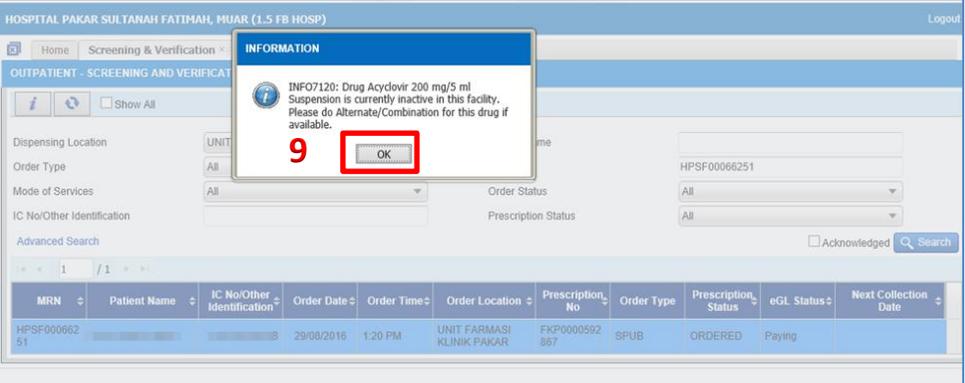
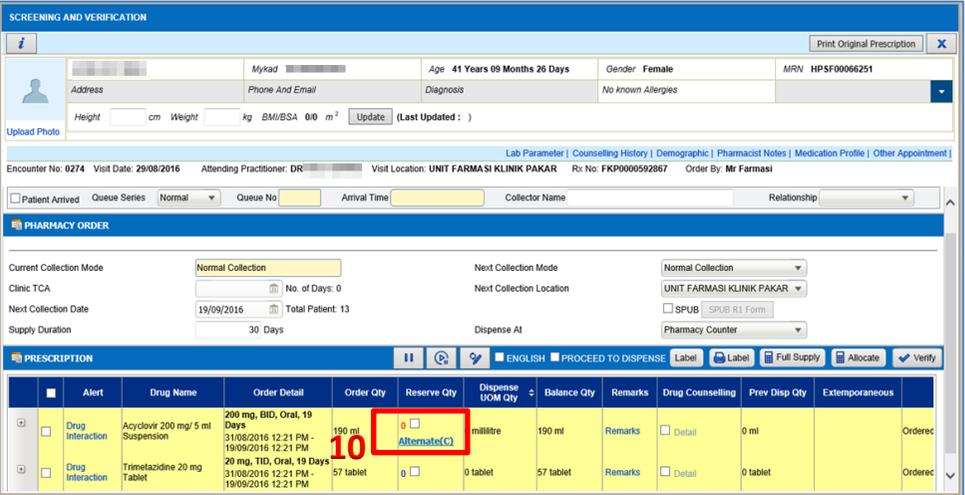
| No. | Ticket #         | Description  | Requests   | Proposed Solution  |
|-----|------------------|--|--|--|
| 1.  | I-PhISO12520815S | <b>SPUB- Request intervention inactive drug</b><br>User request to intervention inactive drug for SPUB. Example: User received SPUB from other facility but drug is inactive for that facility. Other facility request Simvastatin 20 mg Tablet but at user that drug is inactive so user request to allow intervention. | Able to do intervention by using Alternate/Combination function for inactive drug at receiving facilities. | <p>1. This request will add in new function in current SPUB list:</p> <ul style="list-style-type: none"> <li>a. To allow Alternate/Combination option inside Screening and Verification for the inactive drug for a received SPUB order.</li> <li>b. To remove pop out information of “Record has been save successfully” which is appear on SPUB screen after user successful add the SPUB in dispensing.</li> <li>c. To allow user to cancel SPUB order.</li> <li>d. To filter list of external facility that are using PhIS pharmacy module. This is to avoid user to send online request to facility that using Inventory module only. Proposed solution for this issue is to add additional flag to identify facility implementation type in external facility list.</li> <li>e. To make sure the indication of the drugs is being send to the referred facility. This will ensure that when user print label, the indication will</li> </ul> |
| 2.  | I-PhISO12485715S | <b>Request to remove pop out.</b><br>User request to remove pop out information which is appear on SPUB screen and disturbing her.   | To remove pop up confirmation when send SPUB record.   |  |
| 3.  | I-PhISO08933915S | <b>SPUB - Request to be able to Cancel SPUB order</b><br>Request to be able to Cancel SPUB order due to accidently key in wrong information.   | Able to cancel the SPUB order at sending facilities.   |  |
| 4.  | I-PhISO14359716S | <b>SPUB online - change from facility A to facility B</b><br>User already set facility for SPUB patient. User receive feedback from patient want to change another facility. User unable to change to another facility.  | Able to cancel the SPUB order at sending facilities.   |  |
| 5.  | I-PhISO09568215S | <b>SPUB - Cancel SPUB</b><br>Request system allow to cancel the SPUB transaction once the transaction has trasmitted to the referred facility.   | Able to cancel the SPUB order at sending facilities.   |  |

| No. | Ticket #         | Description   | Requests   | Proposed Solution   |
|-----|------------------|---|--|---|
|     |                  | Both Using PhIS:<br>Request to the refered facility that receive the SPUB can cancel the SPUB.<br>Only one using PhIS:<br>Allow the sending Facility cancel the SPUB"   |  | also come out inside the label printing.<br>f. Send only one SPUB at one time for the same prescription number. |
| 6.  | I-PhIS012743415S | <b>SPUB - Pop up error contact admin when click register</b><br>User reported receive 5 Online SPUB R1 Request Received. User click register but pop up error contact admin. User informed for KK Telipok only use PhIS for inventory.  | When send SPUB, system will be able to distinguish facilities that implement only inventory type.      |   |
| 7.  | I-PhIS014899216S | <b>Preparation - Indication of drug for SPUB Patient blank in label sticker</b><br>User reported indication of drug for all SPUB Online Patient are blank in label sticker by using direct print and preview print also blank. If user transcribe, the indication of same drug appear. It happen for all drug of SPUB Online Patient. | To appear back the indication send by other facilities at receiving facilities through the drug label. |   |
| 8.  | I-PhIS016001216S | <b>Request SPUB data to be sent only once at one time</b><br>Repeated data send have been save twice. Supposed data have been send not allow to save again. Button Confirm in SPUB screen, to change label to 'Send'.   | SPUB data to be sent only once at one time for same prescription number.                               |   |

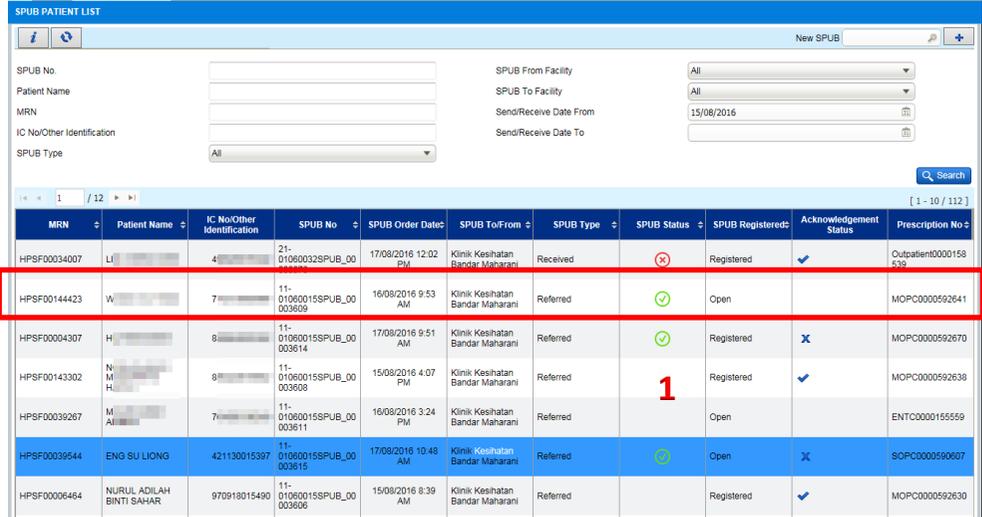
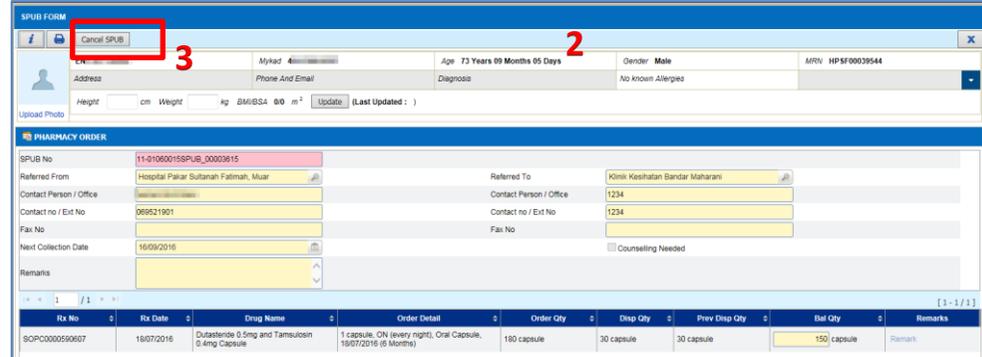
| Function Flow  | Current Version 1.4.1   | New Version 1.5       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
|--|---|-----------------------|----------------|----------------------------------|------------------------|---------------------------------------|------------|--------------------------------------|---|--|---|--------------------------------|---|-----------------------------------|---|----------------------------------|------------|--------------|--|--|--|--|--|--|--|---------|--------------|--------|-----|-----------------------|------------------|--------------|----------|--------------------------|--|------|----|------------------------|------------|------------|----------|-----------------|--|--|--|--|--|--|--|--|--|---------------------|--|---------------|--|-------------|--|--------------|--|-----------|--|-----|----------------------------|--------|------|-----|-------------|--|--|--|--|------------|------|--------------------|--|------------------|--|--|--|--|--|--------------|--|----------------|--|-----------|------------------------|--|--|--|--|-----------------------|----------------------|--|--|--|--|--|--|--|--|----------|------------------------------------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|------------|-------------------|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--------------|----------------------|------------|----------------|----------------|-------------|--|--|--|--|--|-----------------------|--|---------------------------------|---|---------------------------------------|---|--------------------------------------|---|--|---|--------------------------------|---|-----------------------------------|---|----------------------------------|------------|--------------|--|--|--|--|--|--|--|---------|--------------|--------|-----|------------------------|------------------|--------------|----------|--------------------------|--|--------|----|----------------------------------|------------|------------|----------|--------------------------|--|------|----|----------------------------------|------------|------------|----------|--------------------------|--|------|----|----------------------------------|------------|------------|------------|--------------------------|--|------|----|----------------------------------|------------|------------|------------|-----------------|--|------|----|-------------------------|------------|------------|----------|
| <p>1. 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Ru.PI)</td> </tr> <tr> <td>Room No</td> <td colspan="9"></td> </tr> <tr> <td>Specialist</td> <td colspan="9">Abandoning Doctor</td> </tr> <tr> <td>Referred By</td> <td colspan="9"></td> </tr> <tr> <td>Facility Encounter No</td> <td colspan="9">Visit Case <input type="checkbox"/> New Case <input type="checkbox"/> Follow-Up <input type="checkbox"/></td> </tr> <tr> <th colspan="10">VISIT/ADMISSION</th> </tr> <tr> <td>Encounter No</td> <td>Visit/Admission Date</td> <td>Visit Type</td> <td>Visit Location</td> <td>Discharge Date</td> <td colspan="5">Renew Visit</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Once click on <u>Save(4)</u>, a message to proceed to Medication Order</li> </ul> | External Notification |                | Online Indent Request Received:  | 7                      | Online External CDR Request Received: | 0          | Online External PN Request Received: | 0 | External Radio Order Request Received: | 2 | External TDM Request Received: | 0 | Online Contract Request Received: | 7 | Online SPUB R1 Request Received: | 6 <b>1</b> | SPUB LISTING |  |  |  |  |  |  |  | SPUB No | Patient Name | Gender | Age | From(Hospital/Clinic) | Appointment Date | Request Date | Register | 21-05060036SPUB_00000193 |  | Male | 54 | Klinik Kesihatan Nilai | 03/10/2016 | 04/08/2016 | Register | ADMISSION VISIT |  |  |  |  |  |  |  |  |  | Patient Demographic |  | Patient Label |  | Visit Label |  | Sample Label |  | Visit Adm |  | Age | 54 Years 10 Months 24 Days | Gender | Male | MRN | HKLM0119501 |  |  |  |  | Visit Type | SPUB | Referral Encounter |  | Admitting Doctor |  |  |  |  |  | Encounter No |  | Main Encounter |  | Date/Time | 08/11/2016 04:32:35 PM |  |  |  |  | Department/Discipline | Emergency and Trauma |  |  |  |  |  |  |  |  | Location | FBWFR (Famasi Belawan Wad - Ru.PI) |  |  |  |  |  |  |  |  | Room No |  |  |  |  |  |  |  |  |  | Specialist | Abandoning Doctor |  |  |  |  |  |  |  |  | Referred By |  |  |  |  |  |  |  |  |  | Facility Encounter No | Visit Case <input type="checkbox"/> New Case <input type="checkbox"/> Follow-Up <input type="checkbox"/> |  |  |  |  |  |  |  |  | VISIT/ADMISSION |  |  |  |  |  |  |  |  |  | Encounter No | Visit/Admission Date | Visit Type | Visit Location | Discharge Date | Renew Visit |  |  |  |  | <ul style="list-style-type: none"> <li>Go to Home and click on <u>Online SPUB R1 Request Received(1)</u>.</li> </ul> <table border="1" data-bbox="1144 287 1928 654"> <thead> <tr> <th colspan="2">External Notification</th> </tr> </thead> <tbody> <tr> <td>Online Indent Request Received:</td> <td>7</td> </tr> <tr> <td>Online External CDR Request Received:</td> <td>0</td> </tr> <tr> <td>Online External PN Request Received:</td> <td>0</td> </tr> <tr> <td>External Radio Order Request Received:</td> <td>2</td> </tr> <tr> <td>External TDM Request Received:</td> <td>0</td> </tr> <tr> <td>Online Contract Request Received:</td> <td>7</td> </tr> <tr> <td>Online SPUB R1 Request Received:</td> <td>6 <b>1</b></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li><u>SPUB Listing(2)</u> screen will appear as below.</li> <li>Click on <u>Register(3)</u> to register the SPUB patient into facility.</li> </ul> <table border="1" data-bbox="1144 734 2105 1236"> <thead> <tr> <th colspan="8">SPUB LISTING</th> </tr> <tr> <th>SPUB No</th> <th>Patient Name</th> <th>Gender</th> <th>Age</th> <th>From (Hospital/Clinic)</th> <th>Appointment Date</th> <th>Request Date</th> <th>Register</th> </tr> </thead> <tbody> <tr> <td>21-01060032SPUB_00000112</td> <td></td> <td>Female</td> <td>41</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>31/08/2016</td> <td>29/08/2016</td> <td>Register</td> </tr> <tr> <td>21-01060032SPUB_00000111</td> <td></td> <td>Male</td> <td>53</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>24/08/2016</td> <td>22/08/2016</td> <td>Register</td> </tr> <tr> <td>21-01060032SPUB_00000110</td> <td></td> <td>Male</td> <td>65</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>25/08/2016</td> <td>22/08/2016</td> <td>Registered</td> </tr> <tr> <td>21-01060032SPUB_00000109</td> <td></td> <td>Male</td> <td>45</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>24/08/2016</td> <td>22/08/2016</td> <td>Registered</td> </tr> <tr> <td>21-01060032SPUB</td> <td></td> <td>Male</td> <td>63</td> <td>Klinik Kesihatan Bandar</td> <td>24/08/2016</td> <td>22/08/2016</td> <td>Register</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Admission screen, as below will appear with visit type=SPUB.</li> </ul> | External Notification |  | Online Indent Request Received: | 7 | Online External CDR Request Received: | 0 | Online External PN Request Received: | 0 | External Radio Order Request Received: | 2 | External TDM Request Received: | 0 | Online Contract Request Received: | 7 | Online SPUB R1 Request Received: | 6 <b>1</b> | SPUB LISTING |  |  |  |  |  |  |  | SPUB No | Patient Name | Gender | Age | From (Hospital/Clinic) | Appointment Date | Request Date | Register | 21-01060032SPUB_00000112 |  | Female | 41 | Klinik Kesihatan Bandar Maharani | 31/08/2016 | 29/08/2016 | Register | 21-01060032SPUB_00000111 |  | Male | 53 | Klinik Kesihatan Bandar Maharani | 24/08/2016 | 22/08/2016 | Register | 21-01060032SPUB_00000110 |  | Male | 65 | Klinik Kesihatan Bandar Maharani | 25/08/2016 | 22/08/2016 | Registered | 21-01060032SPUB_00000109 |  | Male | 45 | Klinik Kesihatan Bandar Maharani | 24/08/2016 | 22/08/2016 | Registered | 21-01060032SPUB |  | Male | 63 | Klinik Kesihatan Bandar | 24/08/2016 | 22/08/2016 | Register |
| External Notification  |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online Indent Request Received:  | 7   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online External CDR Request Received:  | 0   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online External PN Request Received:   | 0   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| External Radio Order Request Received:   | 2   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| External TDM Request Received:   | 0   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online Contract Request Received:  | 7   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online SPUB R1 Request Received:   | 6 <b>1</b>  |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| SPUB LISTING   |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| SPUB No  | Patient Name  | Gender                | Age            | From(Hospital/Clinic)            | Appointment Date       | Request Date                          | Register   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| 21-05060036SPUB_00000193   |   | Male                  | 54             | Klinik Kesihatan Nilai           | 03/10/2016             | 04/08/2016                            | Register   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| ADMISSION VISIT  |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Patient Demographic  |   | Patient Label         |                | Visit Label                      |                        | Sample Label                          |            | Visit Adm                            |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Age  | 54 Years 10 Months 24 Days  | Gender                | Male           | MRN                              | HKLM0119501            |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Visit Type   | SPUB  | Referral Encounter    |                | Admitting Doctor                 |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Encounter No   |   | Main Encounter        |                | Date/Time                        | 08/11/2016 04:32:35 PM |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Department/Discipline  | Emergency and Trauma  |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Location   | FBWFR (Famasi Belawan Wad - Ru.PI)  |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Room No  |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Specialist   | Abandoning Doctor   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Referred By  |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Facility Encounter No  | Visit Case <input type="checkbox"/> New Case <input type="checkbox"/> Follow-Up <input type="checkbox"/>  |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| VISIT/ADMISSION  |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Encounter No   | Visit/Admission Date  | Visit Type            | Visit Location | Discharge Date                   | Renew Visit            |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| External Notification  |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online Indent Request Received:  | 7   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online External CDR Request Received:  | 0   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online External PN Request Received:   | 0   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| External Radio Order Request Received:   | 2   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| External TDM Request Received:   | 0   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online Contract Request Received:  | 7   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| Online SPUB R1 Request Received:   | 6 <b>1</b>  |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| SPUB LISTING   |   |                       |                |                                  |                        |                                       |            |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| SPUB No  | Patient Name  | Gender                | Age            | From (Hospital/Clinic)           | Appointment Date       | Request Date                          | Register   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| 21-01060032SPUB_00000112   |   | Female                | 41             | Klinik Kesihatan Bandar Maharani | 31/08/2016             | 29/08/2016                            | Register   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| 21-01060032SPUB_00000111   |   | Male                  | 53             | Klinik Kesihatan Bandar Maharani | 24/08/2016             | 22/08/2016                            | Register   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| 21-01060032SPUB_00000110   |   | Male                  | 65             | Klinik Kesihatan Bandar Maharani | 25/08/2016             | 22/08/2016                            | Registered |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| 21-01060032SPUB_00000109   |   | Male                  | 45             | Klinik Kesihatan Bandar Maharani | 24/08/2016             | 22/08/2016                            | Registered |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |
| 21-01060032SPUB  |   | Male                  | 63             | Klinik Kesihatan Bandar          | 24/08/2016             | 22/08/2016                            | Register   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                       |                  |              |          |                          |  |      |    |                        |            |            |          |                 |  |  |  |  |  |  |  |  |  |                     |  |               |  |             |  |              |  |           |  |     |                            |        |      |     |             |  |  |  |  |            |      |                    |  |                  |  |  |  |  |  |              |  |                |  |           |                        |  |  |  |  |                       |                      |  |  |  |  |  |  |  |  |          |                                    |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |            |                   |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |              |                      |            |                |                |             |  |  |  |  |  |                       |  |                                 |   |                                       |   |                                      |   |  |   |                                |   |                                   |   |                                  |            |              |  |  |  |  |  |  |  |         |              |        |     |                        |                  |              |          |                          |  |        |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |          |                          |  |      |    |                                  |            |            |            |                          |  |      |    |                                  |            |            |            |                 |  |      |    |                         |            |            |          |

