



**ClinexGen**

INNOVATE • INTEGRATE • ELEVATE



## **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.

## THE FILE



## The file that walks out

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

## THE PRESCRIPTION



## The same prescription, again

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

## THE FOLLOW-UP



## Follow-ups nobody tracks

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

## THE ORDER



## 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?

## Count it in your own practice

Minutes a day finding files

Prescriptions written out again

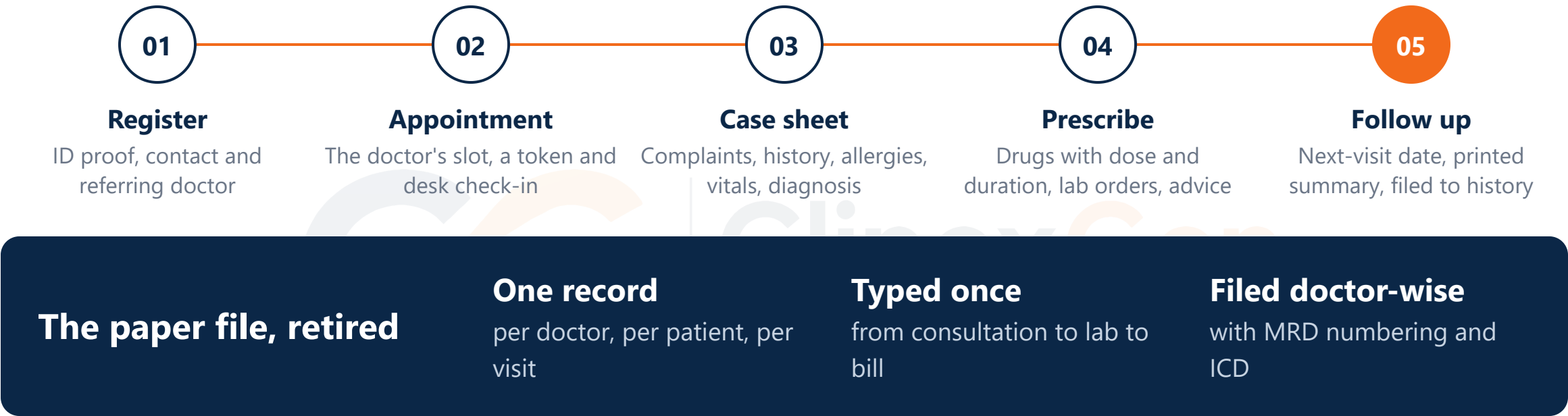
Follow-ups who never came back

Tests typed twice before they are billed

HOW IT WORKS · ONE RECORD

# One record per doctor, per patient, per visit

Each step writes into the next: the case sheet already knows what reception captured.



**ORGANISED DOCTOR-WISE**

A doctor opening a patient sees their own record of that patient first, with the practice-wide history alongside.

**ORDER ONCE**

A test ordered in the consultation lands in the lab queue and on the bill, and its result is filed to the visit that ordered it.

**FOLLOW-UPS BECOME A LIST**

Next-visit dates go on the case sheet and the OPD summary, and the system raises a list of the dates due, by doctor.

## WHERE CASEBOOK FITS

# Which ClinexGen healthcare product fits

**NO IN-PATIENT BEDS****Casebook**

Clinics and practices with no in-patient beds; a doctor-wise EMR.

**UP TO 100 BEDS****Nucleus**

Clinics and hospitals up to 100 beds; out-patient and in-patient care on one record.

**ABOVE 100 BEDS****Nalam360**

Hospitals above 100 beds, and multi- and super-speciality hospitals with ICUs.

**LABORATORY****MediBridge  
LabCore**

A laboratory run as its own business or network, with **MediBridge Connect** for analyzers, HIS and LIS.

**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.**

Casebook comes in three editions, Standard, Professional and Enterprise, all on the same build. A practice that adds beds moves on to Nucleus.

## WHY DOCTORS CHOOSE IT

## Built around the doctor, not the front desk



### Doctor-wise case sheet

Every visit filed under the treating doctor, with the whole history one click away.



### Appointments that hold

Slot rules for each doctor, a token queue, rescheduling and next-visit dates.



### Documents in one place

Scans, lab reports and consent forms attached to the visit that produced them.



### Prescriptions from your own templates

Drug search, favourites and templates for each doctor, with dose, frequency and duration printed or shared.



### Talk to your patients

In-app doctor-to-patient messaging, and WhatsApp for the day's appointment list.



### Orders entered once

A test ordered in the consultation lands in the lab queue and on the bill, typed once.

Configured per specialty during onboarding, not a generic form.

## CONFIGURED, NOT CUSTOMISED

# Your specialty, your case sheet, your format



## Dynamic form builder

Change a case sheet's fields, sections, validation and print layout without a software release.

