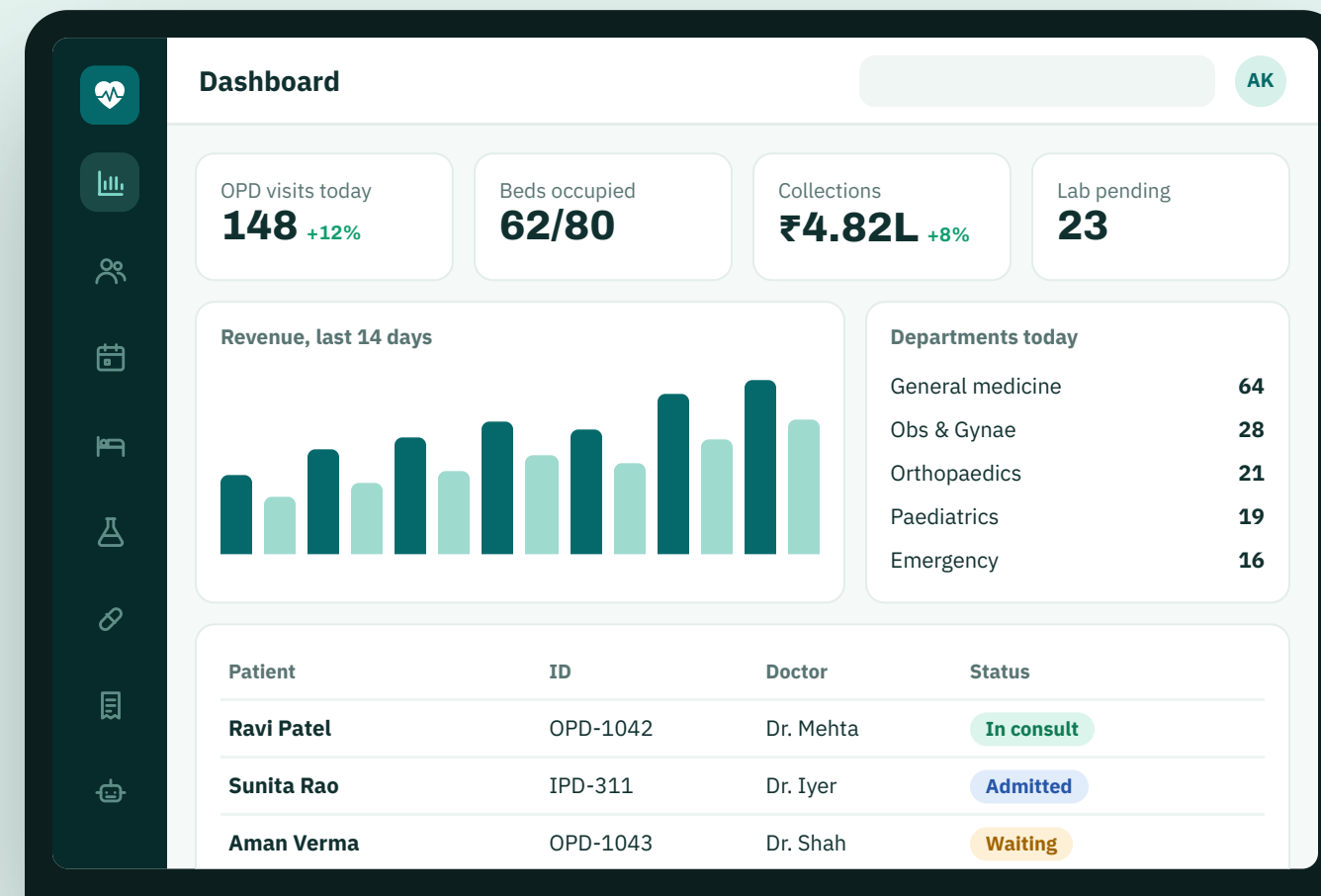


Hospital Management & EMR Software

One cloud platform for OPD, IPD, laboratory, pharmacy, billing, HR and patient engagement — built for hospitals, nursing homes and clinics in India.