| Function Flow | Current Version 1.4.1   | New Version 1.5 |              |                                       |                  |                       |                  |              |              |  |   |    |                                       |            |            |   |
|---------------|---|-----------------|--------------|---------------------------------------|------------------|-----------------------|------------------|--------------|--------------|--|---|----|---------------------------------------|------------|------------|---|
|               | <p>screen will appear. Click <u>Yes(5)</u> to proceed.</p>  <p>CONF0145: Proceed to medication order?</p> <p>Buttons: Cancel, <b>Yes</b> (5), No</p> <ul style="list-style-type: none"> <li>Click on <u>Online SPUB(6)</u> button to view the SPUB listing record.</li> </ul>  <p>SPUB LISTING</p> <table border="1"> <thead> <tr> <th>SPUB No</th> <th>Patient Name</th> <th>Gender</th> <th>Age</th> <th>From(Hospital/Clinic)</th> <th>Appointment Date</th> <th>Request Date</th> </tr> </thead> <tbody> <tr> <td>SPUB_0000345</td> <td></td> <td>F</td> <td>21</td> <td>Hosp. Poliklinik Subang Folklor, HUSP</td> <td>04/02/2016</td> <td>20/01/2016</td> </tr> </tbody> </table> <p>Buttons: <b>Online SPUB</b> (6), View Order, Confirm, Draft</p> <ul style="list-style-type: none"> <li>Click on the record to insert the SPUB record into Medication Order.</li> <li>Once drug information record insert into Medication Order, click on <u>Confirm(7)</u> button to confirm the order.</li> </ul> | SPUB No         | Patient Name | Gender                                | Age              | From(Hospital/Clinic) | Appointment Date | Request Date | SPUB_0000345 |  | F | 21 | Hosp. Poliklinik Subang Folklor, HUSP | 04/02/2016 | 20/01/2016 | <p>ADMISSION VISIT</p>  <p>Buttons: <b>Save</b> (4)</p> <p>Once click on <u>Save(4)</u>, a message to proceed to Medication Order screen will appear. Click <u>Yes(5)</u> to proceed.</p>  <p>CONF0145: Proceed to medication order?</p> <p>Buttons: Cancel, <b>Yes</b> (5), No</p> <ul style="list-style-type: none"> <li>Click on <u>Online SPUB(6)</u> button to view the SPUB listing record.</li> </ul> |
| SPUB No       | Patient Name  | Gender          | Age          | From(Hospital/Clinic)                 | Appointment Date | Request Date          |                  |              |              |  |   |    |                                       |            |            |   |
| SPUB_0000345  |   | F               | 21           | Hosp. Poliklinik Subang Folklor, HUSP | 04/02/2016       | 20/01/2016            |                  |              |              |  |   |    |                                       |            |            |   |

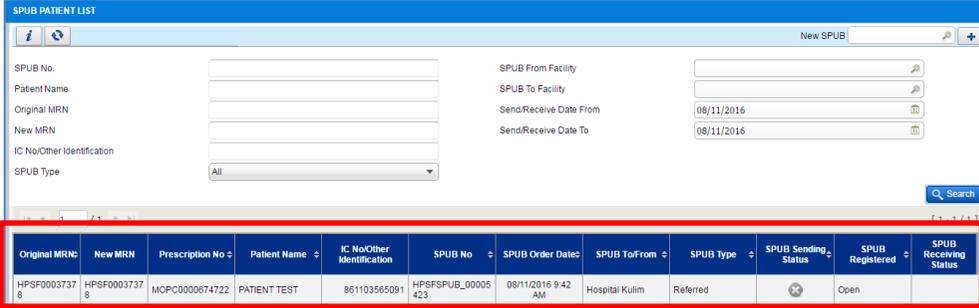
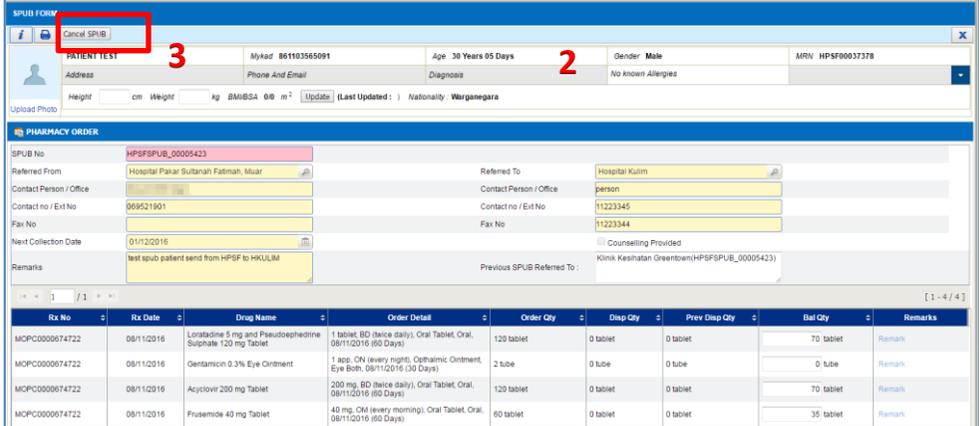
| Function Flow | Current Version 1.4.1   | New Version 1.5  |
|---------------|---|--|
|               |  <ul style="list-style-type: none"> <li>Click on <u>Yes(8)</u> to confirm the SPUB order.</li> </ul>  <ul style="list-style-type: none"> <li>Go to Screening &amp; Verification screen to verify the order.</li> </ul>  <ul style="list-style-type: none"> <li>Click on <u>Verify(9)</u> button. A message of inactive drug will appear as</li> </ul> |  <ul style="list-style-type: none"> <li>Click on the record to insert the SPUB record into Medication Order.</li> <li>Once drug information record insert into Medication Order, click on <u>Confirm(7)</u> button to confirm the order.</li> </ul>  <ul style="list-style-type: none"> <li>Click on <u>Yes(8)</u> to confirm the SPUB order.</li> <li>A message of inactive drug will appear if the drug is inactive at the receiving facility.</li> </ul> |

| Function Flow | Current Version 1.4.1   | New Version 1.5   |           |               |                  |             |                  |             |               |                                 |   |          |   |          |          |               |                          |   |          |   |          |          |   |
|---------------|---|---|-----------|---------------|------------------|-------------|------------------|-------------|---------------|---------------------------------|---|----------|---|----------|----------|---------------|--------------------------|---|----------|---|----------|----------|---|
|               | <p>below:</p>  <ul style="list-style-type: none"> <li>Click <u>OK(10)</u> to continue. When screen goes back to Screening &amp; Verification, <u>Alternate link is disable(11)</u>.</li> </ul> <table border="1" data-bbox="264 660 1102 962"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Details</th> <th>Order Qty</th> <th>Reserve Qty</th> <th>Dispense UOM Qty</th> <th>Balance Qty</th> </tr> </thead> <tbody> <tr> <td>Drug Interact</td> <td>BISOProlol Fumarate 5 mg Tablet</td> <td>5 mg, OM, 9 Days<br/>12/06/2016 03:08 PM - 21/06/2016 03:08 PM</td> <td>4 tablet</td> <td>0</td> <td>0 tablet</td> <td>4 tablet</td> </tr> <tr> <td>Drug Interact</td> <td>Simvastatin 10 mg Tablet</td> <td>10 mg, ON, 10 Days<br/>15/06/2016 03:08 PM - 25/06/2016 03:08 PM</td> <td>5 tablet</td> <td>0</td> <td>0 tablet</td> <td>5 tablet</td> </tr> </tbody> </table>  | Alert   | Drug Name | Order Details | Order Qty        | Reserve Qty | Dispense UOM Qty | Balance Qty | Drug Interact | BISOProlol Fumarate 5 mg Tablet | 5 mg, OM, 9 Days<br>12/06/2016 03:08 PM - 21/06/2016 03:08 PM | 4 tablet | 0 | 0 tablet | 4 tablet | Drug Interact | Simvastatin 10 mg Tablet | 10 mg, ON, 10 Days<br>15/06/2016 03:08 PM - 25/06/2016 03:08 PM | 5 tablet | 0 | 0 tablet | 5 tablet |  <ul style="list-style-type: none"> <li>Then click on <u>OK(9)</u> button.</li> <li>Go to Screening &amp; Verification screen to verify the order.</li> </ul>  <ul style="list-style-type: none"> <li>We can see that this drug has <u>Alternate(C) link(10)</u> which this indicate that use are able to do intervention for this durg by alternate it to different batch item.</li> <li>Click on <u>Alternate(C)</u> link and alternate this drug to a different drug name.</li> </ul> |
| Alert         | Drug Name   | Order Details   | Order Qty | Reserve Qty   | Dispense UOM Qty | Balance Qty |                  |             |               |                                 |   |          |   |          |          |               |                          |   |          |   |          |          |   |
| Drug Interact | BISOProlol Fumarate 5 mg Tablet   | 5 mg, OM, 9 Days<br>12/06/2016 03:08 PM - 21/06/2016 03:08 PM   | 4 tablet  | 0             | 0 tablet         | 4 tablet    |                  |             |               |                                 |   |          |   |          |          |               |                          |   |          |   |          |          |   |
| Drug Interact | Simvastatin 10 mg Tablet  | 10 mg, ON, 10 Days<br>15/06/2016 03:08 PM - 25/06/2016 03:08 PM | 5 tablet  | 0             | 0 tablet         | 5 tablet    |                  |             |               |                                 |   |          |   |          |          |               |                          |   |          |   |          |          |   |

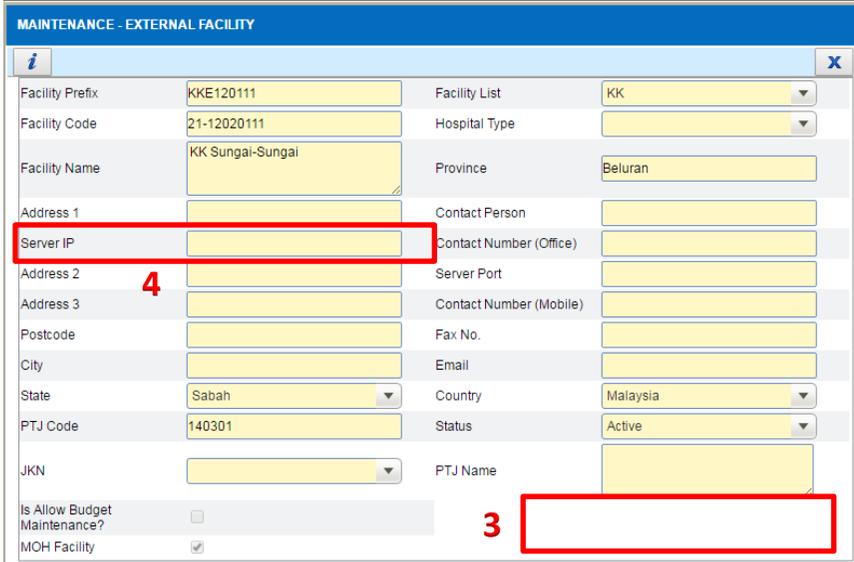
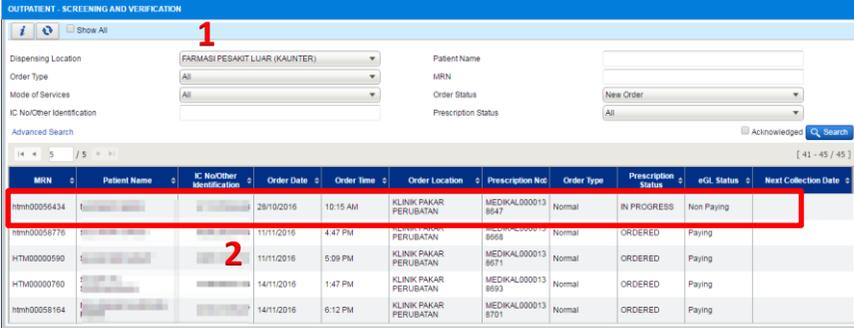
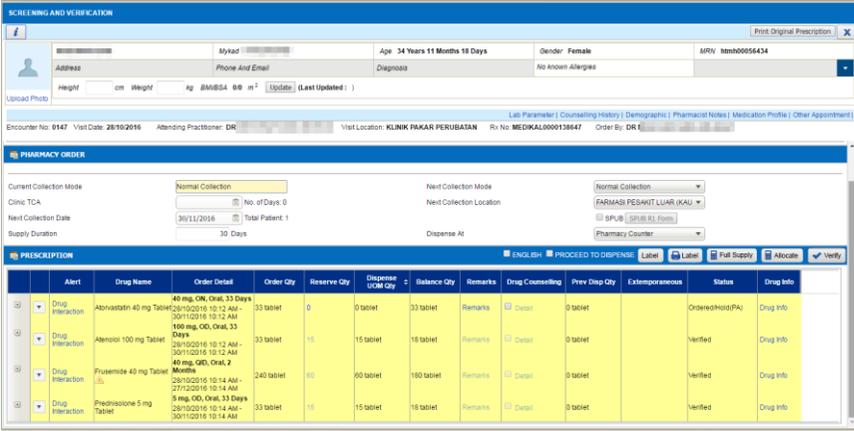
| Function Flow            | Current Version 1.4.1   | New Version 1.5   |           |              |                  |             |               |                                 |                |                                     |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
|--------------------------|-------------------------|---|-----------|--------------|------------------|-------------|---------------|---------------------------------|----------------|-------------------------------------|-----|----------------|--------|---|-------------------------|-------------|------|---|-----|------------|-----|--------|---|--------------------------|---|------|------------|------|--------|---|--------------------------|---|-------|------------|------|--------|---|--------------------------|---|-------------------------|-------------|------|---|---------|------------|----|--------|---|--------------------------|---|---------|------------|---|--------|---|--------------------------|---|---------|------------|------|--------|---|--------------------------|---|---------|------------|-----|--------|---|--------------------------|---|---------|------------|----|--------|---|--------------------------|---|-------------------------|-------------|------|---|--------|------------|-----|--------|----|-------------------------------------|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------------------------|------|--|--------|---|--------------|------|---------|---------------------------------|------|---------|--------------------------|------|---|-----------|---|----------|-----------|--------------|---------------------------------|----------|---------|--------------------------|------------------|--|-----------|---|----------|-----------|---------|---------------------------------|----------|---------|
|                          |                         | <div data-bbox="1144 256 2114 746"> <p><b>ALTERNATE DRUG DETAILS</b></p> <p>Location: UNIT FARMASI KLINIK PAKAR<br/>           Ordered Drug Code: J05AB01000L8001XX<br/>           Ordered Drug Desc: Acyclovir 200 mg/5 ml Suspension</p> <p>Order Detail: 200 mg, BID, 19 Days<br/>           Dosage Form: Oral Suspension<br/>           Route: Oral<br/>           Supply Duration: 19 days Date From 31/08/2016 to 19/09/2016</p> <p><b>BATCH DETAIL</b></p> <table border="1"> <thead> <tr> <th>No</th> <th>Drug Name</th> <th>Dosage Form</th> <th>Route</th> <th>Qty per dose</th> <th>Batch</th> <th>Expiry Date</th> <th>Available Qty</th> <th>SKU</th> <th>Allocation Qty</th> <th>Select</th> </tr> </thead> <tbody> <tr> <td rowspan="3">1</td> <td rowspan="3">Acyclovir 400 mg Tablet</td> <td rowspan="3">Oral Tablet</td> <td rowspan="3">Oral</td> <td>0</td> <td>try</td> <td>19/10/2016</td> <td>348</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>wef4</td> <td>17/09/2017</td> <td>3000</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>etv34</td> <td>17/09/2018</td> <td>5000</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="5">2</td> <td rowspan="5">Acyclovir 800 mg Tablet</td> <td rowspan="5">Oral Tablet</td> <td rowspan="5">Oral</td> <td>0</td> <td>2549998</td> <td>31/08/2017</td> <td>31</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>2613400</td> <td>30/04/2018</td> <td>9</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>2639193</td> <td>01/09/2018</td> <td>1400</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>2691594</td> <td>31/03/2019</td> <td>140</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>2691592</td> <td>02/04/2019</td> <td>70</td> <td>tablet</td> <td>0</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>Acyclovir 200 mg Tablet</td> <td>Oral Tablet</td> <td>Oral</td> <td>1</td> <td>15H239</td> <td>30/06/2018</td> <td>133</td> <td>tablet</td> <td>38</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> <li>Once choose the alternate drug, click on <u>Save(11)</u>.</li> <li>The <u>alternate drug(12)</u> will be listed under the original drug.</li> </ul> <div data-bbox="1144 831 2114 1326"> <p><b>SCREENING AND VERIFICATION</b></p> <p>Encounter No: 0274 Visit Date: 29/08/2016 Attending Practitioner: DR Visit Location: UNIT FARMASI KLINIK PAKAR Rx No: FKP0000592867 Order By: Mr Farmasi</p> <p><b>PHARMACY ORDER</b></p> <p>Current Collection Mode: Normal Collection<br/>       Next Collection Mode: Normal Collection<br/>       Clinic TCA: No. of Days: 0<br/>       Next Collection Date: 19/09/2016 Total Patient: 13<br/>       Supply Duration: 30 Days<br/>       Dispense At: Pharmacy Counter</p> <p><b>PRESCRIPTION</b></p> <table border="1"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Reserve Qty</th> <th>Dispense UOM Qty</th> <th>Balance Qty</th> <th>Remarks</th> <th>Drug Counselling</th> <th>Prev Disp Qty</th> <th>Extemporaneous</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Drug</td> <td>Acyclovir 200 mg/ 5 ml<br/>200 mg, BID, Oral, 19 Days</td> <td>190 ml</td> <td>0</td> <td>0 millilitre</td> <td>0 ml</td> <td>Remarks</td> <td><input type="checkbox"/> Detail</td> <td>0 ml</td> <td>Ordered</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drug</td> <td>Acyclovir 200 mg Tablet<br/>200 mg, BID, Oral, 19 Days</td> <td>38 tablet</td> <td>0</td> <td>0 tablet</td> <td>57 tablet</td> <td>Alternate(1)</td> <td><input type="checkbox"/> Detail</td> <td>0 tablet</td> <td>Ordered</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drug Interaction</td> <td>Tramadol 20 mg Tablet<br/>31/08/2016 12:21 PM - 19/09/2016 12:21 PM</td> <td>57 tablet</td> <td>0</td> <td>0 tablet</td> <td>57 tablet</td> <td>Remarks</td> <td><input type="checkbox"/> Detail</td> <td>0 tablet</td> <td>Ordered</td> </tr> </tbody> </table> </div> | No        | Drug Name    | Dosage Form      | Route       | Qty per dose  | Batch                           | Expiry Date    | Available Qty                       | SKU | Allocation Qty | Select | 1 | Acyclovir 400 mg Tablet | Oral Tablet | Oral | 0 | try | 19/10/2016 | 348 | tablet | 0 | <input type="checkbox"/> | 0 | wef4 | 17/09/2017 | 3000 | tablet | 0 | <input type="checkbox"/> | 0 | etv34 | 17/09/2018 | 5000 | tablet | 0 | <input type="checkbox"/> | 2 | Acyclovir 800 mg Tablet | Oral Tablet | Oral | 0 | 2549998 | 31/08/2017 | 31 | tablet | 0 | <input type="checkbox"/> | 0 | 2613400 | 30/04/2018 | 9 | tablet | 0 | <input type="checkbox"/> | 0 | 2639193 | 01/09/2018 | 1400 | tablet | 0 | <input type="checkbox"/> | 0 | 2691594 | 31/03/2019 | 140 | tablet | 0 | <input type="checkbox"/> | 0 | 2691592 | 02/04/2019 | 70 | tablet | 0 | <input type="checkbox"/> | 3 | Acyclovir 200 mg Tablet | Oral Tablet | Oral | 1 | 15H239 | 30/06/2018 | 133 | tablet | 38 | <input checked="" type="checkbox"/> | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | <input type="checkbox"/> | Drug | Acyclovir 200 mg/ 5 ml<br>200 mg, BID, Oral, 19 Days | 190 ml | 0 | 0 millilitre | 0 ml | Remarks | <input type="checkbox"/> Detail | 0 ml | Ordered | <input type="checkbox"/> | Drug | Acyclovir 200 mg Tablet<br>200 mg, BID, Oral, 19 Days | 38 tablet | 0 | 0 tablet | 57 tablet | Alternate(1) | <input type="checkbox"/> Detail | 0 tablet | Ordered | <input type="checkbox"/> | Drug Interaction | Tramadol 20 mg Tablet<br>31/08/2016 12:21 PM - 19/09/2016 12:21 PM | 57 tablet | 0 | 0 tablet | 57 tablet | Remarks | <input type="checkbox"/> Detail | 0 tablet | Ordered |
| No                       | Drug Name               | Dosage Form   | Route     | Qty per dose | Batch            | Expiry Date | Available Qty | SKU                             | Allocation Qty | Select                              |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
| 1                        | Acyclovir 400 mg Tablet | Oral Tablet   | Oral      | 0            | try              | 19/10/2016  | 348           | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
|                          |                         |   |           | 0            | wef4             | 17/09/2017  | 3000          | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
|                          |                         |   |           | 0            | etv34            | 17/09/2018  | 5000          | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
| 2                        | Acyclovir 800 mg Tablet | Oral Tablet   | Oral      | 0            | 2549998          | 31/08/2017  | 31            | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
|                          |                         |   |           | 0            | 2613400          | 30/04/2018  | 9             | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
|                          |                         |   |           | 0            | 2639193          | 01/09/2018  | 1400          | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
|                          |                         |   |           | 0            | 2691594          | 31/03/2019  | 140           | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
|                          |                         |   |           | 0            | 2691592          | 02/04/2019  | 70            | tablet                          | 0              | <input type="checkbox"/>            |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
| 3                        | Acyclovir 200 mg Tablet | Oral Tablet   | Oral      | 1            | 15H239           | 30/06/2018  | 133           | tablet                          | 38             | <input checked="" type="checkbox"/> |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
| Alert                    | Drug Name               | Order Detail  | Order Qty | Reserve Qty  | Dispense UOM Qty | Balance Qty | Remarks       | Drug Counselling                | Prev Disp Qty  | Extemporaneous                      |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
| <input type="checkbox"/> | Drug                    | Acyclovir 200 mg/ 5 ml<br>200 mg, BID, Oral, 19 Days  | 190 ml    | 0            | 0 millilitre     | 0 ml        | Remarks       | <input type="checkbox"/> Detail | 0 ml           | Ordered                             |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
| <input type="checkbox"/> | Drug                    | Acyclovir 200 mg Tablet<br>200 mg, BID, Oral, 19 Days   | 38 tablet | 0            | 0 tablet         | 57 tablet   | Alternate(1)  | <input type="checkbox"/> Detail | 0 tablet       | Ordered                             |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |
| <input type="checkbox"/> | Drug Interaction        | Tramadol 20 mg Tablet<br>31/08/2016 12:21 PM - 19/09/2016 12:21 PM  | 57 tablet | 0            | 0 tablet         | 57 tablet   | Remarks       | <input type="checkbox"/> Detail | 0 tablet       | Ordered                             |     |                |        |   |                         |             |      |   |     |            |     |        |   |                          |   |      |            |      |        |   |                          |   |       |            |      |        |   |                          |   |                         |             |      |   |         |            |    |        |   |                          |   |         |            |   |        |   |                          |   |         |            |      |        |   |                          |   |         |            |     |        |   |                          |   |         |            |    |        |   |                          |   |                         |             |      |   |        |            |     |        |    |                                     |       |           |              |           |             |                  |             |         |                  |               |                |                          |      |  |        |   |              |      |         |                                 |      |         |                          |      |   |           |   |          |           |              |                                 |          |         |                          |                  |  |           |   |          |           |         |                                 |          |         |