### WHY IT MATTERS

The doctor who wants a field adds it, in the week it is needed.



## Specialty case sheets

Templates keyed to your specialty and built on a shared base, so one change reaches every sheet.

### WHY IT MATTERS

Cardiology and antenatal stop sharing one generic form.



## OPD summary in your format

The visit prints as one report: drugs with dose, frequency and duration, plus advice and orders.

### WHY IT MATTERS

It prints in the format your doctors already sign.



## Medical records with ICD

MRD numbering and ICD coding for each episode; medical and fitness certificates from the visit.

### WHY IT MATTERS

Coded records make reporting possible, visit by visit.

INNOVATE • INTEGRATE • ELEVATE

HOW CASEBOOK COMPARES

# Casebook beside the usual alternatives

Categories, not vendors: what each typically offers varies, so check any option on your own forms.

| What matters          | Paper files and registers                   | Generic clinic billing software        | Large hospital suites                       | Casebook                                                          |
|-----------------------|---------------------------------------------|----------------------------------------|---------------------------------------------|-------------------------------------------------------------------|
| Organised around      | The paper folder                            | The bill and the front desk            | Departments, wards and beds                 | The treating doctor: every visit filed doctor-wise                |
| The last visit        | Found when the file is found                | On screen, if it was typed in          | On screen, inside a larger record           | Last visit, prescription and report on one screen                 |
| Repeat prescriptions  | Written out by hand                         | Varies; often typed again              | Available, set up for hospital use          | Favourites and templates for each doctor                          |
| Lab order to the bill | Retyped at the counter and in the lab       | Often retyped where the lab runs apart | Linked, as part of a larger project         | Ordered once: lab queue and bill                                  |
| Follow-ups            | Slips of paper; not tracked                 | Not always captured                    | Available, with more set-up                 | Next-visit dates become a list, by doctor                         |
| Going live            | Nothing to implement, and nothing joined up | Quick to start; stops at the bill      | A longer project, with more internal effort | Configure, import, train and pilot; every doctor live from week 5 |
| Built for             | One doctor's desk                           | The clinic counter                     | Large and multi-site hospitals              | Clinics and practices with no in-patient beds                     |

Every Casebook cell is shown on your own forms in the live consultation, and tested in the 14-day trial against pass criteria agreed before it starts.

## TRUST · ACCESS AND DATA

# 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 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.

## STRAIGHT ANSWERS

**Where is the data kept?**

On our cloud in India, or on your own server.

**Who owns the records?**

You do. Under the DPDP Act, 2023 you are the data fiduciary; we process the data for you.

**What if we leave?**

You can export all of your data for 60 days after the contract ends. Then it is deleted, and we confirm the deletion in writing.

**Is it linked to ABDM?**

Not yet. ABHA / ABDM linking is In delivery: the screens are built and the gateway is pending.

## BUILT IN

Audit trail on every clinical entry

Secure sign-in on every request

99.5% monthly uptime, on our cloud

Backed up twice a day, on our cloud

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

STATUS VERIFIED 2 SEPTEMBER 2026

# Everything, with its real status

Live ships today and can be demonstrated. In delivery is scheduled, never assumed.

LIVE TODAY · 16 OF 20

Patient registration

Doctor-wise case sheet

History, complaints, allergies

Vitals and examination

Lab and radiology orders

Prescriptions and doctor notes

Attachments and documents

Appointments, tokens and queue

Doctor-to-patient messaging

Referrals and payouts

Previous visit history

Billing, discounts and refunds

Users, roles and rights

Medical records, certificates

Multi-branch operation

Reports and PDF printing

IN DELIVERY · 4



**ABHA / ABDM linking**  
Screens built; gateway pending



**Practice revenue dashboard**  
Today's dashboard is a worklist



**Revenue by doctor and service**  
Not yet split this way



**Doctor and patient apps**  
Built; not yet released

LIVE

In the product today, and shown running in your demonstration.

IN DELIVERY

Built or being built, and never assumed: an In delivery item is marked Skip in your trial, not tested.

CHECKED AGAIN

Status is re-checked with the product team before your trial starts.

WHAT CHANGES

# What changes, and the reports that 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

INNOVATE • INTEGRATE • ELEVATE

SIX REPORTS SHIP TODAY · BY DATE RANGE, AND EXPORTABLE

**Appointment**

Booked, completed, cancelled; next-visit dates

**Revenue**

Invoice, paid and balance per patient

**Daily summary**

Per doctor and specialty, with waiting time

**Medicine**

What was prescribed, to whom, for how long

**Lab**

Tests suggested and completed, by visit

**Patient**

Visit history and recorded clinical values

No payback figure is quoted. Yours comes from your own numbers, measured before and during the 14-day trial. Being built: a revenue dashboard, split by doctor and by service (In delivery).