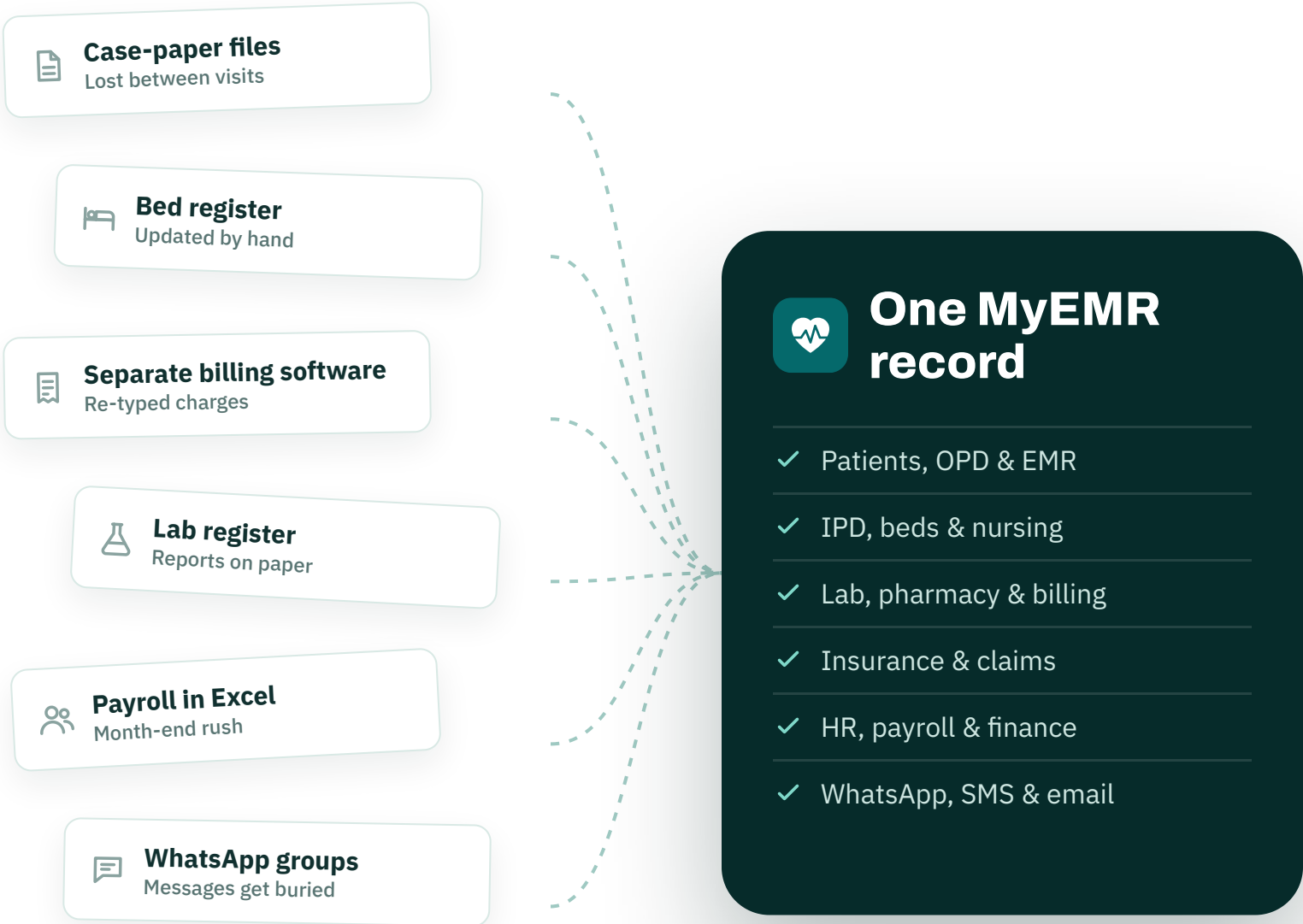


The problem

Most hospitals run on six systems that never talk.

Registration, beds, lab, billing and payroll each live in a different register or app. Staff copy the same patient details again and again, charges slip through, and owners wait till month-end to see the numbers.