| Function Flow                                     | Current Version 1.4.1  | New Version 1.5  |  |                     |                                  |               |                 |                 |                        |                      |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
|---|--|--|--|---------------------|----------------------------------|---------------|-----------------|-----------------|------------------------|----------------------|-----------------|------------------------|-----------------|--------------|----|---|------------------------|---------------------|----------------------------------|----------|---------|------------|---|----------------------|--------------|---|---|------------------------|--------------------|----------------------------------|----------|---------|------|--|----------------|--------------|---|---|------------------------|--------------------|----------------------------------|----------|---------|------------|---|----------------|--------------|-------|---|------------------------|--------------------|----------------------------------|----------|---------|------------|---|----------------|--------------|-----|---|------------------------|--------------------|----------------------------------|----------|---------|------|--|----------------|--------------|--------------|--------------|------------------------|---------------------|----------------------------------|----------|---------|------|---|----------------|--------------|--------------------------|--------------|------------------------|--------------------|----------------------------------|----------|---------|------------|---|----------------|-------|---------|-----------|--------------|-----------|----------|---------------|---------|---------|----------------|------------|--|--|-------------|------------|------------|-------------|---------|
| <p>2. Able to cancel SPUB at sending facility</p> | <ul style="list-style-type: none"> <li>No Cancel SPUB function available in this version.</li> </ul> | <p><b>ONLINE SPUB:</b></p> <ul style="list-style-type: none"> <li>Go to SPUB Patient List menu list and open the screen.</li> <li>Find a record with <i>SPUB status = Success and SPUB Registered = Open(1)</i>.</li> </ul>  <p><b>SPUB PATIENT LIST</b></p> <table border="1"> <thead> <tr> <th>MRN</th> <th>Patient Name</th> <th>IC No/Other Identification</th> <th>SPUB No</th> <th>SPUB Order Date</th> <th>SPUB To/From</th> <th>SPUB Type</th> <th>SPUB Status</th> <th>SPUB Registered</th> <th>Acknowledgement Status</th> <th>Prescription No</th> </tr> </thead> <tbody> <tr> <td>HPSF00034007</td> <td>LI</td> <td>4</td> <td>21-0106002SPUB_0003609</td> <td>17/08/2016 12:02 PM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Received</td> <td>Success</td> <td>Registered</td> <td>✓</td> <td>Outpatient0000158539</td> </tr> <tr style="border: 2px solid red;"> <td>HPSF00144423</td> <td>W</td> <td>7</td> <td>11-0106001SPUB_0003609</td> <td>16/08/2016 9:53 AM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td>Success</td> <td>Open</td> <td></td> <td>MOPC0000592641</td> </tr> <tr> <td>HPSF00004307</td> <td>H</td> <td>8</td> <td>11-0106001SPUB_0003614</td> <td>17/08/2016 9:51 AM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td>Success</td> <td>Registered</td> <td>✗</td> <td>MOPC0000592670</td> </tr> <tr> <td>HPSF00143302</td> <td>N M H</td> <td>8</td> <td>11-0106001SPUB_0003608</td> <td>15/08/2016 4:07 PM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td>Success</td> <td>Registered</td> <td>✓</td> <td>MOPC0000592638</td> </tr> <tr> <td>HPSF00039267</td> <td>M A</td> <td>7</td> <td>11-0106001SPUB_0003611</td> <td>16/08/2016 3:24 PM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td>Success</td> <td>Open</td> <td></td> <td>ENTC0000155559</td> </tr> <tr> <td>HPSF00039544</td> <td>ENG SU LIONG</td> <td>421130015397</td> <td>11-0106001SPUB_0003615</td> <td>17/08/2016 10:48 AM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td>Success</td> <td>Open</td> <td>✗</td> <td>SOPC0000590607</td> </tr> <tr> <td>HPSF00006464</td> <td>NURUL ADILAH BINTI SAHAR</td> <td>970919015490</td> <td>11-0106001SPUB_0003606</td> <td>15/08/2016 8:39 AM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td>Success</td> <td>Registered</td> <td>✓</td> <td>MOPC0000592630</td> </tr> </tbody> </table> <p><b>SPUB FORM</b></p>  <p><b>PHARMACY ORDER</b></p> <table border="1"> <thead> <tr> <th>Rx No</th> <th>Rx Date</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Disp Qty</th> <th>Prev Disp Qty</th> <th>Bal Qty</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>SOPC0000590607</td> <td>16/07/2016</td> <td>Dutasteride 0.5mg and Tamsulosin 0.4mg Capsule</td> <td>1 capsule, ON (every night), Oral Capsule, 16/07/2016 (6 Months)</td> <td>180 capsule</td> <td>30 capsule</td> <td>30 capsule</td> <td>150 capsule</td> <td>Remarks</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Click on the patient name and <i>SPUB Form screen(2)</i> will appear.</li> <li>Click on <i>Cancel SPUB(3)</i> button to resend the record again to the receiving</li> </ul> | MRN  | Patient Name        | IC No/Other Identification       | SPUB No       | SPUB Order Date | SPUB To/From    | SPUB Type              | SPUB Status          | SPUB Registered | Acknowledgement Status | Prescription No | HPSF00034007 | LI | 4 | 21-0106002SPUB_0003609 | 17/08/2016 12:02 PM | Klinik Kesihatan Bandar Maharani | Received | Success | Registered | ✓ | Outpatient0000158539 | HPSF00144423 | W | 7 | 11-0106001SPUB_0003609 | 16/08/2016 9:53 AM | Klinik Kesihatan Bandar Maharani | Referred | Success | Open |  | MOPC0000592641 | HPSF00004307 | H | 8 | 11-0106001SPUB_0003614 | 17/08/2016 9:51 AM | Klinik Kesihatan Bandar Maharani | Referred | Success | Registered | ✗ | MOPC0000592670 | HPSF00143302 | N M H | 8 | 11-0106001SPUB_0003608 | 15/08/2016 4:07 PM | Klinik Kesihatan Bandar Maharani | Referred | Success | Registered | ✓ | MOPC0000592638 | HPSF00039267 | M A | 7 | 11-0106001SPUB_0003611 | 16/08/2016 3:24 PM | Klinik Kesihatan Bandar Maharani | Referred | Success | Open |  | ENTC0000155559 | HPSF00039544 | ENG SU LIONG | 421130015397 | 11-0106001SPUB_0003615 | 17/08/2016 10:48 AM | Klinik Kesihatan Bandar Maharani | Referred | Success | Open | ✗ | SOPC0000590607 | HPSF00006464 | NURUL ADILAH BINTI SAHAR | 970919015490 | 11-0106001SPUB_0003606 | 15/08/2016 8:39 AM | Klinik Kesihatan Bandar Maharani | Referred | Success | Registered | ✓ | MOPC0000592630 | Rx No | Rx Date | Drug Name | Order Detail | Order Qty | Disp Qty | Prev Disp Qty | Bal Qty | Remarks | SOPC0000590607 | 16/07/2016 | Dutasteride 0.5mg and Tamsulosin 0.4mg Capsule | 1 capsule, ON (every night), Oral Capsule, 16/07/2016 (6 Months) | 180 capsule | 30 capsule | 30 capsule | 150 capsule | Remarks |
| MRN   | Patient Name   | IC No/Other Identification   | SPUB No  | SPUB Order Date     | SPUB To/From                     | SPUB Type     | SPUB Status     | SPUB Registered | Acknowledgement Status | Prescription No      |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| HPSF00034007                                      | LI   | 4  | 21-0106002SPUB_0003609   | 17/08/2016 12:02 PM | Klinik Kesihatan Bandar Maharani | Received      | Success         | Registered      | ✓                      | Outpatient0000158539 |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| HPSF00144423                                      | W  | 7  | 11-0106001SPUB_0003609   | 16/08/2016 9:53 AM  | Klinik Kesihatan Bandar Maharani | Referred      | Success         | Open            |                        | MOPC0000592641       |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| HPSF00004307                                      | H  | 8  | 11-0106001SPUB_0003614   | 17/08/2016 9:51 AM  | Klinik Kesihatan Bandar Maharani | Referred      | Success         | Registered      | ✗                      | MOPC0000592670       |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| HPSF00143302                                      | N M H  | 8  | 11-0106001SPUB_0003608   | 15/08/2016 4:07 PM  | Klinik Kesihatan Bandar Maharani | Referred      | Success         | Registered      | ✓                      | MOPC0000592638       |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| HPSF00039267                                      | M A  | 7  | 11-0106001SPUB_0003611   | 16/08/2016 3:24 PM  | Klinik Kesihatan Bandar Maharani | Referred      | Success         | Open            |                        | ENTC0000155559       |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| HPSF00039544                                      | ENG SU LIONG   | 421130015397   | 11-0106001SPUB_0003615   | 17/08/2016 10:48 AM | Klinik Kesihatan Bandar Maharani | Referred      | Success         | Open            | ✗                      | SOPC0000590607       |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| HPSF00006464                                      | NURUL ADILAH BINTI SAHAR   | 970919015490   | 11-0106001SPUB_0003606   | 15/08/2016 8:39 AM  | Klinik Kesihatan Bandar Maharani | Referred      | Success         | Registered      | ✓                      | MOPC0000592630       |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| Rx No   | Rx Date  | Drug Name  | Order Detail   | Order Qty           | Disp Qty                         | Prev Disp Qty | Bal Qty         | Remarks         |                        |                      |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |
| SOPC0000590607                                    | 16/07/2016   | Dutasteride 0.5mg and Tamsulosin 0.4mg Capsule   | 1 capsule, ON (every night), Oral Capsule, 16/07/2016 (6 Months) | 180 capsule         | 30 capsule                       | 30 capsule    | 150 capsule     | Remarks         |                        |                      |                 |                        |                 |              |    |   |                        |                     |                                  |          |         |            |   |                      |              |   |   |                        |                    |                                  |          |         |      |  |                |              |   |   |                        |                    |                                  |          |         |            |   |                |              |       |   |                        |                    |                                  |          |         |            |   |                |              |     |   |                        |                    |                                  |          |         |      |  |                |              |              |              |                        |                     |                                  |          |         |      |   |                |              |                          |              |                        |                    |                                  |          |         |            |   |                |       |         |           |              |           |          |               |         |         |                |            |  |  |             |            |            |             |         |

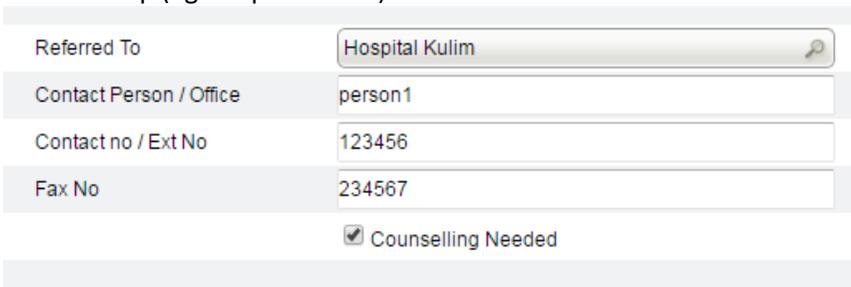
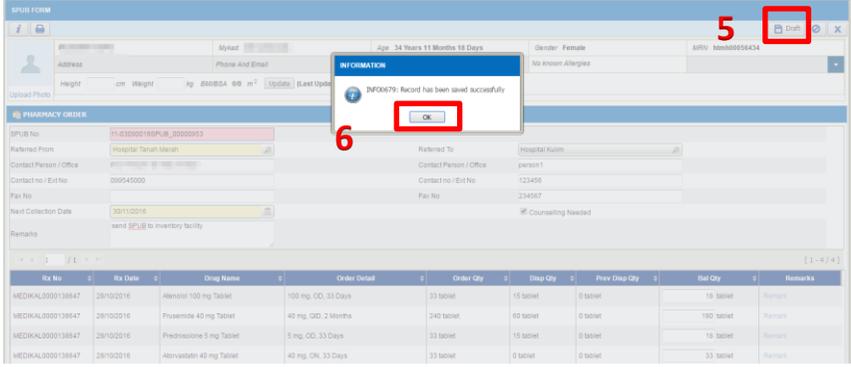
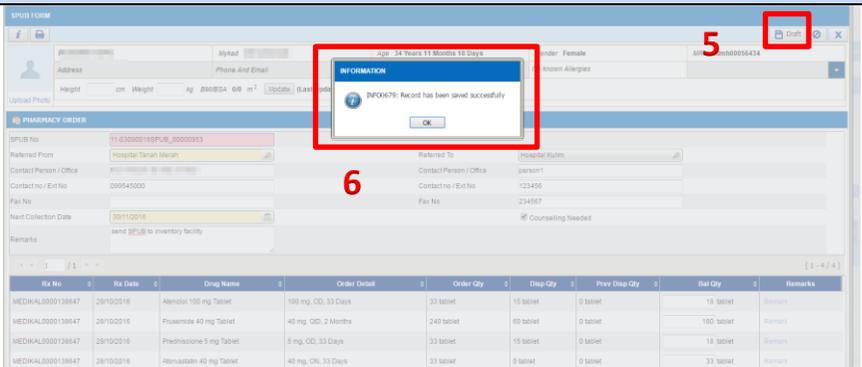
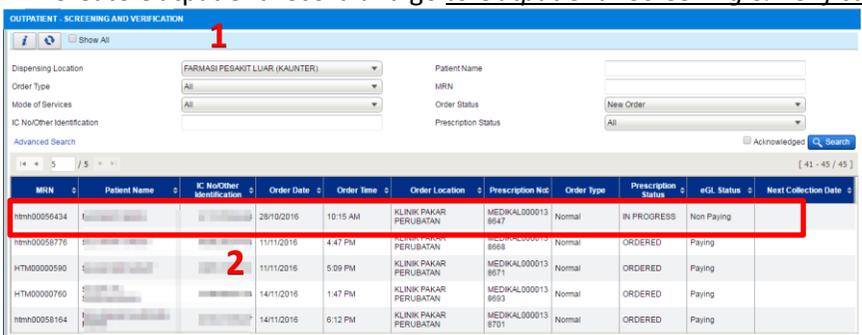
| Function Flow | Current Version 1.4.1 | New Version 1.5   |                          |                     |                                  |                          |                    |                                  |          |     |      |  |     |              |    |    |                          |                     |                                  |          |   |        |   |     |
|---------------|-----------------------|---|--------------------------|---------------------|----------------------------------|--------------------------|--------------------|----------------------------------|----------|-----|------|--|-----|--------------|----|----|--------------------------|---------------------|----------------------------------|----------|---|--------|---|-----|
|               |                       | <p>facility.</p> <ul style="list-style-type: none"> <li>After click, a message will appear showing that the record has been cancelled successfully.</li> </ul> <div data-bbox="1330 379 1930 632" style="border: 1px solid gray; padding: 5px; margin: 10px 0;"> <p style="background-color: #0056b3; color: white; padding: 2px;">INFORMATION</p> <div style="display: flex; align-items: center;"> <p>INFO7849: SPUB record are being cancelled successfully.</p> </div> <div style="text-align: center; margin-top: 10px;"> <span style="border: 2px solid red; padding: 2px 10px;">OK</span> <p style="color: red; font-weight: bold; margin-top: 5px;">4</p> </div> </div> <ul style="list-style-type: none"> <li>After click on <u>OK(4)</u> button, SPUB Patient list will be displayed</li> <li>When search back the patient name, record will be updated to <u>SPUB Status = Cancel(5)</u>.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>HPSF00017418</td> <td>SU</td> <td>78</td> <td>11-01090015SPUB_00003610</td> <td>16/08/2016 2:01 PM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td></td> <td>Open</td> <td></td> <td>MOF</td> </tr> <tr style="border: 2px solid red;"> <td>HPSF00038544</td> <td>Eh</td> <td>42</td> <td>11-01090015SPUB_00003615</td> <td>17/08/2016 10:48 AM</td> <td>Klinik Kesihatan Bandar Maharani</td> <td>Referred</td> <td style="text-align: center;">✔</td> <td>Cancel</td> <td style="text-align: center;">✔</td> <td>SOF</td> </tr> </table> <p style="text-align: right; color: red; font-weight: bold; margin-top: 5px;">5</p> <p><b>OFFLINE SPUB:</b></p> | HPSF00017418             | SU                  | 78                               | 11-01090015SPUB_00003610 | 16/08/2016 2:01 PM | Klinik Kesihatan Bandar Maharani | Referred |     | Open |  | MOF | HPSF00038544 | Eh | 42 | 11-01090015SPUB_00003615 | 17/08/2016 10:48 AM | Klinik Kesihatan Bandar Maharani | Referred | ✔ | Cancel | ✔ | SOF |
| HPSF00017418  | SU                    | 78  | 11-01090015SPUB_00003610 | 16/08/2016 2:01 PM  | Klinik Kesihatan Bandar Maharani | Referred                 |                    | Open                             |          | MOF |      |  |     |              |    |    |                          |                     |                                  |          |   |        |   |     |
| HPSF00038544  | Eh                    | 42  | 11-01090015SPUB_00003615 | 17/08/2016 10:48 AM | Klinik Kesihatan Bandar Maharani | Referred                 | ✔                  | Cancel                           | ✔        | SOF |      |  |     |              |    |    |                          |                     |                                  |          |   |        |   |     |