## EDITIONS

# Three editions, one record

## EDITION 1

## Standard

One doctor, one clinic

- The full clinical record
- Doctor-wise case sheet and form builder
- Prescriptions, medical records and certificates
- Appointments, billing, lab queue, core reports

Fits a single-doctor practice

## EDITION 2

## Professional

Multiple doctors, one clinic

- Everything in Standard, plus
- Financial reporting
- Reversals and corrections

Fits a clinic with several doctors, and locums

## EDITION 3

## Enterprise

Multiple doctors, multiple clinics

- Everything in Professional, plus
- Every clinic on one system, each clinic's data kept separate
- Priority support

Fits a practice that runs several clinics

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

## EVERY EDITION

The full clinical record: the doctor-wise case sheet, prescriptions, medical records and certificates.

## NEED IN-PATIENT BEDS?

That is Nucleus by ClinexGen: clinics and hospitals up to 100 beds (slide 4).

## PLAN · GO-LIVE

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

**WEEK 1****Configure**

Case sheets, services, doctor profiles and roles.

**You:** each doctor checks their case sheet

**WEEKS 2-3****Import**

Patient lists and service masters, checked against your own totals.

**You:** send your patient and service lists

**WEEKS 3-4****Train and pilot**

Training by role, then a pilot on live consultations.

**You:** one front-desk lead, trained first

**WEEK 5 ON****Roll out**

Every doctor and counter working on Casebook.

**You:** one owner signs off go-live

# 14 days

Trial on your own data, before you commit

# Week 1

Starts when your proposal is signed

# Week 5

Every doctor and counter on Casebook

**Migration is part of onboarding:** patient lists, service masters and doctor profiles are imported before go-live. The plan is fixed after the specialty review; a single-doctor practice with little to import needs less time.

## WHO STANDS BEHIND IT

# Who stands behind Casebook



## A founding team, not a first attempt

Founded by a technocrat, an industry leader and a marketing professional, with more than 50 years of combined experience.



## DPIIT-recognised

Recognised by the Department for Promotion of Industry and Internal Trade, Government of India.



## One partner, seven products

Casebook, Nucleus and Nalam360 for care, MediBridge for the laboratory, Beat and LedgerFlow AI for operations: one partner, one support desk.



## AI-enabled, always moving forward

An AI-enabled software development company, always moving towards state-of-the-art technology.

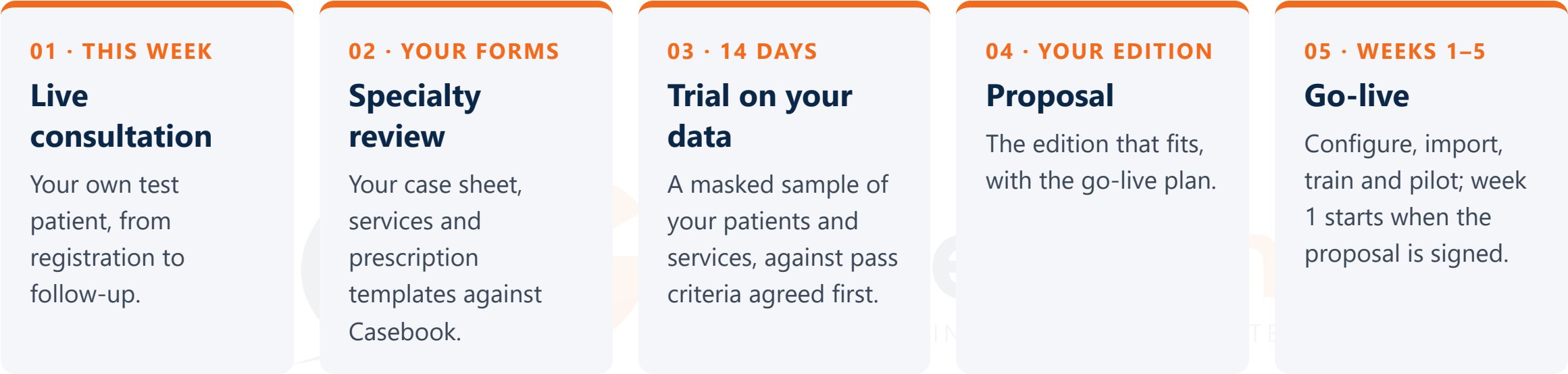
## WHAT YOU CAN CHECK BEFORE YOU COMMIT

- ✓ A live consultation on your own test patient, from registration to follow-up
- ✓ A specialty review of your case sheet, services and templates
- ✓ A 14-day trial on a masked sample of your own patients and services
- ✓ Uptime, backup and data terms, and the go-live plan, in your proposal in writing
- ✓ Under the DPDP Act, 2023 you stay the data fiduciary

NEXT STEP

# Five steps to a decision

Every step runs on your own specialty and forms, not a demo dataset.