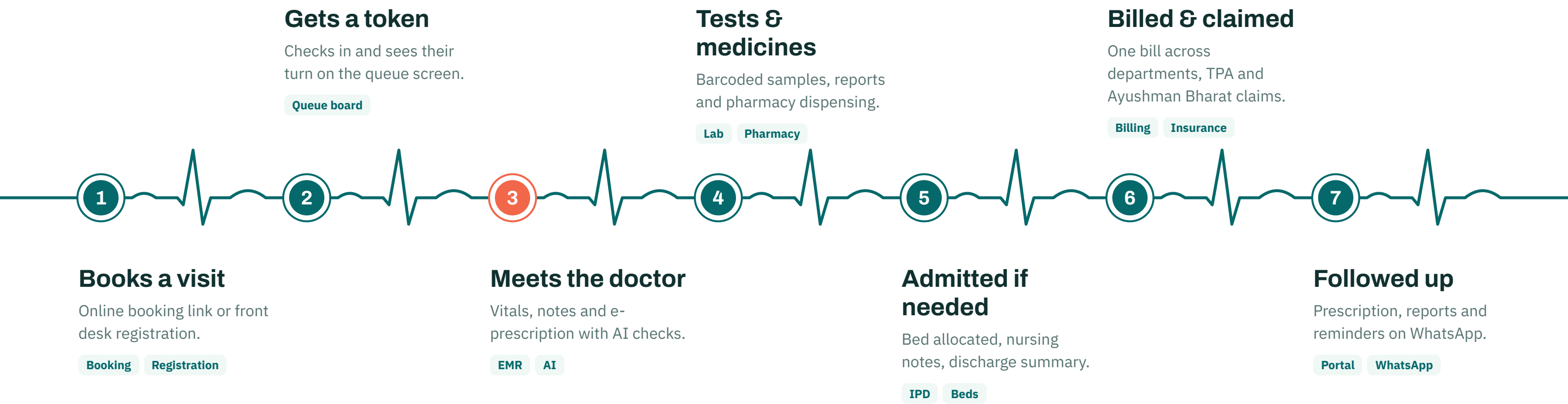
MyEMR puts every department on one patient record, so information is entered once and used everywhere.



One patient, one record

Every step of a visit, connected.

Each team picks up exactly where the last one left off.
Nobody re-enters a patient’s details.



ai-rx · session

LIVE

 Listening · हिन्दी
00:04 elapsed



“मरीज को तीन दिन से बुखार है, सूखी खांसी, हल्की थकान...”

✦ AI structured Rx

✓ Editable · doctor signs

 Symptom
बुखार · ३ दिन से

 Symptom
सूखी खांसी · हल्की थकान

 Medicine
पैरासिटामोल 650 mg · 1-0-1 × 5 दिन

 Medicine
एज़िथ्रोमाइसिन 500 mg · 1-0-0 × 3 दिन

 Lab order
CBC · CRP

हिन्दी

मराठी

தமிழ்

தெலంగా

ಕನ್ನಡ

बाश्ला

ગુજરાતી

English / Hinglish

AI voice prescription

Speak the way doctors actually speak.

Senior consultants will not type. They dictate in Hindi, Marathi, Tamil, Telugu, Kannada, Bengali, Gujarati — or the code-mixed reality of an Indian OPD. MyEMR structures symptoms, drugs, doses, durations and lab orders. The doctor reviews, signs and sends it to pharmacy.

- **7 Indian languages** plus English and Hinglish
- **Drug interactions** checked against the National Formulary of India
- **Editable Rx templates** per doctor, per specialty
- **One click** to push the Rx to the pharmacy queue

Reception, but smarter. Drag, reorder, done.

One live queue board on every staff screen. Drag patients to reorder. Vitals are captured before the doctor walks in, and status flows from waiting to in-progress to completed in a click. MLC cases auto-flag and lock the chart.

- **Doctor-availability aware booking** with no double-booking
- **Auto-vital capture** before the consult
- **One-click MLC promotion** with police-intimation form