| Function Flow | Current Version 1.4.1 | New Version 1.5   |
|---------------|-----------------------|---|
|               |                       | <ul style="list-style-type: none"> <li>Go to SPUB Patient List menu list and open the screen.</li> <li>Find a record with <u>SPUB Registered = Open(1)</u>.</li> </ul>  <ul style="list-style-type: none"> <li>Click on the patient name and <u>SPUB Form screen(2)</u> will appear. <b>1</b></li> </ul>  <ul style="list-style-type: none"> <li>Click on <u>Cancel SPUB(3)</u> button to resend the record again to the receiving facility.</li> <li>After click, a message will appear showing that the record has been cancelled successfully.</li> </ul> |

| Function Flow  | Current Version 1.4.1   | New Version 1.5  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
|--|---|--|--------------------|----------------------------|-------------------|--------------------|----------------------------|---------------|---------------------|-----------------|----------------|---------------------|-----------------|---------------|--------------------|----------------|----------------|--------------|--------------|-------------------------|--------------------|----------------|----------|-------------|--------|----------|--|-------------------------|--|------|-------|---------|--|-------|-------|-------|--|----------|--------|---------|----------|-----|--------------------------|--------|--------|----------|----------------|--|--|------------------------------|--------------------------|--|--|--------------|-------------------------------------|--|--|--|-----------------|-----------|---------------|----|---------------|-------------|---------------|---------|---------------|----------------------------|----------|-------|-----------|-----------|----------------|------------|-----------|--|-------------------------|-----------|-----------|--|-------------|------|----------|--|-------------------------|--|------|--|---------|--|-------|-------|-------|--|----------|--------|---------|----------|-----|--------------------------|--------|--------|----------|--|--|--|------------------------------|--------------------------|--|--|--------------|-------------------------------------|---------------------|--------------------|
|  |   | <div data-bbox="1330 268 1930 520" style="border: 1px solid gray; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center; background-color: #0056b3; color: white; padding: 5px;"><b>INFORMATION</b></p> <div style="display: flex; align-items: center; justify-content: center;"> <p>INFO7849: SPUB record are being cancelled successfully.</p> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 2px solid red; padding: 5px; display: inline-block;">OK</div> <p style="color: red; font-weight: bold; margin-top: 5px;">4</p> </div> </div> <ul style="list-style-type: none"> <li>After click on <u>OK(4)</u> button, SPUB Patient list will be displayed.</li> <li>When search back the patient name, record will be updated to <u>SPUB Status = Cancel(5)</u>.</li> </ul> <div data-bbox="1137 655 2119 767" style="border: 2px solid red; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th>Original MRN:</th> <th>New MRN</th> <th>Prescription No</th> <th>Patient Name</th> <th>IC No/Other Identification</th> <th>SPUB No</th> <th>SPUB Order Date:</th> <th>SPUB To/From</th> <th>SPUB Type</th> <th>SPUB Sending Status</th> <th>SPUB Registered</th> <th>SPUB Recg Sta</th> </tr> </thead> <tbody> <tr> <td>HPSF0003737</td> <td>HPSF0003737</td> <td>MOPC0000674722</td> <td>PATIENT TEST</td> <td>861103565091</td> <td>HPSFSPUB_00005423</td> <td>08/11/2019 9:42 AM</td> <td>Hospital Kulim</td> <td>Referred</td> <td style="color: red; font-weight: bold;">5</td> <td>Cancel</td> <td></td> </tr> </tbody> </table> </div> | Original MRN:      | New MRN                    | Prescription No   | Patient Name       | IC No/Other Identification | SPUB No       | SPUB Order Date:    | SPUB To/From    | SPUB Type      | SPUB Sending Status | SPUB Registered | SPUB Recg Sta | HPSF0003737        | HPSF0003737    | MOPC0000674722 | PATIENT TEST | 861103565091 | HPSFSPUB_00005423       | 08/11/2019 9:42 AM | Hospital Kulim | Referred | 5           | Cancel |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Original MRN:  | New MRN   | Prescription No  | Patient Name       | IC No/Other Identification | SPUB No           | SPUB Order Date:   | SPUB To/From               | SPUB Type     | SPUB Sending Status | SPUB Registered | SPUB Recg Sta  |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| HPSF0003737  | HPSF0003737   | MOPC0000674722   | PATIENT TEST       | 861103565091               | HPSFSPUB_00005423 | 08/11/2019 9:42 AM | Hospital Kulim             | Referred      | 5                   | Cancel          |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| <p><b>3.</b> When send SPUB, system will be able to distinguish facilities that implement only inventory type.</p> | <p><b>Checking on Facility Implementation:</b></p> <ul style="list-style-type: none"> <li>Go to External Facility menu and check on the referred facility implementation type.</li> </ul> <div data-bbox="259 911 1115 1410" style="border: 1px solid gray; padding: 5px;"> <p>HOSPITAL MIRI</p> <p>EXTERNAL FACILITY</p> <p>MAINTENANCE - EXTERNAL FACILITY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Facility Prefix</td><td>HKLM</td> <td>Facility List</td><td>Hospital</td> </tr> <tr> <td>Facility Code</td><td>11-02060017</td> <td>Hospital Type</td><td>General</td> </tr> <tr> <td>Facility Name</td><td>Hospital Kulim</td> <td>Province</td><td></td> </tr> <tr> <td>Server IP</td><td>hkimapp.phis.local</td> <td>Contact Person</td><td></td> </tr> <tr> <td>Address 2</td><td></td> <td>Contact Number (Office)</td><td></td> </tr> <tr> <td>Address 3</td><td></td> <td>Server Port</td><td>8080</td> </tr> <tr> <td>Postcode</td><td></td> <td>Contact Number (Mobile)</td><td></td> </tr> <tr> <td>City</td><td>Kulim</td> <td>Fax No.</td><td></td> </tr> <tr> <td>State</td><td>Kedah</td> <td>Email</td><td></td> </tr> <tr> <td>PTJ Code</td><td>030501</td> <td>Country</td><td>Malaysia</td> </tr> <tr> <td>JKN</td><td>JABATAN KESIHATAN NEGERI</td> <td>Status</td><td>Active</td> </tr> <tr> <td>PTJ Name</td><td>Hospital Kulim</td> <td></td><td></td> </tr> <tr> <td>Is Allow Budget Maintenance?</td><td><input type="checkbox"/></td> <td></td><td></td> </tr> <tr> <td>MOH Facility</td><td><input checked="" type="checkbox"/></td> <td></td><td></td> </tr> </table> </div> | Facility Prefix  | HKLM               | Facility List              | Hospital          | Facility Code      | 11-02060017                | Hospital Type | General             | Facility Name   | Hospital Kulim | Province            |                 | Server IP     | hkimapp.phis.local | Contact Person |                | Address 2    |              | Contact Number (Office) |                    | Address 3      |          | Server Port | 8080   | Postcode |  | Contact Number (Mobile) |  | City | Kulim | Fax No. |  | State | Kedah | Email |  | PTJ Code | 030501 | Country | Malaysia | JKN | JABATAN KESIHATAN NEGERI | Status | Active | PTJ Name | Hospital Kulim |  |  | Is Allow Budget Maintenance? | <input type="checkbox"/> |  |  | MOH Facility | <input checked="" type="checkbox"/> |  |  | <p><b>Checking on Facility Implementation:</b></p> <ul style="list-style-type: none"> <li>Go to External Facility menu and check on the referred facility implementation type.</li> </ul> <div data-bbox="1137 911 2011 1410" style="border: 1px solid gray; padding: 5px;"> <p>HOSPITAL PAKAR SULTANAH FATIMAH, MUAR</p> <p>EXTERNAL FACILITY</p> <p>MAINTENANCE - EXTERNAL FACILITY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Facility Prefix</td><td>KKE080045</td> <td>Facility List</td><td>KK</td> </tr> <tr> <td>Facility Code</td><td>21-08050045</td> <td>Hospital Type</td><td>General</td> </tr> <tr> <td>Facility Name</td><td>Klinik Kesihatan Greentown</td> <td>Province</td><td>Kinta</td> </tr> <tr> <td>Server IP</td><td>10.1.2.72</td> <td>Contact Person</td><td>Mohd Zubir</td> </tr> <tr> <td>Address 2</td><td></td> <td>Contact Number (Office)</td><td>055622114</td> </tr> <tr> <td>Address 3</td><td></td> <td>Server Port</td><td>8080</td> </tr> <tr> <td>Postcode</td><td></td> <td>Contact Number (Mobile)</td><td></td> </tr> <tr> <td>City</td><td></td> <td>Fax No.</td><td></td> </tr> <tr> <td>State</td><td>Perak</td> <td>Email</td><td></td> </tr> <tr> <td>PTJ Code</td><td>052201</td> <td>Country</td><td>Malaysia</td> </tr> <tr> <td>JKN</td><td>JABATAN KESIHATAN NEGERI</td> <td>Status</td><td>Active</td> </tr> <tr> <td>PTJ Name</td><td></td> <td></td><td></td> </tr> <tr> <td>Is Allow Budget Maintenance?</td><td><input type="checkbox"/></td> <td></td><td></td> </tr> <tr> <td>MOH Facility</td><td><input checked="" type="checkbox"/></td> <td>Implementation Type</td><td>Standard Full Base</td> </tr> </table> </div> | Facility Prefix | KKE080045 | Facility List | KK | Facility Code | 21-08050045 | Hospital Type | General | Facility Name | Klinik Kesihatan Greentown | Province | Kinta | Server IP | 10.1.2.72 | Contact Person | Mohd Zubir | Address 2 |  | Contact Number (Office) | 055622114 | Address 3 |  | Server Port | 8080 | Postcode |  | Contact Number (Mobile) |  | City |  | Fax No. |  | State | Perak | Email |  | PTJ Code | 052201 | Country | Malaysia | JKN | JABATAN KESIHATAN NEGERI | Status | Active | PTJ Name |  |  |  | Is Allow Budget Maintenance? | <input type="checkbox"/> |  |  | MOH Facility | <input checked="" type="checkbox"/> | Implementation Type | Standard Full Base |
| Facility Prefix  | HKLM  | Facility List  | Hospital           |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Facility Code  | 11-02060017   | Hospital Type  | General            |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Facility Name  | Hospital Kulim  | Province   |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Server IP  | hkimapp.phis.local  | Contact Person   |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Address 2  |   | Contact Number (Office)  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Address 3  |   | Server Port  | 8080               |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Postcode   |   | Contact Number (Mobile)  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| City   | Kulim   | Fax No.  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| State  | Kedah   | Email  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| PTJ Code   | 030501  | Country  | Malaysia           |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| JKN  | JABATAN KESIHATAN NEGERI  | Status   | Active             |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| PTJ Name   | Hospital Kulim  |  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Is Allow Budget Maintenance?   | <input type="checkbox"/>  |  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| MOH Facility   | <input checked="" type="checkbox"/>   |  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Facility Prefix  | KKE080045   | Facility List  | KK                 |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Facility Code  | 21-08050045   | Hospital Type  | General            |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Facility Name  | Klinik Kesihatan Greentown  | Province   | Kinta              |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Server IP  | 10.1.2.72   | Contact Person   | Mohd Zubir         |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Address 2  |   | Contact Number (Office)  | 055622114          |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Address 3  |   | Server Port  | 8080               |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Postcode   |   | Contact Number (Mobile)  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| City   |   | Fax No.  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| State  | Perak   | Email  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| PTJ Code   | 052201  | Country  | Malaysia           |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| JKN  | JABATAN KESIHATAN NEGERI  | Status   | Active             |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| PTJ Name   |   |  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| Is Allow Budget Maintenance?   | <input type="checkbox"/>  |  |                    |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |
| MOH Facility   | <input checked="" type="checkbox"/>   | Implementation Type  | Standard Full Base |                            |                   |                    |                            |               |                     |                 |                |                     |                 |               |                    |                |                |              |              |                         |                    |                |          |             |        |          |  |                         |  |      |       |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |                |  |  |                              |                          |  |  |              |                                     |  |  |  |                 |           |               |    |               |             |               |         |               |                            |          |       |           |           |                |            |           |  |                         |           |           |  |             |      |          |  |                         |  |      |  |         |  |       |       |       |  |          |        |         |          |     |                          |        |        |          |  |  |  |                              |                          |  |  |              |                                     |                     |                    |

| Function Flow    | Current Version 1.4.1  | New Version 1.5   |            |              |                            |                  |            |                     |                 |                      |                     |           |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
|------------------|--|---|------------|--------------|----------------------------|------------------|------------|---------------------|-----------------|----------------------|---------------------|-----------|----------------------|-------------|------------|------------|------------|----------|------------------------|------------------|--------|-------------|------------|--|-------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|-------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|-------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|-------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|-----------------|---------------|----------------|--------|-----------|------------------|---------------------------|---|-----------|---|----------|-----------|---------|------|----------|--|------------------|-----------|------------------|------------------------|--|-----------|----|-----------|-----------|---------|------|----------|--|----------|-----------|------------------|-------------------------|--|------------|----|-----------|------------|---------|------|----------|--|----------|-----------|------------------|------------------------|--|-----------|----|-----------|-----------|---------|------|----------|--|----------|-----------|
|                  | <ul style="list-style-type: none"> <li><u>No status of implementation type(1)</u> appear in External Facility setting.</li> <li><u>Server IP(2)</u> is not null for Hospital Kulim.</li> </ul>  <ul style="list-style-type: none"> <li><u>No status of implementation type(3)</u> appear in External Facility setting.</li> <li><u>Server IP(4)</u> is null for Klinik Kesihatan Sungai-Sungai.</li> </ul> <p><b>Sending SPUB to facility type = Full Based/Pharmacy Based with not null on server IP:</b></p> <ul style="list-style-type: none"> <li>Create Outpatient record and go <u>to Outpatient - Screening &amp; Verification(1)</u>.</li> </ul> | <ul style="list-style-type: none"> <li><u>Status of implementation type(1)</u> appear in External Facility setting.</li> <li><u>Server IP(2)</u> is not null for Hospital Kulim.</li> </ul> <p><b>Sending SPUB to facility type = Full Based/Pharmacy Based or Inventory:</b></p> <ul style="list-style-type: none"> <li>Create Outpatient record and go <u>to Outpatient - Screening &amp; Verification(1)</u>.</li> </ul>  <table border="1"> <thead> <tr> <th>MRN</th> <th>Patient Name</th> <th>IC No/Other Identification</th> <th>Order Date</th> <th>Order Time</th> <th>Order Location</th> <th>Prescription No</th> <th>Order Type</th> <th>Prescription Status</th> <th>eG Status</th> <th>Next Collection Date</th> </tr> </thead> <tbody> <tr> <td>HTM00056434</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>28/10/2016</td> <td>10:15 AM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8647</td> <td>Normal</td> <td>IN PROGRESS</td> <td>Non Paying</td> <td></td> </tr> <tr> <td>HTM00056776</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>11/11/2016</td> <td>4:47 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8668</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM00050590</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>11/11/2016</td> <td>5:09 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8671</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM00000760</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>14/11/2016</td> <td>1:47 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8693</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM00056164</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>14/11/2016</td> <td>6:12 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8701</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Click on the <u>record(2)</u> to open patient details.</li> </ul>  <table border="1"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Reserve Qty</th> <th>Dispense UOM Qty</th> <th>Balance Qty</th> <th>Remarks</th> <th>Drug Counseling</th> <th>Prev Disp Qty</th> <th>Extemporaneous</th> <th>Status</th> <th>Drug Info</th> </tr> </thead> <tbody> <tr> <td>Drug Interaction</td> <td>Atorvastatin 40 mg Tablet</td> <td>40 mg, Or, Oral, 33 Days<br/>26/10/2016 10:12 AM - 30/11/2016 10:12 AM</td> <td>33 tablet</td> <td>0</td> <td>0 tablet</td> <td>33 tablet</td> <td>Remarks</td> <td>Drug</td> <td>0 tablet</td> <td></td> <td>Ordered/hold(PA)</td> <td>Drug info</td> </tr> <tr> <td>Drug Interaction</td> <td>Atenolol 100 mg Tablet</td> <td>100 mg, Or, Oral, 33 Days<br/>26/10/2016 10:12 AM - 30/11/2016 10:12 AM</td> <td>33 tablet</td> <td>15</td> <td>15 tablet</td> <td>18 tablet</td> <td>Remarks</td> <td>Drug</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug info</td> </tr> <tr> <td>Drug Interaction</td> <td>Furosemide 40 mg Tablet</td> <td>40 mg, Or, Oral, 2 Months<br/>26/10/2016 10:14 AM - 27/12/2016 10:14 AM</td> <td>240 tablet</td> <td>60</td> <td>60 tablet</td> <td>180 tablet</td> <td>Remarks</td> <td>Drug</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug info</td> </tr> <tr> <td>Drug Interaction</td> <td>Phenibrone 5 mg Tablet</td> <td>5 mg, Or, Oral, 33 Days<br/>26/10/2016 10:14 AM - 30/11/2016 10:14 AM</td> <td>33 tablet</td> <td>15</td> <td>15 tablet</td> <td>18 tablet</td> <td>Remarks</td> <td>Drug</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug info</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li><u>Allocate partial(3)</u> for the drug.</li> </ul> | MRN        | Patient Name | IC No/Other Identification | Order Date       | Order Time | Order Location      | Prescription No | Order Type           | Prescription Status | eG Status | Next Collection Date | HTM00056434 | [Redacted] | [Redacted] | 28/10/2016 | 10:15 AM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8647 | Normal | IN PROGRESS | Non Paying |  | HTM00056776 | [Redacted] | [Redacted] | 11/11/2016 | 4:47 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8668 | Normal | ORDERED | Paying |  | HTM00050590 | [Redacted] | [Redacted] | 11/11/2016 | 5:09 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8671 | Normal | ORDERED | Paying |  | HTM00000760 | [Redacted] | [Redacted] | 14/11/2016 | 1:47 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8693 | Normal | ORDERED | Paying |  | HTM00056164 | [Redacted] | [Redacted] | 14/11/2016 | 6:12 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8701 | Normal | ORDERED | Paying |  | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counseling | Prev Disp Qty | Extemporaneous | Status | Drug Info | Drug Interaction | Atorvastatin 40 mg Tablet | 40 mg, Or, Oral, 33 Days<br>26/10/2016 10:12 AM - 30/11/2016 10:12 AM | 33 tablet | 0 | 0 tablet | 33 tablet | Remarks | Drug | 0 tablet |  | Ordered/hold(PA) | Drug info | Drug Interaction | Atenolol 100 mg Tablet | 100 mg, Or, Oral, 33 Days<br>26/10/2016 10:12 AM - 30/11/2016 10:12 AM | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Drug | 0 tablet |  | Verified | Drug info | Drug Interaction | Furosemide 40 mg Tablet | 40 mg, Or, Oral, 2 Months<br>26/10/2016 10:14 AM - 27/12/2016 10:14 AM | 240 tablet | 60 | 60 tablet | 180 tablet | Remarks | Drug | 0 tablet |  | Verified | Drug info | Drug Interaction | Phenibrone 5 mg Tablet | 5 mg, Or, Oral, 33 Days<br>26/10/2016 10:14 AM - 30/11/2016 10:14 AM | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Drug | 0 tablet |  | Verified | Drug info |
| MRN              | Patient Name   | IC No/Other Identification  | Order Date | Order Time   | Order Location             | Prescription No  | Order Type | Prescription Status | eG Status       | Next Collection Date |                     |           |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| HTM00056434      | [Redacted]   | [Redacted]  | 28/10/2016 | 10:15 AM     | KLINIK PAKAR PERUBATAN     | MEDKAL00013 8647 | Normal     | IN PROGRESS         | Non Paying      |                      |                     |           |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| HTM00056776      | [Redacted]   | [Redacted]  | 11/11/2016 | 4:47 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL00013 8668 | Normal     | ORDERED             | Paying          |                      |                     |           |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| HTM00050590      | [Redacted]   | [Redacted]  | 11/11/2016 | 5:09 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL00013 8671 | Normal     | ORDERED             | Paying          |                      |                     |           |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| HTM00000760      | [Redacted]   | [Redacted]  | 14/11/2016 | 1:47 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL00013 8693 | Normal     | ORDERED             | Paying          |                      |                     |           |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| HTM00056164      | [Redacted]   | [Redacted]  | 14/11/2016 | 6:12 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL00013 8701 | Normal     | ORDERED             | Paying          |                      |                     |           |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| Alert            | Drug Name  | Order Detail  | Order Qty  | Reserve Qty  | Dispense UOM Qty           | Balance Qty      | Remarks    | Drug Counseling     | Prev Disp Qty   | Extemporaneous       | Status              | Drug Info |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| Drug Interaction | Atorvastatin 40 mg Tablet  | 40 mg, Or, Oral, 33 Days<br>26/10/2016 10:12 AM - 30/11/2016 10:12 AM   | 33 tablet  | 0            | 0 tablet                   | 33 tablet        | Remarks    | Drug                | 0 tablet        |                      | Ordered/hold(PA)    | Drug info |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| Drug Interaction | Atenolol 100 mg Tablet   | 100 mg, Or, Oral, 33 Days<br>26/10/2016 10:12 AM - 30/11/2016 10:12 AM  | 33 tablet  | 15           | 15 tablet                  | 18 tablet        | Remarks    | Drug                | 0 tablet        |                      | Verified            | Drug info |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| Drug Interaction | Furosemide 40 mg Tablet  | 40 mg, Or, Oral, 2 Months<br>26/10/2016 10:14 AM - 27/12/2016 10:14 AM  | 240 tablet | 60           | 60 tablet                  | 180 tablet       | Remarks    | Drug                | 0 tablet        |                      | Verified            | Drug info |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |
| Drug Interaction | Phenibrone 5 mg Tablet   | 5 mg, Or, Oral, 33 Days<br>26/10/2016 10:14 AM - 30/11/2016 10:14 AM  | 33 tablet  | 15           | 15 tablet                  | 18 tablet        | Remarks    | Drug                | 0 tablet        |                      | Verified            | Drug info |                      |             |            |            |            |          |                        |                  |        |             |            |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                 |               |                |        |           |                  |                           |   |           |   |          |           |         |      |          |  |                  |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |                  |                         |  |            |    |           |            |         |      |          |  |          |           |                  |                        |  |           |    |           |           |         |      |          |  |          |           |