BRING TO THE SPECIALTY REVIEW

- Your current case sheet
- Your service list
- One printed prescription

**MEASURED, NOT PROMISED**

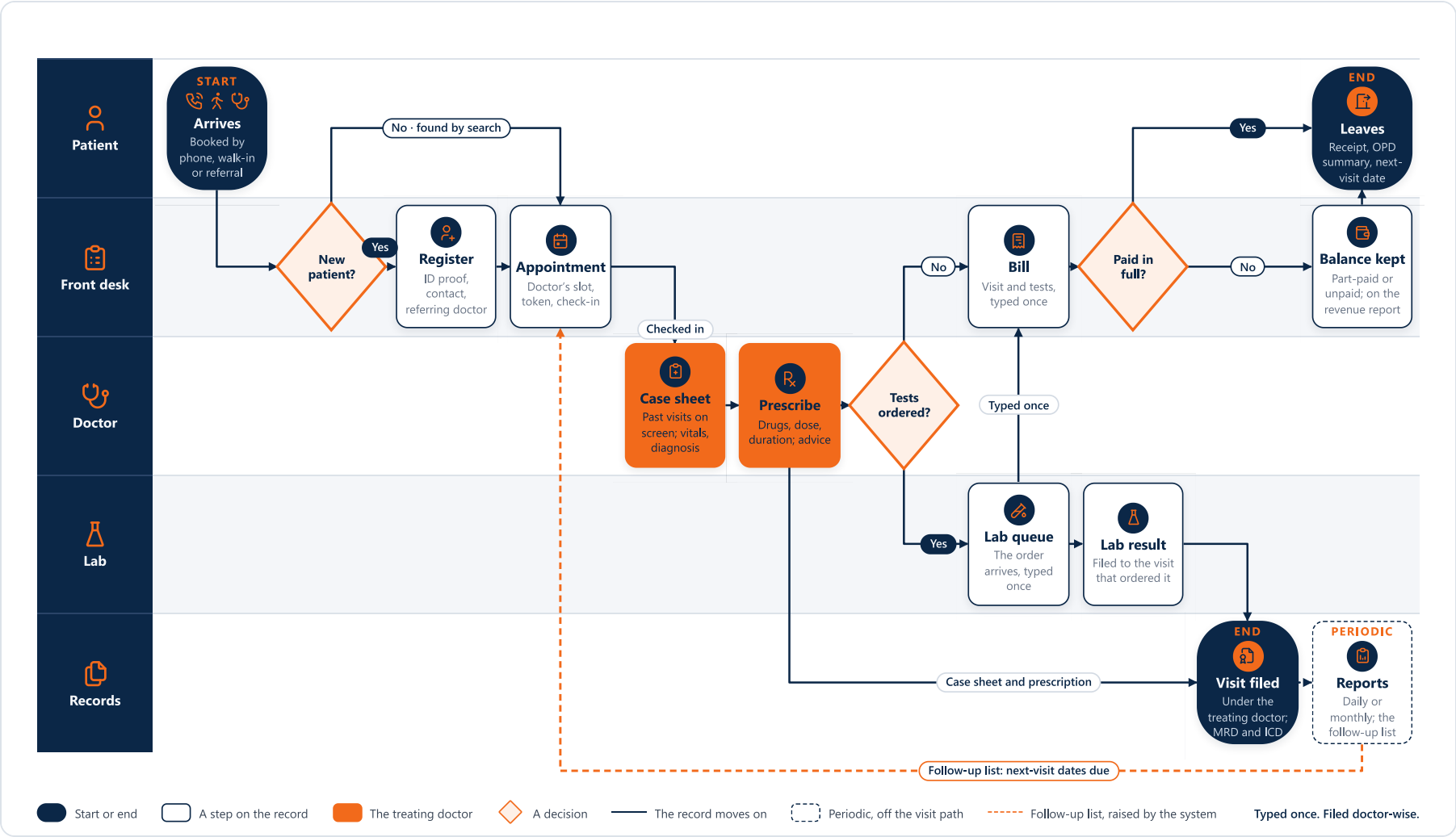
Patients seen per session, minutes per routine follow-up, follow-ups who return and minutes to close the day's cash, before and after.

**YOUR PART**

One owner who can decide forms, services and rights, and one front-desk lead trained first.

APPENDIX · PROCESS FLOWCHART

# One visit, from front desk to follow-up





---

# THANK YOU

**[info@clinexgen.com](mailto:info@clinexgen.com) • +91 7338 786 196 • [www.clinexgen.com](http://www.clinexgen.com)**

**Clinexgen Private Limited**

Gemini Square (Parsn Manere), B Wing, 8th Floor, 602 Anna Salai, Chennai 600006

Casebook Deck · CG-CASEBOOK-DECK-2026-V3.0 · Version 3.0 · October 2026