NewReviewEmergencyMLCVaccineProcedureTeleconsult

Seven visit types

Today's OPD queue

• live • 5 waiting

Dr. Sharma · OPD-3 · room 204

⋮ ⋮

PS

Priya Singh

MRD 10568 · 28y

In progress

⋮ ⋮

AK

Aman Khan

MRD 10569 · 55y

Up next

⋮ ⋮

LP

Lakshmi Pillai

MRD 10570 · 31y

Waiting

⋮ ⋮

RP

Ramesh Patel

MRD 10571 · 67y

Waiting

⋮ ⋮

SJ

Saanvi Joshi

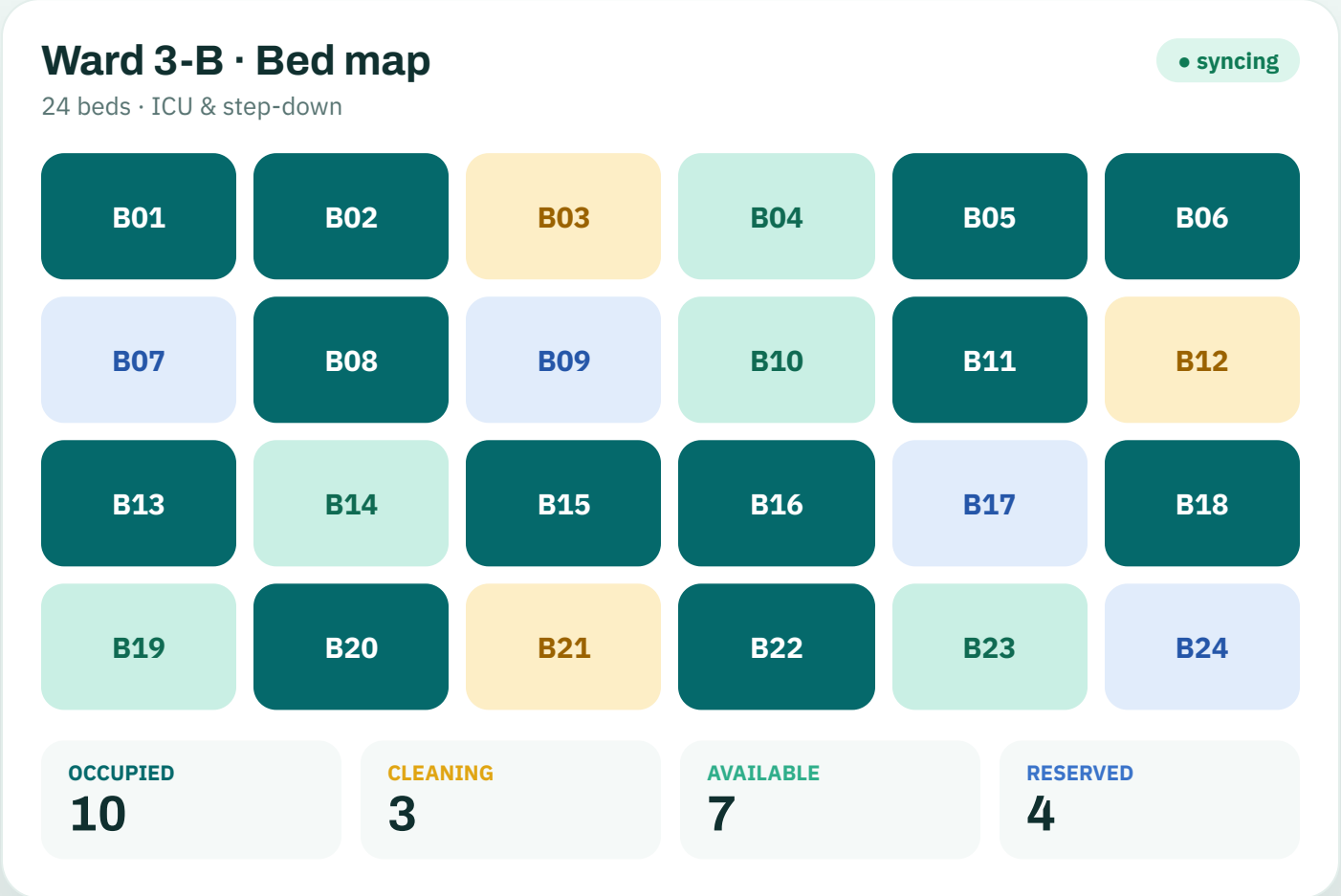
MRD 10572 · 8y

Waiting

Average wait: 11 min

Consulted today: 25





IPD & bed map

From admission to discharge, on one screen.