| Function Flow    | Current Version 1.4.1   | New Version 1.5            |              |                            |                        |                  |                |                     |               |                      |                  |                      |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
|------------------|---|----------------------------|--------------|----------------------------|------------------------|------------------|----------------|---------------------|---------------|----------------------|------------------|----------------------|--------------|------------|------------|------------|----------|------------------------|------------------|--------|-------------|------------|--|--------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|-------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|-------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|--------------|------------|------------|------------|---------|------------------------|------------------|--------|---------|--------|--|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------|-----------|------------------|---------------------------|--------------------------|-----------|---|----------|-----------|---------|--------|----------|--|------------------|-----------|------------------|------------------------|---------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|----------|-----------|------------------|-------------------------|---------------------------|------------|----|-----------|------------|---------|--------|----------|--|----------|-----------|------------------|--------------------------|-------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|----------|-----------|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------|-----------|------------------|---------------------------|--------------------------|-----------|---|----------|-----------|---------|--------|----------|--|------------------|-----------|------------------|------------------------|---------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|----------|-----------|------------------|-------------------------|---------------------------|------------|----|-----------|------------|---------|--------|----------|--|----------|-----------|------------------|--------------------------|-------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|----------|-----------|---|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------|-----------|------------------|---------------------------|--------------------------|-----------|---|----------|-----------|---------|--------|----------|--|------------------|-----------|------------------|------------------------|---------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|----------|-----------|------------------|-------------------------|---------------------------|------------|----|-----------|------------|---------|--------|----------|--|----------|-----------|------------------|--------------------------|-------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|----------|-----------|
|                  | <p><b>OUTPATIENT - SCREENING AND VERIFICATION</b></p> <p>Dispensing Location: FARMASI PESAKIT LUAR (KOUNTER) <b>1</b></p> <p>Order Type: All</p> <p>Mode of Services: All</p> <p>IC No/Other Identification: [Empty]</p> <p>Patient Name: [Empty]</p> <p>HRN: [Empty]</p> <p>Order Status: New Order</p> <p>Prescription Status: All</p> <p>Advanced Search: [Empty]</p> <table border="1"> <thead> <tr> <th>MRN</th> <th>Patient Name</th> <th>IC No/Other Identification</th> <th>Order Date</th> <th>Order Time</th> <th>Order Location</th> <th>Prescription No.</th> <th>Order Type</th> <th>Prescription Status</th> <th>eGL Status</th> <th>Next Collection Date</th> </tr> </thead> <tbody> <tr> <td>HTM000056434</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>28/10/2016</td> <td>10:15 AM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8647</td> <td>Normal</td> <td>IN PROGRESS</td> <td>Non Paying</td> <td></td> </tr> <tr> <td>HTM000059776</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>11/11/2016</td> <td>4:47 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8668</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM00000590</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>11/11/2016</td> <td>5:09 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8671</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM00000760</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>14/11/2016</td> <td>1:47 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8693</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM000058164</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>14/11/2016</td> <td>6:12 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL00013 8701</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> </tbody> </table> <p><b>2</b></p> <p>Click on the <u>record(2)</u> to open patient details.</p> <p><b>SCREENING AND VERIFICATION</b></p> <p>Mykad: [Empty] Age: 34 Years 11 Months 18 Days Gender: Female HRN: HTM000056434</p> <p>Address: [Empty] Phone And Email: [Empty] Diagnosis: [Empty]</p> <p>Height: [Empty] cm Weight: [Empty] kg BMI: 24.89 m<sup>2</sup> (Last Updated: [Empty])</p> <p>Encounter No: 0147 Visit Date: 28/10/2016 Attending Practitioner: DR [Empty] Visit Location: KLINIK PAKAR PERUBATAN Rx No: MEDKAL000138647 Order By: DR [Empty]</p> <p><b>PHARMACY ORDER</b></p> <p>Current Collection Mode: Normal Collection</p> <p>Next Collection Mode: Normal Collection</p> <p>Clinic TCA: [Empty] No. of Days: 0</p> <p>Next Collection Location: FARMASI PESAKIT LUAR (KAU)</p> <p>Next Collection Date: 30/11/2016 Total Patient: 1</p> <p>Supply Duration: 30 Days Dispense At: Pharmacy Counter</p> <p><b>PRESCRIPTION</b></p> <table border="1"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Reserve Qty</th> <th>Dispense UOM Qty</th> <th>Balance Qty</th> <th>Remarks</th> <th>Drug Counselling</th> <th>Prev Disp Qty</th> <th>Extemporaneous</th> <th>Status</th> <th>Drug Info</th> </tr> </thead> <tbody> <tr> <td>Drug Interaction</td> <td>Atorvastatin 40 mg Tablet</td> <td>40 mg, Or, Oral, 33 Days</td> <td>33 tablet</td> <td>0</td> <td>0 tablet</td> <td>33 tablet</td> <td>Remarks</td> <td>Detail</td> <td>0 tablet</td> <td></td> <td>Ordered/Hold(PA)</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Atenolol 100 mg Tablet</td> <td>100 mg, Or, Oral, 33 Days</td> <td>33 tablet</td> <td>15</td> <td>15 tablet</td> <td>18 tablet</td> <td>Remarks</td> <td>Detail</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Fruisamide 40 mg Tablet</td> <td>40 mg, Or, Oral, 2 Months</td> <td>240 tablet</td> <td>60</td> <td>60 tablet</td> <td>180 tablet</td> <td>Remarks</td> <td>Detail</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Prednisolone 5 mg Tablet</td> <td>5 mg, Or, Oral, 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tablet</td> <td></td> <td>Verified</td> <td>Drug Info</td> </tr> </tbody> </table> <p><b>3</b></p> | MRN                        | Patient Name | IC No/Other Identification | Order Date             | Order Time       | Order Location | Prescription No.    | Order Type    | Prescription Status  | eGL Status       | Next Collection Date | HTM000056434 | [Redacted] | [Redacted] | 28/10/2016 | 10:15 AM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8647 | Normal | IN PROGRESS | Non Paying |  | HTM000059776 | [Redacted] | [Redacted] | 11/11/2016 | 4:47 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8668 | Normal | ORDERED | Paying |  | HTM00000590 | [Redacted] | [Redacted] | 11/11/2016 | 5:09 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8671 | Normal | ORDERED | Paying |  | HTM00000760 | [Redacted] | [Redacted] | 14/11/2016 | 1:47 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8693 | Normal | ORDERED | Paying |  | HTM000058164 | [Redacted] | [Redacted] | 14/11/2016 | 6:12 PM | KLINIK PAKAR PERUBATAN | MEDKAL00013 8701 | Normal | ORDERED | Paying |  | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status | Drug Info | Drug Interaction | Atorvastatin 40 mg Tablet | 40 mg, Or, Oral, 33 Days | 33 tablet | 0 | 0 tablet | 33 tablet | Remarks | Detail | 0 tablet |  | Ordered/Hold(PA) | Drug Info | Drug Interaction | Atenolol 100 mg Tablet | 100 mg, Or, Oral, 33 Days | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | Drug Interaction | Fruisamide 40 mg Tablet | 40 mg, Or, Oral, 2 Months | 240 tablet | 60 | 60 tablet | 180 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | Drug Interaction | Prednisolone 5 mg Tablet | 5 mg, Or, Oral, 33 Days | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status | Drug Info | Drug Interaction | Atorvastatin 40 mg Tablet | 40 mg, Or, Oral, 33 Days | 33 tablet | 0 | 0 tablet | 33 tablet | Remarks | Detail | 0 tablet |  | Ordered/Hold(PA) | Drug Info | Drug Interaction | Atenolol 100 mg Tablet | 100 mg, Or, Oral, 33 Days | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | Drug Interaction | Fruisamide 40 mg Tablet | 40 mg, Or, Oral, 2 Months | 240 tablet | 60 | 60 tablet | 180 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | Drug Interaction | Prednisolone 5 mg Tablet | 5 mg, Or, Oral, 33 Days | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | <p><b>PHARMACY ORDER</b></p> <p>Current Collection Mode: Normal Collection</p> <p>Next Collection Mode: Normal Collection</p> <p>Clinic TCA: [Empty] No. of Days: 0</p> <p>Next Collection Location: FARMASI PESAKIT LUAR (KAU)</p> <p>Next Collection Date: 30/11/2016 Total Patient: 1</p> <p>Supply Duration: 30 Days Dispense At: Pharmacy Counter</p> <p><b>PRESCRIPTION</b></p> <table border="1"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Reserve Qty</th> <th>Dispense UOM Qty</th> <th>Balance Qty</th> <th>Remarks</th> <th>Drug Counselling</th> <th>Prev Disp Qty</th> <th>Extemporaneous</th> <th>Status</th> <th>Drug Info</th> </tr> </thead> <tbody> <tr> <td>Drug Interaction</td> <td>Atorvastatin 40 mg Tablet</td> <td>40 mg, Or, Oral, 33 Days</td> <td>33 tablet</td> <td>0</td> <td>0 tablet</td> <td>33 tablet</td> <td>Remarks</td> <td>Detail</td> <td>0 tablet</td> <td></td> <td>Ordered/Hold(PA)</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Atenolol 100 mg Tablet</td> <td>100 mg, Or, Oral, 33 Days</td> <td>33 tablet</td> <td>15</td> <td>15 tablet</td> <td>18 tablet</td> <td>Remarks</td> <td>Detail</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Fruisamide 40 mg Tablet</td> <td>40 mg, Or, Oral, 2 Months</td> <td>240 tablet</td> <td>60</td> <td>60 tablet</td> <td>180 tablet</td> <td>Remarks</td> <td>Detail</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Prednisolone 5 mg Tablet</td> <td>5 mg, Or, Oral, 33 Days</td> <td>33 tablet</td> <td>15</td> <td>15 tablet</td> <td>18 tablet</td> <td>Remarks</td> <td>Detail</td> <td>0 tablet</td> <td></td> <td>Verified</td> <td>Drug Info</td> </tr> </tbody> </table> <p><b>3</b></p> <p>Then tick on <u>SPUB checkbox(4)</u> and then click on <u>'SPUB R1 Form'</u> to create SPUB record.</p> <p>Next Collection Mode: Normal Collection</p> <p>Next Collection Location: FARMASI PESAKIT LUAR (KAU)</p> <p><b>4</b> <input checked="" type="checkbox"/> SPUB <u>SPUB R1 Form</u></p> <p>Dispense At: Pharmacy Counter <input type="button" value="Send SPUB"/></p> <p>At Referred Facility, choose a facility with null in server ip (eg:Hospital Kulim).</p> <p>Referred To: Hospital Kulim</p> <p>Contact Person / Office: person1</p> <p>Contact no / Ext No: 123456</p> <p>Fax No: 234567</p> <p><input checked="" type="checkbox"/> Counselling Needed</p> <p>Click on <u>Draft(5)</u> button to save the SPUB record.</p> | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status | Drug Info | Drug Interaction | Atorvastatin 40 mg Tablet | 40 mg, Or, Oral, 33 Days | 33 tablet | 0 | 0 tablet | 33 tablet | Remarks | Detail | 0 tablet |  | Ordered/Hold(PA) | Drug Info | Drug Interaction | Atenolol 100 mg Tablet | 100 mg, Or, Oral, 33 Days | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | Drug Interaction | Fruisamide 40 mg Tablet | 40 mg, Or, Oral, 2 Months | 240 tablet | 60 | 60 tablet | 180 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info | Drug Interaction | Prednisolone 5 mg Tablet | 5 mg, Or, Oral, 33 Days | 33 tablet | 15 | 15 tablet | 18 tablet | Remarks | Detail | 0 tablet |  | Verified | Drug Info |
| MRN              | Patient Name  | IC No/Other Identification | Order Date   | Order Time                 | Order Location         | Prescription No. | Order Type     | Prescription Status | eGL Status    | Next Collection Date |                  |                      |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| HTM000056434     | [Redacted]  | [Redacted]                 | 28/10/2016   | 10:15 AM                   | KLINIK PAKAR PERUBATAN | MEDKAL00013 8647 | Normal         | IN PROGRESS         | Non Paying    |                      |                  |                      |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| HTM000059776     | [Redacted]  | [Redacted]                 | 11/11/2016   | 4:47 PM                    | KLINIK PAKAR PERUBATAN | MEDKAL00013 8668 | Normal         | ORDERED             | Paying        |                      |                  |                      |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| HTM00000590      | [Redacted]  | [Redacted]                 | 11/11/2016   | 5:09 PM                    | KLINIK PAKAR PERUBATAN | MEDKAL00013 8671 | Normal         | ORDERED             | Paying        |                      |                  |                      |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| HTM00000760      | [Redacted]  | [Redacted]                 | 14/11/2016   | 1:47 PM                    | KLINIK PAKAR PERUBATAN | MEDKAL00013 8693 | Normal         | ORDERED             | Paying        |                      |                  |                      |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| HTM000058164     | [Redacted]  | [Redacted]                 | 14/11/2016   | 6:12 PM                    | KLINIK PAKAR PERUBATAN | MEDKAL00013 8701 | Normal         | ORDERED             | Paying        |                      |                  |                      |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Alert            | Drug Name   | Order Detail               | Order Qty    | Reserve Qty                | Dispense UOM Qty       | Balance Qty      | Remarks        | Drug Counselling    | Prev Disp Qty | Extemporaneous       | Status           | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Atorvastatin 40 mg Tablet   | 40 mg, Or, Oral, 33 Days   | 33 tablet    | 0                          | 0 tablet               | 33 tablet        | Remarks        | Detail              | 0 tablet      |                      | Ordered/Hold(PA) | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Atenolol 100 mg Tablet  | 100 mg, Or, Oral, 33 Days  | 33 tablet    | 15                         | 15 tablet              | 18 tablet        | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Fruisamide 40 mg Tablet   | 40 mg, Or, Oral, 2 Months  | 240 tablet   | 60                         | 60 tablet              | 180 tablet       | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Prednisolone 5 mg Tablet  | 5 mg, Or, Oral, 33 Days    | 33 tablet    | 15                         | 15 tablet              | 18 tablet        | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Alert            | Drug Name   | Order Detail               | Order Qty    | Reserve Qty                | Dispense UOM Qty       | Balance Qty      | Remarks        | Drug Counselling    | Prev Disp Qty | Extemporaneous       | Status           | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Atorvastatin 40 mg Tablet   | 40 mg, Or, Oral, 33 Days   | 33 tablet    | 0                          | 0 tablet               | 33 tablet        | Remarks        | Detail              | 0 tablet      |                      | Ordered/Hold(PA) | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Atenolol 100 mg Tablet  | 100 mg, Or, Oral, 33 Days  | 33 tablet    | 15                         | 15 tablet              | 18 tablet        | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Fruisamide 40 mg Tablet   | 40 mg, Or, Oral, 2 Months  | 240 tablet   | 60                         | 60 tablet              | 180 tablet       | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Prednisolone 5 mg Tablet  | 5 mg, Or, Oral, 33 Days    | 33 tablet    | 15                         | 15 tablet              | 18 tablet        | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Alert            | Drug Name   | Order Detail               | Order Qty    | Reserve Qty                | Dispense UOM Qty       | Balance Qty      | Remarks        | Drug Counselling    | Prev Disp Qty | Extemporaneous       | Status           | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Atorvastatin 40 mg Tablet   | 40 mg, Or, Oral, 33 Days   | 33 tablet    | 0                          | 0 tablet               | 33 tablet        | Remarks        | Detail              | 0 tablet      |                      | Ordered/Hold(PA) | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Atenolol 100 mg Tablet  | 100 mg, Or, Oral, 33 Days  | 33 tablet    | 15                         | 15 tablet              | 18 tablet        | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Fruisamide 40 mg Tablet   | 40 mg, Or, Oral, 2 Months  | 240 tablet   | 60                         | 60 tablet              | 180 tablet       | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |
| Drug Interaction | Prednisolone 5 mg Tablet  | 5 mg, Or, Oral, 33 Days    | 33 tablet    | 15                         | 15 tablet              | 18 tablet        | Remarks        | Detail              | 0 tablet      |                      | Verified         | Drug Info            |              |            |            |            |          |                        |                  |        |             |            |  |              |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |             |            |            |            |         |                        |                  |        |         |        |  |              |            |            |            |         |                        |                  |        |         |        |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |   |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                           |                          |           |   |          |           |         |        |          |  |                  |           |                  |                        |                           |           |    |           |           |         |        |          |  |          |           |                  |                         |                           |            |    |           |            |         |        |          |  |          |           |                  |                          |                         |           |    |           |           |         |        |          |  |          |           |

