CLINIC SOFTWARE

Buy clinic software like it matters

Most clinics buy software the way they buy a printer. Two years later the front desk still keeps a paper register.

Swipe →

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THREE LAYERS

Buy for the layer that matters most

FRONT OFFICE	Appointments, queue, registration, billing, reminders, booking widget
CLINICAL	EMR, e-prescriptions, lab orders, specialty templates, teleconsultation
BACK OFFICE	Pharmacy, reports, patient app, WhatsApp, Google and ABDM integrations

Most products are strong in one layer and adequate in the others.

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MAKE OR BREAK

Appointments decide whether staff accept it

- Clicks to book a returning patient or add a walk-in in a rush
- No double booking across website, listings and phone
- A source field on every appointment: website, Google, WhatsApp, walk-in
- EMR with specialty templates, favourites and repeat-with-edits

A doctor seeing 40 OPD patients will not type long notes. If booking is slow, paper returns in a month.

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THE SCRIPTED DEMO

Test it the way your evening OPD runs

1. Bill a consultation, a procedure and medicines together
2. Apply a discount, split UPI and cash, print it: under a minute
3. Show the patient booking view on a mid-range Android
4. Run it on your clinic connection during a busy evening
5. Ask what the front desk does when internet drops for an hour

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Four terms to ask about in writing

ABHA	The patient's 14-digit health ID; create or verify it in under a minute
HFR	Facility registry; will the vendor help you register?
HPR	Professionals registry, linked to each doctor's council registration
MILESTONES	M1 create ABHA, M2 share records, M3 request records with consent

Not a blanket requirement yet, but schemes, insurers and accreditation bodies increasingly expect it.

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DPDP QUESTIONS

Your clinic is the data fiduciary

- ✔ Where is the data stored, and is it in India?
- ✔ Is vendor access to patient records logged?
- ✔ Can a receptionist be blocked from clinical notes?
- ✔ Separate consent for treatment messages and marketing, easily withdrawn
- ✔ Full data export any time, and a signed data processing agreement

Core obligations apply after an 18-month transition, placing them in 2027. Put them in the contract now.

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MESSAGING

Reminders only through official channels

- SMS through TRAI DLT with registered headers and templates
- WhatsApp through the official Business Platform, not a staff phone
- Consent captured and stored with every message type
- Google booking link that lands on real slots

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PRICING MODELS

Ask for three-year total cost

PER DOCTOR	Watch visiting consultants counted as full users
PER CLINIC	Illustrative 20,000 to 1 lakh rupees a year; modules sold as add-ons later
PER TRANSACTION	Costs rise as you grow
LICENCE, AMC	On-premise; upgrade charges and hardware
MESSAGING	WhatsApp and SMS passed through; check markups

Include implementation, training, migration, messaging, ABDM, extra users and escalation clauses.

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WHY IT MATTERS

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The record of everything between a patient calling and coming back for review is what makes the software valuable. Without it, every growth decision is a guess.

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READ THE FULL GUIDE

Clinic management software, in full

- Module-by-module checklist with who needs what
- Cloud vs on-premise for Indian clinics
- When you need a CRM on top
- gauravphogat.com/clinic-management-software-india

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