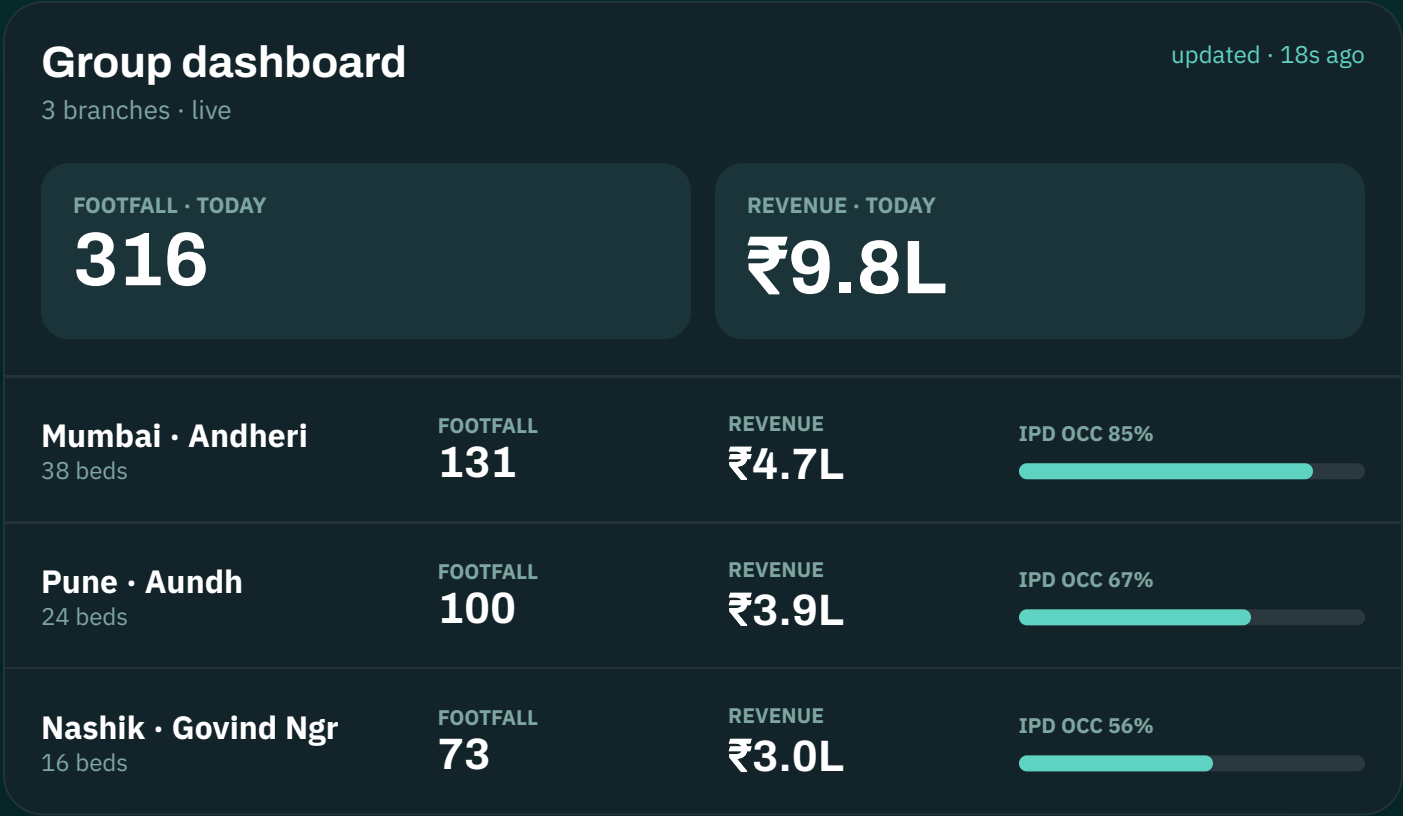
A visual bed map per ward. Click a bed for the running chart — vitals, nursing notes, diet, medications, lab orders. Everything rolls into the running IPD bill, and the discharge summary generates from the timeline.

- **Ward, room & bed allocation** with drag-to-move
- **Per-shift vitals** and nursing notes
- **Surgery roster** anaesthesia log, pre-op to post-op tracker
- **Discharge summary** auto-generated, editable template

All your branches. One number.

Run multiple hospitals from a single login. See live footfall, revenue and IPD occupancy across every branch, and drill into any branch in one click. Cross-branch patient transfer is a button, not four phone calls.