| Function Flow | Current Version 1.4.1  | New Version 1.5  |            |              |                            |                  |            |                     |                  |                      |                     |            |                      |             |  |  |            |          |                        |                 |        |             |            |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |
|---------------|--|--|------------|--------------|----------------------------|------------------|------------|---------------------|------------------|----------------------|---------------------|------------|----------------------|-------------|--|--|------------|----------|------------------------|-----------------|--------|-------------|------------|--|-------------|--|--|------------|---------|------------------------|-----------------|--------|---------|--------|--|-------------|--|--|------------|---------|------------------------|-----------------|--------|---------|--------|--|-------------|--|--|------------|---------|------------------------|-----------------|--------|---------|--------|--|-------------|--|--|------------|---------|------------------------|-----------------|--------|---------|--------|--|
|               | <ul style="list-style-type: none"> <li>Then tick on <i>SPUB checkbox(4)</i> and then click on '<i>SPUB R1 Form</i>' to create SPUB record.</li> </ul>  <ul style="list-style-type: none"> <li>At Referred Facility column, choose a facility with not null value for server ip (eg:Hospital Kulim).</li> </ul>  <ul style="list-style-type: none"> <li>Click on <i>Draft(5)</i> button to save the SPUB record.</li> </ul>  <ul style="list-style-type: none"> <li>Click <i>OK(6)</i> to continue and SPUB record send successfully.</li> </ul> |  <ul style="list-style-type: none"> <li>Click <i>OK(6)</i> to continue and SPUB record send successfully.</li> </ul> <p><b>Sending SPUB to facility type = Inventory Based with null on server IP:</b></p> <ul style="list-style-type: none"> <li>Create Outpatient record and go to <i>Outpatient - Screening &amp; Verification(1)</i>.</li> </ul>  <table border="1" data-bbox="1142 965 2004 1125"> <thead> <tr> <th>MRN</th> <th>Patient Name</th> <th>IC No/Other Identification</th> <th>Order Date</th> <th>Order Time</th> <th>Order Location</th> <th>Prescription No.</th> <th>Order Type</th> <th>Prescription Status</th> <th>eGL Status</th> <th>Next Collection Date</th> </tr> </thead> <tbody> <tr> <td>hnm00056434</td> <td></td> <td></td> <td>28/10/2016</td> <td>10:15 AM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL000138647</td> <td>Normal</td> <td>IN PROGRESS</td> <td>Non Paying</td> <td></td> </tr> <tr> <td>hnm00056776</td> <td></td> <td></td> <td>11/11/2016</td> <td>4:47 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL000138647</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM00000590</td> <td></td> <td></td> <td>11/11/2016</td> <td>5:09 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL000138671</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>HTM00000760</td> <td></td> <td></td> <td>14/11/2016</td> <td>1:47 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL000138693</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> <tr> <td>hnm00005164</td> <td></td> <td></td> <td>14/11/2016</td> <td>6:12 PM</td> <td>KLINIK PAKAR PERUBATAN</td> <td>MEDKAL000138701</td> <td>Normal</td> <td>ORDERED</td> <td>Paying</td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Double click on the <i>record(2)</i> to open patient details.</li> </ul> | MRN        | Patient Name | IC No/Other Identification | Order Date       | Order Time | Order Location      | Prescription No. | Order Type           | Prescription Status | eGL Status | Next Collection Date | hnm00056434 |  |  | 28/10/2016 | 10:15 AM | KLINIK PAKAR PERUBATAN | MEDKAL000138647 | Normal | IN PROGRESS | Non Paying |  | hnm00056776 |  |  | 11/11/2016 | 4:47 PM | KLINIK PAKAR PERUBATAN | MEDKAL000138647 | Normal | ORDERED | Paying |  | HTM00000590 |  |  | 11/11/2016 | 5:09 PM | KLINIK PAKAR PERUBATAN | MEDKAL000138671 | Normal | ORDERED | Paying |  | HTM00000760 |  |  | 14/11/2016 | 1:47 PM | KLINIK PAKAR PERUBATAN | MEDKAL000138693 | Normal | ORDERED | Paying |  | hnm00005164 |  |  | 14/11/2016 | 6:12 PM | KLINIK PAKAR PERUBATAN | MEDKAL000138701 | Normal | ORDERED | Paying |  |
| MRN           | Patient Name   | IC No/Other Identification   | Order Date | Order Time   | Order Location             | Prescription No. | Order Type | Prescription Status | eGL Status       | Next Collection Date |                     |            |                      |             |  |  |            |          |                        |                 |        |             |            |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |
| hnm00056434   |  |  | 28/10/2016 | 10:15 AM     | KLINIK PAKAR PERUBATAN     | MEDKAL000138647  | Normal     | IN PROGRESS         | Non Paying       |                      |                     |            |                      |             |  |  |            |          |                        |                 |        |             |            |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |
| hnm00056776   |  |  | 11/11/2016 | 4:47 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL000138647  | Normal     | ORDERED             | Paying           |                      |                     |            |                      |             |  |  |            |          |                        |                 |        |             |            |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |
| HTM00000590   |  |  | 11/11/2016 | 5:09 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL000138671  | Normal     | ORDERED             | Paying           |                      |                     |            |                      |             |  |  |            |          |                        |                 |        |             |            |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |
| HTM00000760   |  |  | 14/11/2016 | 1:47 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL000138693  | Normal     | ORDERED             | Paying           |                      |                     |            |                      |             |  |  |            |          |                        |                 |        |             |            |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |
| hnm00005164   |  |  | 14/11/2016 | 6:12 PM      | KLINIK PAKAR PERUBATAN     | MEDKAL000138701  | Normal     | ORDERED             | Paying           |                      |                     |            |                      |             |  |  |            |          |                        |                 |        |             |            |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |             |  |  |            |         |                        |                 |        |         |        |  |

| Function Flow | Current Version 1.4.1 | New Version 1.5 |
|---------------|-----------------------|-----------------|
|---------------|-----------------------|-----------------|

**Sending SPUB to facility type = Inventory Based with null on server IP:**

- Create Outpatient record and go *to Outpatient - Screening & Verification(1).*

| MRN          | Patient Name | IC No/Other Identification | Order Date | Order Time | Order Location         | Prescription No  | Order Type | Prescription Status | eCL Status | Next Collection Date |
|--------------|--------------|----------------------------|------------|------------|------------------------|------------------|------------|---------------------|------------|----------------------|
| htmh00056434 | [Redacted]   | [Redacted]                 | 28/10/2016 | 10:15 AM   | KLINIK PAKAR PERUBATAN | MEDIKAL000138647 | Normal     | IN PROGRESS         | Non Paying |                      |
| htmh00058776 | [Redacted]   | [Redacted]                 | 11/11/2016 | 4:47 PM    | KLINIK PAKAR PERUBATAN | 8668             | Normal     | ORDERED             | Paying     |                      |

- Click on the record(2) to open patient details.

| Alert            | Drug Name                 | Order Detail   | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counseling | Prev Disp Qty | Extemporaneous | Status           | Drug Info |
|------------------|---------------------------|--|-----------|-------------|------------------|-------------|---------|-----------------|---------------|----------------|------------------|-----------|
| Drug Interaction | Atorvastatin 40 mg Tablet | 40 mg, Oral, 33 Days<br>28/10/2016 10:12 AM - 30/11/2016 10:12 AM<br>100 mg, OD, Oral, 33 Days | 33 tablet | 0           | 0 tablet         | 33 tablet   | Remarks | Caution         | 0 tablet      |                | Ordered/Hold(PA) | Drug Info |

- Allocate partial(3) for the drug.

| Alert            | Drug Name                 | Order Detail   | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counseling | Prev Disp Qty | Extemporaneous | Status           | Drug Info |
|------------------|---------------------------|--|-----------|-------------|------------------|-------------|---------|-----------------|---------------|----------------|------------------|-----------|
| Drug Interaction | Atorvastatin 40 mg Tablet | 40 mg, Oral, 33 Days<br>28/10/2016 10:12 AM - 30/11/2016 10:12 AM<br>100 mg, OD, Oral, 33 Days | 33 tablet | 0           | 0 tablet         | 33 tablet   | Remarks | Caution         | 0 tablet      |                | Ordered/Hold(PA) | Drug Info |

- Allocate partial(3) for the drug.

| Alert            | Drug Name                 | Order Detail   | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counseling | Prev Disp Qty | Extemporaneous | Status           | Drug Info |
|------------------|---------------------------|--|-----------|-------------|------------------|-------------|---------|-----------------|---------------|----------------|------------------|-----------|
| Drug Interaction | Atorvastatin 40 mg Tablet | 40 mg, Oral, 33 Days<br>28/10/2016 10:12 AM - 30/11/2016 10:12 AM<br>100 mg, OD, Oral, 33 Days | 33 tablet | 0           | 0 tablet         | 33 tablet   | Remarks | Caution         | 0 tablet      |                | Ordered/Hold(PA) | Drug Info |

- Then tick on SPUB checkbox(4) and then click on 'SPUB R1 Form' to create SPUB record.

Next Collection Mode: Normal Collection

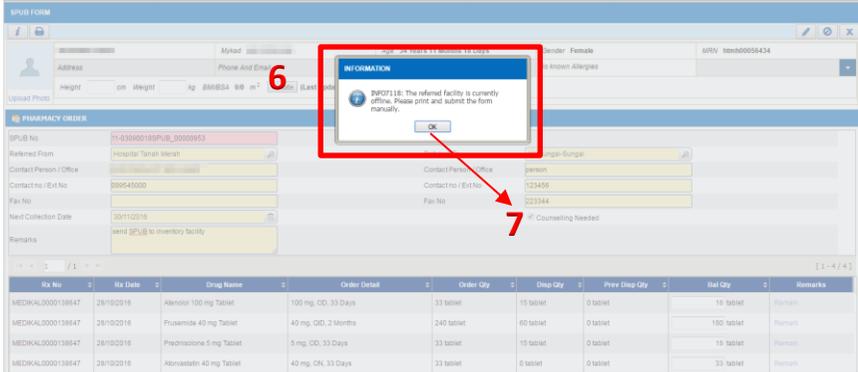
Next Collection Location: FARMASI PESAKIT LUAR (KAU)

Dispense At: Pharmacy Counter

SPUB SPUB R1 Form

- At Referred Facility, choose a facility with null in server ip (eg:Klinik Kesihatan Sungai-Sungai).

| Function Flow | Current Version 1.4.1   | New Version 1.5   |
|---------------|---|---|
|               | <p>Next Collection Mode: Normal Collection</p> <p>Next Collection Location: FARMASI PESAKIT LUAR (KAU)</p> <p>Dispense At: Pharmacy Counter</p> <p><input checked="" type="checkbox"/> SPUB <input type="button" value="SPUB R1 Form"/></p> | <p>SPUB FORM</p> <p>SPUB No: 15-030601SPUB_0000953</p> <p>Referred From: Hospital Tanah Merah</p> <p>Referred To: KK Sungai-Sungai</p> <p>Information: The referred facility is currently offline. Please print and submit the form manually.</p> |
|               | <ul style="list-style-type: none"> <li>Then tick on <u>SPUB checkbox(4)</u> and then click on <u>'SPUB R1 Form'</u> to create SPUB record.</li> </ul>   | <ul style="list-style-type: none"> <li>Click on <u>Draft(5)</u> button to save the SPUB record.</li> <li>A message stated that the <u>referred facility is 'Offline'(6)</u> will appear.</li> </ul>   |
|               | <ul style="list-style-type: none"> <li>At Referred Facility, choose a facility with null in server ip (eg: Klinik Kesihatan Sungai-Sungai).</li> </ul>  | <p>SPUB FORM</p> <p>SPUB No: 15-030601SPUB_0000953</p> <p>Referred From: Hospital Tanah Merah</p> <p>Referred To: KK Sungai-Sungai</p> <p>Information: The referred facility is currently offline. Please print and submit the form manually.</p> |
|               |   | <ul style="list-style-type: none"> <li>Click <u>OK(7)</u> to continue and SPUB record send successfully.</li> <li>Based on External Facility setting, this facility is offline.</li> </ul>  |

| Function Flow | Current Version 1.4.1   | New Version 1.5 |
|---------------|---|-----------------|
|               | <ul style="list-style-type: none"> <li>Click on <u>Draft(5)</u> button to save the SPUB record.</li> <li>A message stated that the <u>referred facility is 'Offline'(6)</u> will appear.</li> </ul>  <ul style="list-style-type: none"> <li>Click <u>OK(7)</u> to continue and SPUB record send successfully.</li> <li>Based on External Facility setting, this facility is offline.</li> </ul> |                 |

**Function Flow**

**4.** To appear back the indication send by other facilities at receiving facilities through the drug label.

**Current Version 1.4.1**

- Create record with drug information indication. Eg: *BISOpromol Fumarate 2.5mg Tab with drug indication "Sakit Jantung".*

| Alert | Drug Name                         | Order Details  | Order Qty | Drug Info |
|-------|-----------------------------------|--|-----------|-----------|
| 1     | Lorazepam 1 mg Tablet             | 1 tablet, OD PRN, Oral Tablet, 17/11/2016 (7 Days)           | 1 tablet  |           |
| 2     | Frusemide 40 mg Tablet            | 40 mg, OD (every morning), Oral Tablet, 17/11/2016 (7 Days)  | 7 tablet  |           |
| 3     | Bisoprolol Fumarate 2.5 mg Tablet | 2.5 mg, OD (every morning), Oral Tablet, 17/11/2016 (7 Days) | 7 tablet  |           |

- Allocate partial(1) and Verify(2) the order at Screening screen and then create SPUB order.

| Alert | Drug Name   | Order Detail                                       | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status      | Drug Info |
|-------|---|--|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|-------------|-----------|
|       | Bisoprolol Fumarate 2.5 mg Tablet                         | 2.5 mg, OD, Oral, 7 Days                           | 7 tablet  | 2           | 2 tablet         | 5 tablet    |         |                  | 0 tablet      |                | Ordered     | Drug Info |
|       | Frusemide 40 mg Tablet                                    | 40 mg, OD, Oral, 7 Days                            | 7 tablet  | 2           | 2 tablet         | 5 tablet    |         |                  | 0 tablet      |                | Ordered     | Drug Info |
|       | Lorazepam 1 mg and Pseudoephedrine Sulphate 120 mg Tablet | 1 tablet, ON PRN, Oral Tablet, 17/11/2016 (7 Days) | 1 tablet  | 1           | 1 tablet         | 0 tablet    |         |                  | 0 tablet      |                | Ordered(PA) | Drug Info |

- Tick on the SPUB checkbox(3) and create record for SPUB.

Next Collection Mode: Normal Collection

Next Collection Location: FARMASI PESAKIT LUAR (KAL)

Dispense At:  SPUB  SPUB R1 Form  Pharmacy Counter

**New Version 1.5**

- Create SPUB record with drug information indication. Eg: *BISOpromol Fumarate 2.5mg Tab with drug indication "Sakit Jantung".*

| Alert | Drug Name                               | Order Details   | Order Qty | Drug Info |
|-------|---|---|-----------|-----------|
| 1.    | Lorazepam 1 mg Tablet                   | 1 mg, HS (at bedtime), Oral Tablet, Oral, 17/11/2016 (45 Days)      | 45 tablet |           |
| 2.    | Bisoprolol Fumarate 2.5 mg Tablet       | 2.5 mg, OD (every morning), Oral Tablet, Oral, 17/11/2016 (45 Days) | 45 tablet |           |
| 3.    | Betahistine Dihydrochloride 24mg Tablet | 24 mg, OD (once daily), Oral Tablet, Oral, 17/11/2016 (45 Days)     | 45 tablet |           |

- Allocate partial(1) and Verify(2) the order at Screening(3) and then create SPUB order.

| Alert | Drug Name                               | Order Detail              | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status  | Drug Info |
|-------|---|---------------------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|---------|-----------|
|       | Bisoprolol Fumarate 2.5 mg Tablet       | 2.5 mg, OD, Oral, 45 Days | 45 tablet | 22          | 22 tablet        | 23 tablet   |         |                  | 0 tablet      |                | Ordered | Drug Info |
|       | Betahistine Dihydrochloride 24mg Tablet | 24 mg, OD, Oral, 45 Days  | 45 tablet | 22          | 22 tablet        | 23 tablet   |         |                  | 0 tablet      |                | Ordered | Drug Info |
|       | Lorazepam 1 mg Tablet                   | 1 mg, HS, Oral, 45 Days   | 45 tablet | 22          | 22 tablet        | 23 tablet   |         |                  | 0 tablet      |                | Ordered | Drug Info |

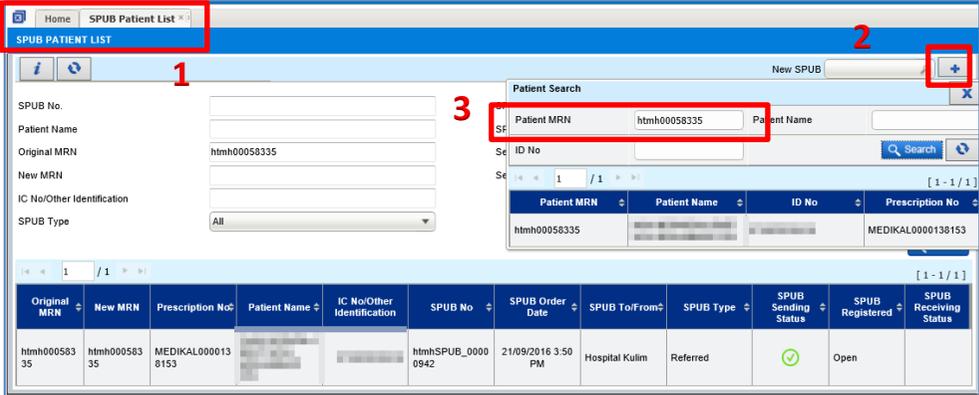
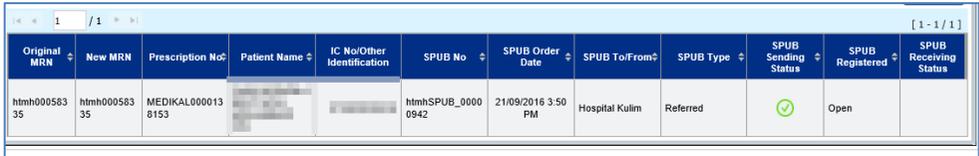
- Tick on the SPUB checkbox(4) and create record for SPUB.

