



CASEBOOK • DOCTOR-WISE EMR
UNIFIED DIGITAL ECOSYSTEM

THE CHALLENGE

Where a practice loses time today

On paper, every visit starts with a search for the last one. The cost is rarely one big failure. It is four small ones, repeated in every session, by every doctor and at every counter.



The file that walks out

History lives in a paper folder. When it is mislaid, the consultation starts again from nothing.



The same prescription, again

Every routine follow-up means writing out the same drugs, doses and advice by hand.



Follow-ups nobody tracks

Next-visit dates live on slips of paper, so who never came back is a guess, not a list.



Orders retyped twice

The test on the prescription is retyped at the counter to bill it, and again in the lab to run it.

Which two cost you most?

HOW IT WORKS

One record per doctor, per patient, per visit



01

Register

ID proof, contact and referring doctor



02

Appointment

The doctor's slot, a token and desk check-in



03

Case sheet

Complaints, history, allergies, vitals, diagnosis



04

Prescribe

Drugs with dose and duration, lab orders, advice



05

Follow up

Next-visit date, printed summary, filed to history



Organised doctor-wise. A doctor opening a patient sees their own record of that patient first, with the practice-wide history alongside. Each step writes into the next, so the case sheet already knows what reception captured.

WHAT CHANGES

What changes, and how you measure it



See more patients

The record opens with the last visit, prescription and report on screen.



Measure it: patients seen per session



Cut consultation admin

Prescription and investigation templates for each doctor.



Measure it: minutes per routine follow-up



Stop losing follow-ups

Next-visit dates captured on the case sheet, and reportable.



Measure it: share of follow-ups who return



Know where money comes from

Billing, discounts, refunds and referral payouts recorded per visit.



Measure it: minutes to close the day's cash

No payback figure is quoted here. Yours comes from your own numbers, measured before and during a 14-day trial.

WHAT IT DOES

Built around the doctor, not the front desk


THE CASE SHEET
Every visit filed under the treating doctor

- Complaints, history, allergies, vitals and examination
- Diagnosis and doctor notes against the visit
- Previous visits, prescriptions and reports on the same screen


PRESCRIPTIONS AND ORDERS
Your own templates, and an order typed once

- Drug search, favourites and templates for each doctor
- Dose, frequency and duration, printed or shared
- Investigation templates; the test reaches lab and bill


YOUR SPECIALTY
Configured, not customised

- Form builder: fields, sections, validation, print layout
- Specialty sheets on one shared base: one change reaches every sheet
- A new field without waiting for a software release


APPOINTMENTS AND PATIENTS
A day that runs to the doctor's slots

- Slot rules for each doctor, tokens and desk check-in
- Rescheduling and next-visit dates
- In-app messaging, and WhatsApp for the day's appointment list


RECORDS AND DOCUMENTS
The paper file, retired

- MRD numbering and ICD coding; certificates from the visit
- OPD summary printed in the format your doctors sign
- Scans, lab reports and consent forms on the visit


BILLING AND REPORTS
The day's money and the week's numbers

- Billing, discounts, refunds and referral payouts
- Six reports, from appointments to revenue
- Every report by date range, and exportable

TRUST

Your patients' data stays yours

WHO SEES WHAT

CLINIC

On Enterprise, each clinic's data is kept separate.

ROLE

A locum sees only their role's screens.

ACTION

Rights are set per screen and per action.


See it in the demo: sign in as a locum, then as the owner. Each sees only the screens their role allows.

BUILT IN



Audit trail on every clinical entry



Secure sign-in on every request



Backed up twice a day, on our cloud



99.5% monthly uptime, on our cloud



Our cloud in India, or your own server



You own the records under the DPDP Act



Export all of it for 60 days if you leave



Then deletion, confirmed in writing

Backup and uptime commitments are for our cloud; on your own server they are agreed in the proposal. No external security certification is claimed.

SIDE BY SIDE

Casebook beside what you use today

WHAT MATTERS	TYPICALLY TODAY	WITH CASEBOOK
The last visit	⊗ A search through the paper file	✓ On screen, with the prescription and report
Repeat prescriptions	⊗ Written out by hand	✓ Favourites and templates for each doctor
Lab order to the bill	⊗ Retyped at the counter, then in the lab	✓ Ordered once: lab queue and bill
Follow-ups	⊗ Slips of paper; nobody tracks them	✓ A list of the dates due, by doctor
Leaving	⊗ Export terms left unclear	✓ A 60-day export, then deletion confirmed in writing


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capabilities live today

LIVE, AND IN DELIVERY
Live ships today and can be shown running in your demonstration. **In delivery** is scheduled, never assumed:


ABHA / ABDM linking · gateway pending



Practice revenue dashboard



Revenue by doctor and service

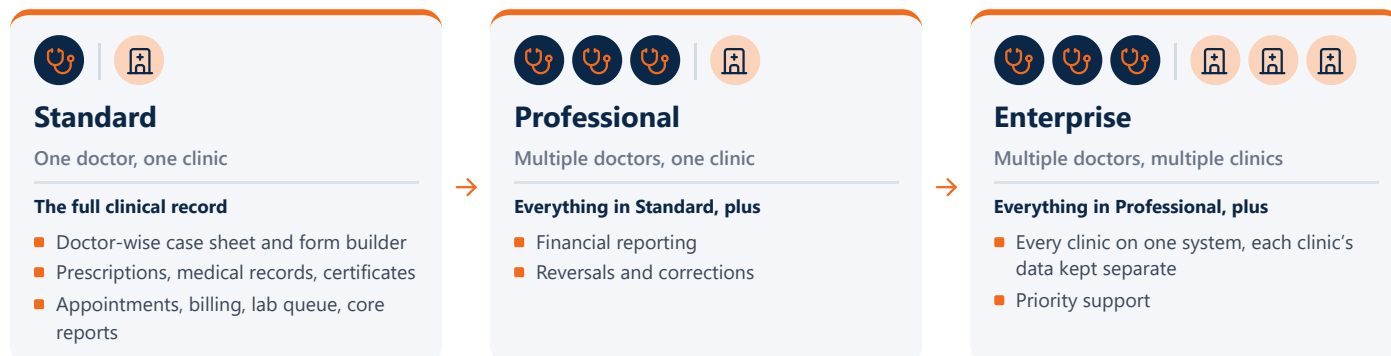


Doctor and patient apps · built, not released

Live today includes registration, the case sheet, orders, prescriptions, appointments and queue, messaging, billing, referrals, medical records, multi-branch operation and reports. Status verified 2 September 2026.

EDITIONS

Three editions, one record



 **Your proposal sets out the edition that fits.** Moving up later keeps every record where it is.

 **All three carry the full clinical record:** the doctor-wise case sheet, prescriptions, medical records and certificates.

WHERE CASEBOOK FITS

Which ClinexGen healthcare product fits

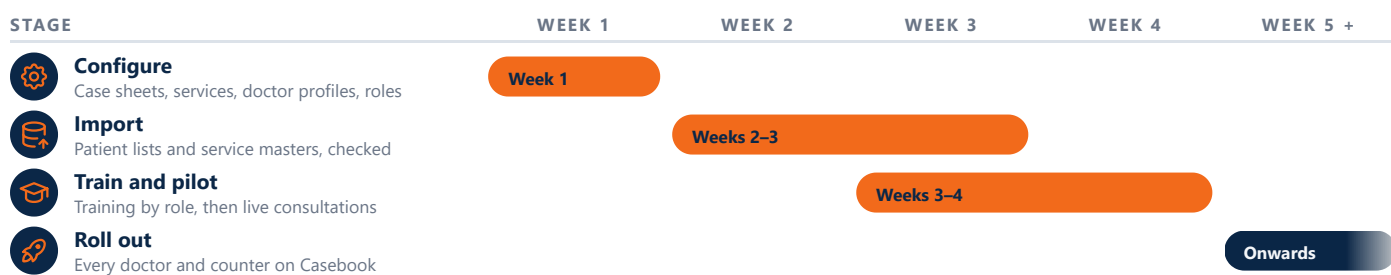


Rule: beds decide first. A hospital under 100 beds that runs ICUs and several super-specialities is assessed for Nalam360 at fit and gap.

Moving up: patient records are migrated as part of the next product's go-live, scoped at fit and gap. One partner, one support desk.

GOING LIVE

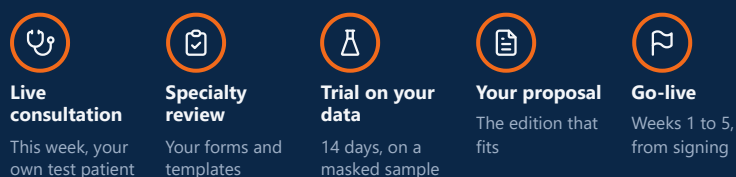
Every doctor live from week 5, one step at a time



 **Week 1 starts when your proposal is signed. Your part:** each doctor checks their case sheet, one front-desk lead is trained first, and one owner signs off go-live. The plan is fixed after the specialty review; a single-doctor practice needs less time.

NEXT STEP

See Casebook run on your own practice



Bring to the specialty review your current case sheet, your service list and one printed prescription.

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