- **Live rollup** across every branch
- **Branch-level permissions** per role
- **Cross-branch transfer** with chart sync
- **Consolidated revenue board** for the CFO



Unified billing

One billing engine for OPD, IPD, lab and pharmacy.

Line-item or category discounts, GST, advances, partial payments, refunds and ₹0 close. Corporate accounts with TPA-ready exports. Cashier shifts reconcile at the end of every shift — no more spreadsheet evenings.

- **Advances auto-apply** to bills, with refund vouchers
- **Insurance pre-auth uploads** and TPA-ready exports
- **Cashier shift open / close** with cash reconciliation
- **Reopen finalised bills** with a full audit trail

Pre-auth
documents uploaded

TPA export
ready to file

Approved
amount recorded

Settled
on the patient bill

Invoice #INV-23048

Finalised

OPD · Patient MRD 10567

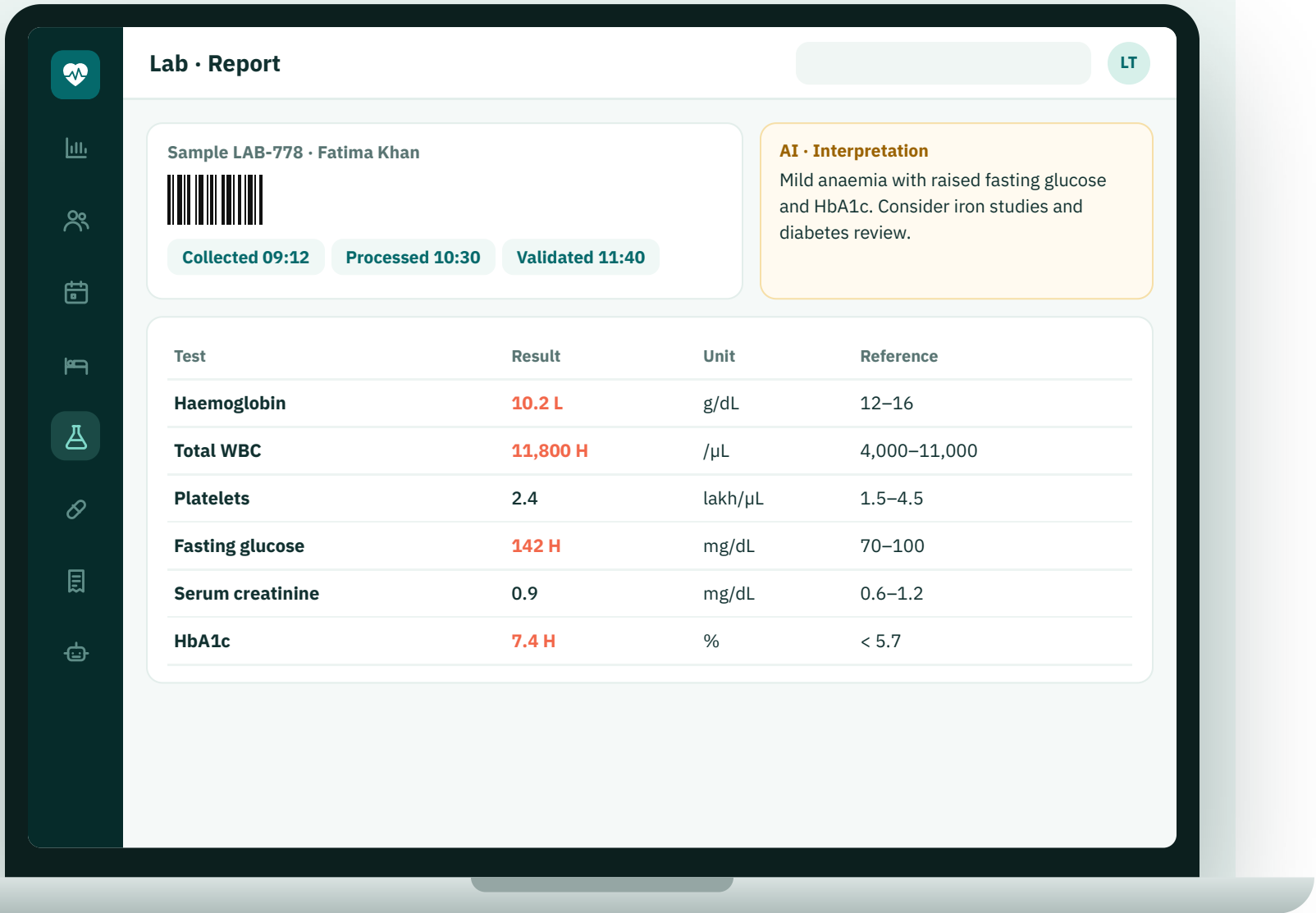
01	Consultation · OPD	₹600
02	CBC + LFT panel	₹850
03	Paracetamol 650 mg × 10	₹42
04	GST	₹0