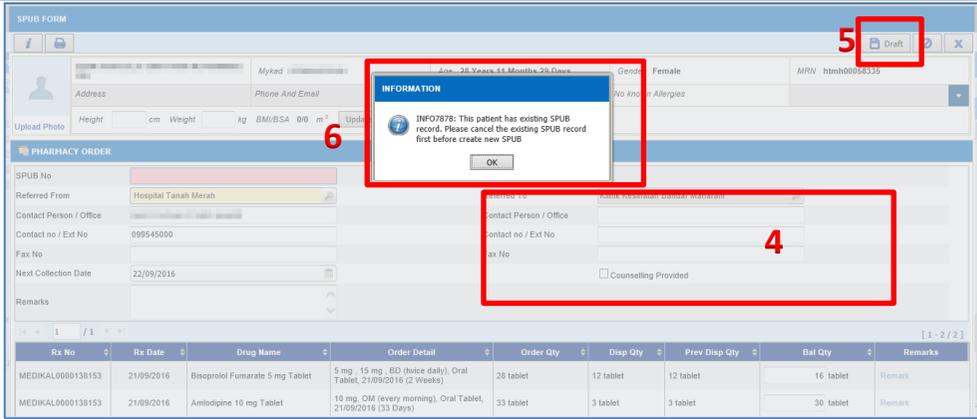
| Function Flow    | Current Version 1.4.1  | New Version 1.5                         |                     |             |                  |               |           |                  |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
|------------------|--|---|---------------------|-------------|------------------|---------------|-----------|------------------|---------------|----------------|-----------------|------------|-----------------------------------|--------------------|----------|----------|----------|----------|--------|-----------------|------------|-----------------------|-------------------|----------|----------|----------|----------|--------|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------|-----------|------------------|-----------------------------------|--------------------------|----------|---|----------|----------|---------|--------|----------|--|---------|-----------|------------------|-----------------------|-------------------------|----------|---|----------|----------|---------|--------|----------|--|---------|-----------|------------------|--|---------------------------------|----------|---|----------|----------|---------|--------|----------|--|-------------|-----------|--|-------|---------|-----------|--------------|-----------|----------|---------------|---------|---------|----------------|------------|-----------------------------------|---------------------|-----------|-----------|----------|-----------|--------|----------------|------------|-----------------------|-------------------|-----------|-----------|----------|-----------|--------|----------------|------------|---|--------------------|-----------|-----------|----------|-----------|--------|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------|-----------|------------------|-----------------------------------|---------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|---------|-----------|------------------|---|--------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|---------|-----------|------------------|-----------------------|-------------------------|-----------|----|-----------|-----------|---------|--------|----------|--|---------|-----------|
|                  | <p><b>SPUB FORM</b></p> <p>Mykad: [redacted] Age: 36 Years 02 Months 28 Days Gender: Male MRN: hmb00058776</p> <p>Address: [redacted] Phone And Email: [redacted] Diagnosis: No known Allergies</p> <p>Height: [redacted] cm Weight: [redacted] kg BMI/BSA: 0.0 m<sup>2</sup> Update (Last Updated: )</p> <p><b>PHARMACY ORDER</b></p> <p>SPUB No: 11-030001SPUB_0000954 Referred To: Hospital Kulim</p> <p>Referred From: Hospital Tanah Merah Contact Person / Office: person1</p> <p>Contact no / Ext No: 09954500 Contact no / Ext No: 123456</p> <p>Fax No: 123455 Fax No: 123455</p> <p>Next Collection Date: 19/11/2016</p> <p>Remarks: best drug indication</p> <table border="1"> <thead> <tr> <th>Rx No</th> <th>Rx Date</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Disp Qty</th> <th>Prev Disp Qty</th> <th>Bal Qty</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>MEDKAL000138731</td> <td>17/11/2016</td> <td>Bisoprolol Fumarate 2.5 mg Tablet</td> <td>2.5 mg, OM, 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<p><b>5 Bisoprolol Fumarate 2.5mg Tab</b></p> <p>Tekanan Darah Tinggi</p> <p>17/11/16-19/11/16 [2 hari] 2 biji RM1.00</p> <p>UBAT TERKAWAL JAUHI DARIPADA KANAK-KANAK 17/11/2016 10:13 AM</p> <p>• The <u>indication(5)</u> is showing in the label.</p> <p>• At receiving facility, <u>Register(6)</u> this patient.</p> | Rx No                                   | Rx Date             | Drug Name   | Order Detail     | Order Qty     | Disp Qty  | Prev Disp Qty    | Bal Qty       | Remarks        | MEDKAL000138731 | 17/11/2016 | Bisoprolol Fumarate 2.5 mg Tablet | 2.5 mg, OM, 7 Days | 7 tablet | 2 tablet | 0 tablet | 5 tablet | Remark | MEDKAL000138731 | 17/11/2016 | Fusamide 40 mg Tablet | 40 mg, OM, 7 Days | 7 tablet | 2 tablet | 0 tablet | 5 tablet | Remark | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status | Drug Info | Drug Interaction | Bisoprolol Fumarate 2.5 mg Tablet | 2.5 mg, OM, Oral, 7 Days | 7 tablet | 2 | 2 tablet | 5 tablet | Remarks | Detail | 0 tablet |  | Ordered | Drug Info | Drug Interaction | Fusamide 40 mg Tablet | 40 mg, OM, Oral, 7 Days | 7 tablet | 2 | 2 tablet | 5 tablet | Remarks | Detail | 0 tablet |  | Ordered | Drug Info | Drug Interaction | Lorazepam 1 mg and Pseudoephedrine Sulfate 120 mg Tablet | 1 tablet, PRN, OM, Oral, 7 Days | 1 tablet | 1 | 1 tablet | 0 tablet | Remarks | Detail | 0 tablet |  | Ordered(PA) | Drug Info | <p>Next Collection Mode: Normal Collection</p> <p>Next Collection Location: FARMASI PESAKIT LUAR (KAL)</p> <p><b>3</b> <input checked="" type="checkbox"/> SPUB <input type="checkbox"/> SPUB R1 Form</p> <p>Dispense At: Pharmacy Counter</p> <p><b>SPUB FORM</b></p> <p>Mykad: [redacted] Age: 67 Years 23 Days Gender: Male MRN: HPSF00144549</p> <p>Address: [redacted] Phone And Email: [redacted] Diagnosis: No known Allergies</p> <p>Height: [redacted] cm Weight: [redacted] kg BMI/BSA: 0.0 m<sup>2</sup> Update (Last Updated: ) Nationality: Warganegara</p> <p><b>PHARMACY ORDER</b></p> <p>SPUB No: HPSFSPUB_0000434 Referred To: Hospital Kulim</p> <p>Referred From: Hospital Pakar Sultanah Fatimah, Muar Contact Person / Office: person abc</p> <p>Contact no / Ext No: 069521901 Contact no / Ext No: 11223344</p> <p>Fax No: 11223355 Fax No: 11223355</p> <p>Next Collection Date: 09/12/2016</p> <p>Remarks: best</p> <p>Previous SPUB Referred To: [redacted]</p> <table border="1"> <thead> <tr> <th>Rx No</th> <th>Rx Date</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Disp Qty</th> <th>Prev Disp Qty</th> <th>Bal Qty</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>MOPC0000074899</td> <td>17/11/2016</td> <td>Bisoprolol Fumarate 2.5 mg Tablet</td> <td>2.5 mg, OM, 45 Days</td> <td>45 tablet</td> <td>22 tablet</td> <td>0 tablet</td> <td>23 tablet</td> <td>Remark</td> </tr> <tr> <td>MOPC0000074899</td> <td>17/11/2016</td> <td>Lorazepam 1 mg Tablet</td> <td>1 mg, HS, 45 Days</td> <td>45 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| Rx No            | Rx Date  | Drug Name                               | Order Detail        | Order Qty   | Disp Qty         | Prev Disp Qty | Bal Qty   | Remarks          |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| MEDKAL000138731  | 17/11/2016   | Bisoprolol Fumarate 2.5 mg Tablet       | 2.5 mg, OM, 7 Days  | 7 tablet    | 2 tablet         | 0 tablet      | 5 tablet  | Remark           |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| MEDKAL000138731  | 17/11/2016   | Fusamide 40 mg Tablet                   | 40 mg, OM, 7 Days   | 7 tablet    | 2 tablet         | 0 tablet      | 5 tablet  | Remark           |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Alert            | Drug Name  | Order Detail                            | Order Qty           | Reserve Qty | Dispense UOM Qty | Balance Qty   | Remarks   | Drug Counselling | Prev Disp Qty | Extemporaneous | Status          | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Drug Interaction | Bisoprolol Fumarate 2.5 mg Tablet  | 2.5 mg, OM, Oral, 7 Days                | 7 tablet            | 2           | 2 tablet         | 5 tablet      | Remarks   | Detail           | 0 tablet      |                | Ordered         | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Drug Interaction | Fusamide 40 mg Tablet  | 40 mg, OM, Oral, 7 Days                 | 7 tablet            | 2           | 2 tablet         | 5 tablet      | Remarks   | Detail           | 0 tablet      |                | Ordered         | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Drug Interaction | Lorazepam 1 mg and Pseudoephedrine Sulfate 120 mg Tablet   | 1 tablet, PRN, OM, Oral, 7 Days         | 1 tablet            | 1           | 1 tablet         | 0 tablet      | Remarks   | Detail           | 0 tablet      |                | Ordered(PA)     | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Rx No            | Rx Date  | Drug Name                               | Order Detail        | Order Qty   | Disp Qty         | Prev Disp Qty | Bal Qty   | Remarks          |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| MOPC0000074899   | 17/11/2016   | Bisoprolol Fumarate 2.5 mg Tablet       | 2.5 mg, OM, 45 Days | 45 tablet   | 22 tablet        | 0 tablet      | 23 tablet | Remark           |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| MOPC0000074899   | 17/11/2016   | Lorazepam 1 mg Tablet                   | 1 mg, HS, 45 Days   | 45 tablet   | 22 tablet        | 0 tablet      | 23 tablet | Remark           |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| MOPC0000074899   | 17/11/2016   | Betahistine Dihydrochloride 24mg Tablet | 24 mg, OD, 45 Days  | 45 tablet   | 22 tablet        | 0 tablet      | 23 tablet | Remark           |               |                |                 |            |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Alert            | Drug Name  | Order Detail                            | Order Qty           | Reserve Qty | Dispense UOM Qty | Balance Qty   | Remarks   | Drug Counselling | Prev Disp Qty | Extemporaneous | Status          | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Drug Interaction | Bisoprolol Fumarate 2.5 mg Tablet  | 2.5 mg, OM, Oral, 45 Days               | 45 tablet           | 22          | 22 tablet        | 23 tablet     | Remarks   | Detail           | 0 tablet      |                | Ordered         | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Drug Interaction | Betahistine Dihydrochloride 24mg Tablet  | 24 mg, OD, Oral, 45 Days                | 45 tablet           | 22          | 22 tablet        | 23 tablet     | Remarks   | Detail           | 0 tablet      |                | Ordered         | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |
| Drug Interaction | Lorazepam 1 mg Tablet  | 1 mg, HS, Oral, 45 Days                 | 45 tablet           | 22          | 22 tablet        | 23 tablet     | Remarks   | Detail           | 0 tablet      |                | Ordered         | Drug Info  |                                   |                    |          |          |          |          |        |                 |            |                       |                   |          |          |          |          |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                          |          |   |          |          |         |        |          |  |         |           |                  |                       |                         |          |   |          |          |         |        |          |  |         |           |                  |  |                                 |          |   |          |          |         |        |          |  |             |           |  |       |         |           |              |           |          |               |         |         |                |            |                                   |                     |           |           |          |           |        |                |            |                       |                   |           |           |          |           |        |                |            |   |                    |           |           |          |           |        |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |                           |           |    |           |           |         |        |          |  |         |           |                  |   |                          |           |    |           |           |         |        |          |  |         |           |                  |                       |                         |           |    |           |           |         |        |          |  |         |           |

| Function Flow            | Current Version 1.4.1   | New Version 1.5 |              |                                       |                  |                        |                   |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
|--------------------------|---|-----------------|--------------|---------------------------------------|------------------|------------------------|-------------------|--------------|----------|--------------------------|------------|------|--|----------------------|------------|------------|----------|--------------------------|------------|--------|----|----------------------|------------|------------|----------|--------------------------|------------|--------|----|----------------------|------------|------------|----------|--------------------------|------------|--------|----|----------------------|------------|------------|----------|--------------------------|------------|------|----|----------------------|------------|------------|----------|--------------------------|------------|--------|----|---------------------------------------|------------|------------|-------------------|--------------------------|------------|------|----|----------------------|------------|------------|----------|---|
|                          | <p><b>SPUB LISTING</b></p> <table border="1"> <thead> <tr> <th>SPUB No</th> <th>Patient Name</th> <th>Gender</th> <th>Age</th> <th>From (Hospital/Clinic)</th> <th>Appointment Date</th> <th>Request Date</th> <th>Register</th> </tr> </thead> <tbody> <tr> <td>11-03090018SPUB_00000930</td> <td>[Redacted]</td> <td>Male</td> <td></td> <td>Hospital Tanah Merah</td> <td>14/11/2016</td> <td>11/11/2016</td> <td>Register</td> </tr> <tr> <td>11-03090018SPUB_00000932</td> <td>[Redacted]</td> <td>Female</td> <td>33</td> <td>Hospital Tanah Merah</td> <td>14/11/2016</td> <td>11/11/2016</td> <td>Register</td> </tr> <tr> <td>11-03090018SPUB_00000935</td> <td>[Redacted]</td> <td>Female</td> <td>33</td> <td>Hospital Tanah Merah</td> <td>14/11/2016</td> <td>11/11/2016</td> <td>Register</td> </tr> <tr> <td>11-03090018SPUB_00000934</td> <td>[Redacted]</td> <td>Female</td> <td>33</td> <td>Hospital Tanah Merah</td> <td>26/11/2016</td> <td>11/11/2016</td> <td>Register</td> </tr> <tr> <td>11-03090018SPUB_00000943</td> <td>[Redacted]</td> <td>Male</td> <td>59</td> <td>Hospital Tanah Merah</td> <td>16/11/2016</td> <td>14/11/2016</td> <td>Register</td> </tr> <tr> <td>11-03090018SPUB_00000949</td> <td>[Redacted]</td> <td>Female</td> <td>64</td> <td>Hospital Pakar Sultanah Fatimah, Muar</td> <td>19/11/2016</td> <td>14/11/2016</td> <td><b>6 Register</b></td> </tr> <tr> <td>11-03090018SPUB_00000954</td> <td>[Redacted]</td> <td>Male</td> <td>36</td> <td>Hospital Tanah Merah</td> <td>19/11/2016</td> <td>17/11/2016</td> <td>Register</td> </tr> </tbody> </table> <p>• Once register, proced to transcribe order screen, as below.</p> <p>• Click on <u>Online SPUB(7)</u> button.</p> <p>• Then click on <u>patient record(8)</u> to generate the SPUB record in order.</p> | SPUB No         | Patient Name | Gender                                | Age              | From (Hospital/Clinic) | Appointment Date  | Request Date | Register | 11-03090018SPUB_00000930 | [Redacted] | Male |  | Hospital Tanah Merah | 14/11/2016 | 11/11/2016 | Register | 11-03090018SPUB_00000932 | [Redacted] | Female | 33 | Hospital Tanah Merah | 14/11/2016 | 11/11/2016 | Register | 11-03090018SPUB_00000935 | [Redacted] | Female | 33 | Hospital Tanah Merah | 14/11/2016 | 11/11/2016 | Register | 11-03090018SPUB_00000934 | [Redacted] | Female | 33 | Hospital Tanah Merah | 26/11/2016 | 11/11/2016 | Register | 11-03090018SPUB_00000943 | [Redacted] | Male | 59 | Hospital Tanah Merah | 16/11/2016 | 14/11/2016 | Register | 11-03090018SPUB_00000949 | [Redacted] | Female | 64 | Hospital Pakar Sultanah Fatimah, Muar | 19/11/2016 | 14/11/2016 | <b>6 Register</b> | 11-03090018SPUB_00000954 | [Redacted] | Male | 36 | Hospital Tanah Merah | 19/11/2016 | 17/11/2016 | Register | <p><b>HOSPITAL PAKAR SULTANAH FATIMAH, MUAR (Tel: 069521901)</b></p> <p>HPSF00144549      KLINIK PAKAR PERUBATAN</p> <p><b>1 biji                      Diambil</b></p> <p><b>Setiap pagi</b><br/>Boleh diambil sebelum atau selepas makan<br/>Ambil dos ubat mengikut arahan ahli farmasi anda<br/>Jangan berhenti ambil ubat ini tanpa nasihat doktor</p> <p><b>5 Bisoprolol Fumarate 2.5mg Tab</b></p> <p>Sakit jantung<br/>17/11/16-09/12/16 [22 hari]      22 biji      RM2.20</p> <p>UBAT TERKAWAL    JAUHI DARIPADA KANAK-KANAK      17/11/2016 11:10 AM</p> <p>• The <i>indication(5)</i> is showing in the label.</p> <p>• At receiving facility, <u>Register(6)</u> this patient.</p> <p>• Once register, proced to transcribe order screen, as below.</p> |
| SPUB No                  | Patient Name  | Gender          | Age          | From (Hospital/Clinic)                | Appointment Date | Request Date           | Register          |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
| 11-03090018SPUB_00000930 | [Redacted]  | Male            |              | Hospital Tanah Merah                  | 14/11/2016       | 11/11/2016             | Register          |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
| 11-03090018SPUB_00000932 | [Redacted]  | Female          | 33           | Hospital Tanah Merah                  | 14/11/2016       | 11/11/2016             | Register          |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
| 11-03090018SPUB_00000935 | [Redacted]  | Female          | 33           | Hospital Tanah Merah                  | 14/11/2016       | 11/11/2016             | Register          |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
| 11-03090018SPUB_00000934 | [Redacted]  | Female          | 33           | Hospital Tanah Merah                  | 26/11/2016       | 11/11/2016             | Register          |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
| 11-03090018SPUB_00000943 | [Redacted]  | Male            | 59           | Hospital Tanah Merah                  | 16/11/2016       | 14/11/2016             | Register          |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
| 11-03090018SPUB_00000949 | [Redacted]  | Female          | 64           | Hospital Pakar Sultanah Fatimah, Muar | 19/11/2016       | 14/11/2016             | <b>6 Register</b> |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |
| 11-03090018SPUB_00000954 | [Redacted]  | Male            | 36           | Hospital Tanah Merah                  | 19/11/2016       | 17/11/2016             | Register          |              |          |                          |            |      |  |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |        |    |                      |            |            |          |                          |            |      |    |                      |            |            |          |                          |            |        |    |                                       |            |            |                   |                          |            |      |    |                      |            |            |          |   |

| Function Flow  | Current Version 1.4.1   | New Version 1.5  |              |                                       |                       |                       |                  |                  |                        |                |             |           |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
|--|---|--|--------------|---------------------------------------|-----------------------|-----------------------|------------------|------------------|------------------------|----------------|-------------|-----------|----------------------|------------|------------|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------|-----------|------------------|-----------------------------------|---|----------|---|----------|----------|---------|----------|----------|--|---------|-----------|------------------|------------------------|--|----------|---|----------|----------|---------|----------|----------|--|---------|-----------|------------------|---|--|----------|---|----------|----------|---------|----------|----------|--|-------------|-----------|---|---------|--------------|--------|-----|-----------------------|------------------|--------------|--------------------------|--|---|----|---------------------------------------|------------|------------|
| <ul style="list-style-type: none"> <li>Record inserted into Transcribe Order screen.</li> <li>Click on <u>Confirm</u>(9) to save the order.</li> <li>Then go to screening and verification screen. Allocate the drug and then click on <u>print label</u>(10).</li> <li>Label will be printed but the <u>indication</u>(11) is empty.</li> </ul> | <p>SPUB LISTING</p> <table border="1"> <thead> <tr> <th>SPUB No</th> <th>Patient Name</th> <th>Gender</th> <th>Age</th> <th>From(Hospital/Clinic)</th> <th>Appointment Date</th> <th>Request Date</th> </tr> </thead> <tbody> <tr> <td>11-3000018SPUB_0000054</td> <td></td> <td>M</td> <td>36</td> <td>Hospital Tanah Merah</td> <td>19/11/2016</td> <td>17/11/2016</td> </tr> </tbody> </table><br><p><b>CONFIRM</b> (9)</p><br><p><b>Label</b> (10)</p><br><table border="1"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Reserve Qty</th> <th>Dispense UOM Qty</th> <th>Balance Qty</th> <th>Remarks</th> <th>Drug Counselling</th> <th>Prev Disp Qty</th> <th>Extemporaneous</th> <th>Status</th> <th>Drug Info</th> </tr> </thead> <tbody> <tr> <td>Drug Interaction</td> <td>Bisoprolol Fumarate 2.5 mg Tablet</td> <td>2.5 mg, OM, Oral, 7 Days<br/>17/11/2016 09:53 AM - 24/11/2016 09:52 AM</td> <td>7 tablet</td> <td>2</td> <td>2 tablet</td> <td>5 tablet</td> <td>Remarks</td> <td>0 tablet</td> <td>0 tablet</td> <td></td> <td>Ordered</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Frusemide 40 mg Tablet</td> <td>40 mg, OM, Oral, 7 Days<br/>17/11/2016 09:52 AM - 24/11/2016 09:53 AM</td> <td>7 tablet</td> <td>2</td> <td>2 tablet</td> <td>5 tablet</td> <td>Remarks</td> <td>0 tablet</td> <td>0 tablet</td> <td></td> <td>Ordered</td> <td>Drug Info</td> </tr> <tr> <td>Drug Interaction</td> <td>Lorazepam 5 mg and Pseudoephedrine Sulphate 120 mg Tablet</td> <td>1 tablet, PRN, OM, Oral, 7 Days<br/>17/11/2016 09:53 AM - 24/11/2016 09:53 AM</td> <td>1 tablet</td> <td>1</td> <td>1 tablet</td> <td>0 tablet</td> <td>Remarks</td> <td>0 tablet</td> <td>0 tablet</td> <td></td> <td>Ordered(PA)</td> <td>Drug Info</td> </tr> </tbody> </table> | SPUB No  | Patient Name | Gender                                | Age                   | From(Hospital/Clinic) | Appointment Date | Request Date     | 11-3000018SPUB_0000054 |                | M           | 36        | Hospital Tanah Merah | 19/11/2016 | 17/11/2016 | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status | Drug Info | Drug Interaction | Bisoprolol Fumarate 2.5 mg Tablet | 2.5 mg, OM, Oral, 7 Days<br>17/11/2016 09:53 AM - 24/11/2016 09:52 AM | 7 tablet | 2 | 2 tablet | 5 tablet | Remarks | 0 tablet | 0 tablet |  | Ordered | Drug Info | Drug Interaction | Frusemide 40 mg Tablet | 40 mg, OM, Oral, 7 Days<br>17/11/2016 09:52 AM - 24/11/2016 09:53 AM | 7 tablet | 2 | 2 tablet | 5 tablet | Remarks | 0 tablet | 0 tablet |  | Ordered | Drug Info | Drug Interaction | Lorazepam 5 mg and Pseudoephedrine Sulphate 120 mg Tablet | 1 tablet, PRN, OM, Oral, 7 Days<br>17/11/2016 09:53 AM - 24/11/2016 09:53 AM | 1 tablet | 1 | 1 tablet | 0 tablet | Remarks | 0 tablet | 0 tablet |  | Ordered(PA) | Drug Info | <p><b>Online Spub</b> (7)</p><br><ul style="list-style-type: none"> <li>Click on <u>Online Spub</u>(7) button.</li> <li>Then click on <u>patient record</u>(8) to generate the SPUB record in order.</li> </ul> <p>SPUB LISTING</p> <table border="1"> <thead> <tr> <th>SPUB No</th> <th>Patient Name</th> <th>Gender</th> <th>Age</th> <th>From(Hospital/Clinic)</th> <th>Appointment Date</th> <th>Request Date</th> </tr> </thead> <tbody> <tr> <td>11-01000018SPUB_00001729</td> <td></td> <td>M</td> <td>69</td> <td>Hospital Pakar Sultanah Fatimah, Muar</td> <td>10/04/2016</td> <td>12/04/2016</td> </tr> </tbody> </table><br><ul style="list-style-type: none"> <li>Record inserted into Transcribe Order screen.</li> </ul> | SPUB No | Patient Name | Gender | Age | From(Hospital/Clinic) | Appointment Date | Request Date | 11-01000018SPUB_00001729 |  | M | 69 | Hospital Pakar Sultanah Fatimah, Muar | 10/04/2016 | 12/04/2016 |
|  | SPUB No   | Patient Name   | Gender       | Age                                   | From(Hospital/Clinic) | Appointment Date      | Request Date     |                  |                        |                |             |           |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
| 11-3000018SPUB_0000054   |   | M  | 36           | Hospital Tanah Merah                  | 19/11/2016            | 17/11/2016            |                  |                  |                        |                |             |           |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
| Alert  | Drug Name   | Order Detail   | Order Qty    | Reserve Qty                           | Dispense UOM Qty      | Balance Qty           | Remarks          | Drug Counselling | Prev Disp Qty          | Extemporaneous | Status      | Drug Info |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
| Drug Interaction   | Bisoprolol Fumarate 2.5 mg Tablet   | 2.5 mg, OM, Oral, 7 Days<br>17/11/2016 09:53 AM - 24/11/2016 09:52 AM        | 7 tablet     | 2                                     | 2 tablet              | 5 tablet              | Remarks          | 0 tablet         | 0 tablet               |                | Ordered     | Drug Info |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
| Drug Interaction   | Frusemide 40 mg Tablet  | 40 mg, OM, Oral, 7 Days<br>17/11/2016 09:52 AM - 24/11/2016 09:53 AM         | 7 tablet     | 2                                     | 2 tablet              | 5 tablet              | Remarks          | 0 tablet         | 0 tablet               |                | Ordered     | Drug Info |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
| Drug Interaction   | Lorazepam 5 mg and Pseudoephedrine Sulphate 120 mg Tablet   | 1 tablet, PRN, OM, Oral, 7 Days<br>17/11/2016 09:53 AM - 24/11/2016 09:53 AM | 1 tablet     | 1                                     | 1 tablet              | 0 tablet              | Remarks          | 0 tablet         | 0 tablet               |                | Ordered(PA) | Drug Info |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
| SPUB No  | Patient Name  | Gender   | Age          | From(Hospital/Clinic)                 | Appointment Date      | Request Date          |                  |                  |                        |                |             |           |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |
| 11-01000018SPUB_00001729   |   | M  | 69           | Hospital Pakar Sultanah Fatimah, Muar | 10/04/2016            | 12/04/2016            |                  |                  |                        |                |             |           |                      |            |            |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                  |                                   |   |          |   |          |          |         |          |          |  |         |           |                  |                        |  |          |   |          |          |         |          |          |  |         |           |                  |   |  |          |   |          |          |         |          |          |  |             |           |   |         |              |        |     |                       |                  |              |                          |  |   |    |                                       |            |            |

| Function Flow            | Current Version 1.4.1   | New Version 1.5   |           |                             |                  |             |           |                                 |                       |  |           |           |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
|--------------------------|---|---|-----------|-----------------------------|------------------|-------------|-----------|---------------------------------|-----------------------|--|-----------|-----------|---|-----------------------------------|---|-----------|--|---|--|---|-----------|--|-------|-----------|--------------|-----------|-------------|------------------|-------------|---------|------------------|---------------|----------------|--------|-----------|--------------------------|--|--|-----------|-----------------------------|-----------|-----------|---------|---------------------------------|----------|--|---------|-----------|--------------------------|---|---|-----------|-----------------------------|-----------|-----------|---------|---------------------------------|----------|--|---------|-----------|--------------------------|--|--|-----------|-----------------------------|-----------|-----------|---------|---------------------------------|----------|--|---------|-----------|
|                          | <div data-bbox="349 268 1016 724" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>HOSPITAL KULIM (Tel: 044272733)</b></p> <hr/> <p>██████████</p> <p>HKLM00067424 Klinik Pakar 3 (Medical)</p> <hr/> <p><b>1 biji Diambil</b></p> <hr/> <p><b>Setiap pagi</b><br/>Boleh diambil sebelum atau selepas makan<br/>Ambil dos ubat mengikut arahan ahli farmasi anda<br/>Jangan berhenti ambil ubat ini tanpa nasihat doktor</p> <div style="border: 2px solid red; padding: 2px; display: inline-block;"><b>Bisoprolol Fumarate 2.5mg Tab</b> <span style="font-size: 24px; color: red; font-weight: bold;">11</span></div> <hr/> <p>19/11/16-20/11/16 [1 hari] 1 biji <span style="float: right;">RM1.00</span></p> <p><b>UBAT TERKAWAL JAUHI DARIPADA KANAK-KANAK</b> <span style="float: right;">17/11/2016 09:47 AM</span></p> </div> | <div data-bbox="1144 268 2123 517" style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">Online SPUB View Order Draft <span style="border: 1px solid red; padding: 2px;">Confirm</span></p> <p><b>NORMAL ORDER - DRUG DETAILS</b></p> <p>Drug: <input type="text"/> Advanced Search</p> <p>Dosage: <input type="text"/></p> <p>Admin Route: <input type="text"/></p> <p>Frequency: <input type="text"/> Dosage Schedule</p> <p>Duration: <input type="text"/></p> <p>Start Date / Time: 17/11/2016 2:08 PM</p> <p>End Date / Time: 17/11/2016 2:08 PM</p> <p>Order Quantity: <input type="text"/></p> <p>Drug Indication: <input type="text"/></p> <p><input type="checkbox"/> Own Medication<br/><input type="checkbox"/> Ward Stock<br/><input type="checkbox"/> Patient Require Counseling</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Details</th> <th>Order Qty</th> <th>Drug Info</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Lorazepam 1 mg Tablet</td> <td>1 mg, HS (at bedtime), Oral Tablet, Oral, 17/11/2016 (45 Days)</td> <td>45 tablet</td> <td></td> </tr> <tr> <td>2</td> <td>Bisoprolol Fumarate 2.5 mg Tablet</td> <td>2.5 mg, OM (every morning), Oral Tablet, Oral, 17/11/2016 (45 Days)</td> <td>45 tablet</td> <td></td> </tr> <tr> <td>3</td> <td>Belasthine Dihydrochloride 24mg Tablet</td> <td>24 mg, OD (once daily), Oral Tablet, Oral, 17/11/2016 (45 Days)</td> <td>45 tablet</td> <td></td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> <li>Click on <u>Confirm</u>(9) to save the order.</li> <li>Then go to screening and verification screen. Allocate the drug and then click on <u>print label</u>(10).</li> </ul> <div data-bbox="1144 628 2145 801" style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">ENGLISH PROCEED TO DISPENSE <span style="border: 1px solid red; padding: 2px;">Label</span> <span style="border: 1px solid red; padding: 2px;">Label</span> Full Supply Allow</p> <p><b>PRESCRIPTION</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Alert</th> <th>Drug Name</th> <th>Order Detail</th> <th>Order Qty</th> <th>Reserve Qty</th> <th>Dispense UOM Qty</th> <th>Balance Qty</th> <th>Remarks</th> <th>Drug Counselling</th> <th>Prev Disp Qty</th> <th>Extemporaneous</th> <th>Status</th> <th>Drug Info</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Drug Interaction Bisoprolol Fumarate 2.5 mg Tablet</td> <td>2.5 mg, OM, Oral, 45 Days<br/>17/11/2016 11:04 AM - 01/01/2017 11:04 AM</td> <td>45 tablet</td> <td>22 <input type="checkbox"/></td> <td>22 tablet</td> <td>23 tablet</td> <td>Remarks</td> <td><input type="checkbox"/> Detail</td> <td>0 tablet</td> <td></td> <td>Ordered</td> <td>Drug Info</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drug Interaction Belasthine Dihydrochloride 24mg Tablet</td> <td>24 mg, OD, Oral, 45 Days<br/>17/11/2016 11:04 AM - 01/01/2017 11:04 AM</td> <td>45 tablet</td> <td>22 <input type="checkbox"/></td> <td>22 tablet</td> <td>23 tablet</td> <td>Remarks</td> <td><input type="checkbox"/> Detail</td> <td>0 tablet</td> <td></td> <td>Ordered</td> <td>Drug Info</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drug Interaction Lorazepam 1 mg Tablet</td> <td>1 mg, HS, Oral, 45 Days<br/>17/11/2016 11:04 AM - 01/01/2017 11:04 AM</td> <td>45 tablet</td> <td>22 <input type="checkbox"/></td> <td>22 tablet</td> <td>23 tablet</td> <td>Remarks</td> <td><input type="checkbox"/> Detail</td> <td>0 tablet</td> <td></td> <td>Ordered</td> <td>Drug Info</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> <li>Label will be printed and <u>indication</u>(11) are being shown.</li> </ul> <div data-bbox="1294 842 1962 1286" style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>HOSPITAL KULIM (Tel: 044272733)</b></p> <hr/> <p>██████████</p> <p>HKLM00067424 Klinik Pakar 3 (Medical)</p> <hr/> <p><b>1 biji Diambil</b></p> <hr/> <p><b>Setiap pagi</b><br/>Boleh diambil sebelum atau selepas makan<br/>Ambil dos ubat mengikut arahan ahli farmasi anda<br/>Jangan berhenti ambil ubat ini tanpa nasihat doktor</p> <hr/> <p><b>Bisoprolol Fumarate 2.5mg Tab</b><br/><span style="border: 2px solid red; padding: 2px; display: inline-block;">Tekanan Darah Tinggi</span> <span style="font-size: 24px; color: red; font-weight: bold;">11</span></p> <hr/> <p>19/11/16-20/11/16 [1 hari] 1 biji <span style="float: right;">RM1.00</span></p> <p><b>UBAT TERKAWAL JAUHI DARIPADA KANAK-KANAK</b> <span style="float: right;">17/11/2016 10:13 AM</span></p> </div> | Alert     | Drug Name                   | Order Details    | Order Qty   | Drug Info | 1                               | Lorazepam 1 mg Tablet | 1 mg, HS (at bedtime), Oral Tablet, Oral, 17/11/2016 (45 Days) | 45 tablet |           | 2 | Bisoprolol Fumarate 2.5 mg Tablet | 2.5 mg, OM (every morning), Oral Tablet, Oral, 17/11/2016 (45 Days) | 45 tablet |  | 3 | Belasthine Dihydrochloride 24mg Tablet | 24 mg, OD (once daily), Oral Tablet, Oral, 17/11/2016 (45 Days) | 45 tablet |  | Alert | Drug Name | Order Detail | Order Qty | Reserve Qty | Dispense UOM Qty | Balance Qty | Remarks | Drug Counselling | Prev Disp Qty | Extemporaneous | Status | Drug Info | <input type="checkbox"/> | Drug Interaction Bisoprolol Fumarate 2.5 mg Tablet | 2.5 mg, OM, Oral, 45 Days<br>17/11/2016 11:04 AM - 01/01/2017 11:04 AM | 45 tablet | 22 <input type="checkbox"/> | 22 tablet | 23 tablet | Remarks | <input type="checkbox"/> Detail | 0 tablet |  | Ordered | Drug Info | <input type="checkbox"/> | Drug Interaction Belasthine Dihydrochloride 24mg Tablet | 24 mg, OD, Oral, 45 Days<br>17/11/2016 11:04 AM - 01/01/2017 11:04 AM | 45 tablet | 22 <input type="checkbox"/> | 22 tablet | 23 tablet | Remarks | <input type="checkbox"/> Detail | 0 tablet |  | Ordered | Drug Info | <input type="checkbox"/> | Drug Interaction Lorazepam 1 mg Tablet | 1 mg, HS, Oral, 45 Days<br>17/11/2016 11:04 AM - 01/01/2017 11:04 AM | 45 tablet | 22 <input type="checkbox"/> | 22 tablet | 23 tablet | Remarks | <input type="checkbox"/> Detail | 0 tablet |  | Ordered | Drug Info |
| Alert                    | Drug Name   | Order Details   | Order Qty | Drug Info                   |                  |             |           |                                 |                       |  |           |           |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
| 1                        | Lorazepam 1 mg Tablet   | 1 mg, HS (at bedtime), Oral Tablet, Oral, 17/11/2016 (45 Days)  | 45 tablet |                             |                  |             |           |                                 |                       |  |           |           |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
| 2                        | Bisoprolol Fumarate 2.5 mg Tablet   | 2.5 mg, OM (every morning), Oral Tablet, Oral, 17/11/2016 (45 Days)   | 45 tablet |                             |                  |             |           |                                 |                       |  |           |           |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
| 3                        | Belasthine Dihydrochloride 24mg Tablet  | 24 mg, OD (once daily), Oral Tablet, Oral, 17/11/2016 (45 Days)   | 45 tablet |                             |                  |             |           |                                 |                       |  |           |           |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
| Alert                    | Drug Name   | Order Detail  | Order Qty | Reserve Qty                 | Dispense UOM Qty | Balance Qty | Remarks   | Drug Counselling                | Prev Disp Qty         | Extemporaneous   | Status    | Drug Info |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
| <input type="checkbox"/> | Drug Interaction Bisoprolol Fumarate 2.5 mg Tablet  | 2.5 mg, OM, Oral, 45 Days<br>17/11/2016 11:04 AM - 01/01/2017 11:04 AM  | 45 tablet | 22 <input type="checkbox"/> | 22 tablet        | 23 tablet   | Remarks   | <input type="checkbox"/> Detail | 0 tablet              |  | Ordered   | Drug Info |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
| <input type="checkbox"/> | Drug Interaction Belasthine Dihydrochloride 24mg Tablet   | 24 mg, OD, Oral, 45 Days<br>17/11/2016 11:04 AM - 01/01/2017 11:04 AM   | 45 tablet | 22 <input type="checkbox"/> | 22 tablet        | 23 tablet   | Remarks   | <input type="checkbox"/> Detail | 0 tablet              |  | Ordered   | Drug Info |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |
| <input type="checkbox"/> | Drug Interaction Lorazepam 1 mg Tablet  | 1 mg, HS, Oral, 45 Days<br>17/11/2016 11:04 AM - 01/01/2017 11:04 AM  | 45 tablet | 22 <input type="checkbox"/> | 22 tablet        | 23 tablet   | Remarks   | <input type="checkbox"/> Detail | 0 tablet              |  | Ordered   | Drug Info |   |                                   |   |           |  |   |  |   |           |  |       |           |              |           |             |                  |             |         |                  |               |                |        |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |                          |   |   |           |                             |           |           |         |                                 |          |  |         |           |                          |  |  |           |                             |           |           |         |                                 |          |  |         |           |

| Function Flow  | Current Version 1.4.1   | New Version 1.5   |
|--|---|---|
| <p>5. SPUB data sent once at one time for same prescription number</p> | <ul style="list-style-type: none"> <li>No function to create SPUB for SPUB Patient List.</li> </ul> | <ul style="list-style-type: none"> <li>Go to <u>SPUB Patient List(1)</u> link and open the screen.            </li> <li>Then click on <u>plus button (+)(2)</u> and then click on <u>search patient MRN(3)</u> button.</li> <li>Search result will appear, then click on patient name, record will appear in the list.            </li> <li>Double click on the record to open the SPUB Form screen.</li> <li>Then fill in <u>SPUB information(4)</u> for send out Online SPUB and click on <u>Draft(5)</u> button.</li> <li>A message informing that the record <u>has existing SPUB(6)</u> record will appear.</li> </ul> |

| Function Flow | Current Version 1.4.1 | New Version 1.5   |
|---------------|-----------------------|---|
|               |                       |  |