Total ₹1,492

Collect payment

Apply advance

Print



Laboratory

Results that reach the doctor before the patient leaves.



- **Test orders** straight from OPD and IPD
- **Barcoded samples** with collection status
- **Report generation** and validation
- **Outside reports** uploaded and read by AI
- **Abnormal flags** and report comparison over time
- **Lab billing** on the patient’s bill

The departments that usually stay on paper.

Built-in modules for maternity, blood bank, theatre, emergency and legal records.



Obstetrics & Gynaecology

Pregnancy register, antenatal visits, scans, investigations, partograph, deliveries, vaccinations and supplementation, plus antenatal defaulter lists.



Partograph · cervical dilatation over time



Blood bank

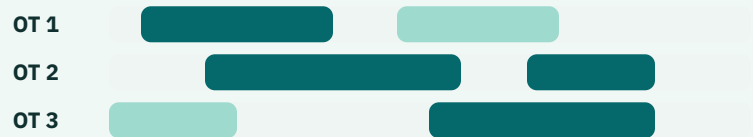
Donors, eligibility, inventory, cross-match, issue and reactions.





Operation theatre

Theatres, availability, surgery requests and schedule.





Emergency & triage

Fast registration and triage for walk-in emergencies.

Red

Yellow

Green



Legal & registers

Medico-legal cases with AI-drafted police letters, mortuary, birth registry and certificate templates.

11+ AI flows, inside the screens your team already uses.

AI assists documentation, prescription safety and operations. It does not diagnose or replace clinical judgement.

Clinical	Operations	Patients	Governance
AI voice prescription	No-show predictor	AI voice agent & IVR	Per-hospital kill switch
Drug-interaction check	Bed demand forecast	Patient education	Token & spend caps
ICD-10 coding	Inventory forecast	Post-OPD follow-up	Per-call usage log
Lab interpretation	Roster optimizer	Chronic care & pregnancy coach	Doctor reviews & signs
Discharge summary drafting	Billing anomaly detection	Feedback sentiment	Assists — never diagnoses
Symptom triage			

Staff, salaries and spend in the same system as patients.

- **Shifts & attendance** by department
- **Leave** types, balances and requests
- **Payroll** salary structures and payslips
- **Bank & PF exports** NEFT file and PF-ECR
- **Duty roster** with leave-conflict check and AI optimizer
- **Finance** expenses, vendors, assets and P&L

Duty roster · Ward B · this week

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Priya S.	M	M	E	E	N	Off	Off
Anil K.	E	E	N	N	Off	M	M
Rekha D.	N	N	Off	M	M	E	E
Dr. Iyer	M	M	M	M	M	Off	Off
Farhan A.	Off	E	E	M	M	N	N

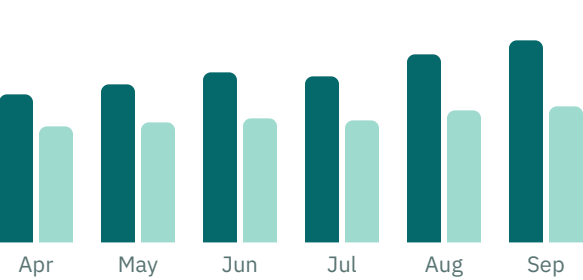
Payslip · Sept 2026 · Nurse Priya S.

Basic	₹32,000
HRA	₹12,800
Night shift allowance	₹3,600
PF (employee)	₹- 3,840
Professional tax	₹- 200
Net pay	₹44,360

Export NEFT file

Export PF-ECR

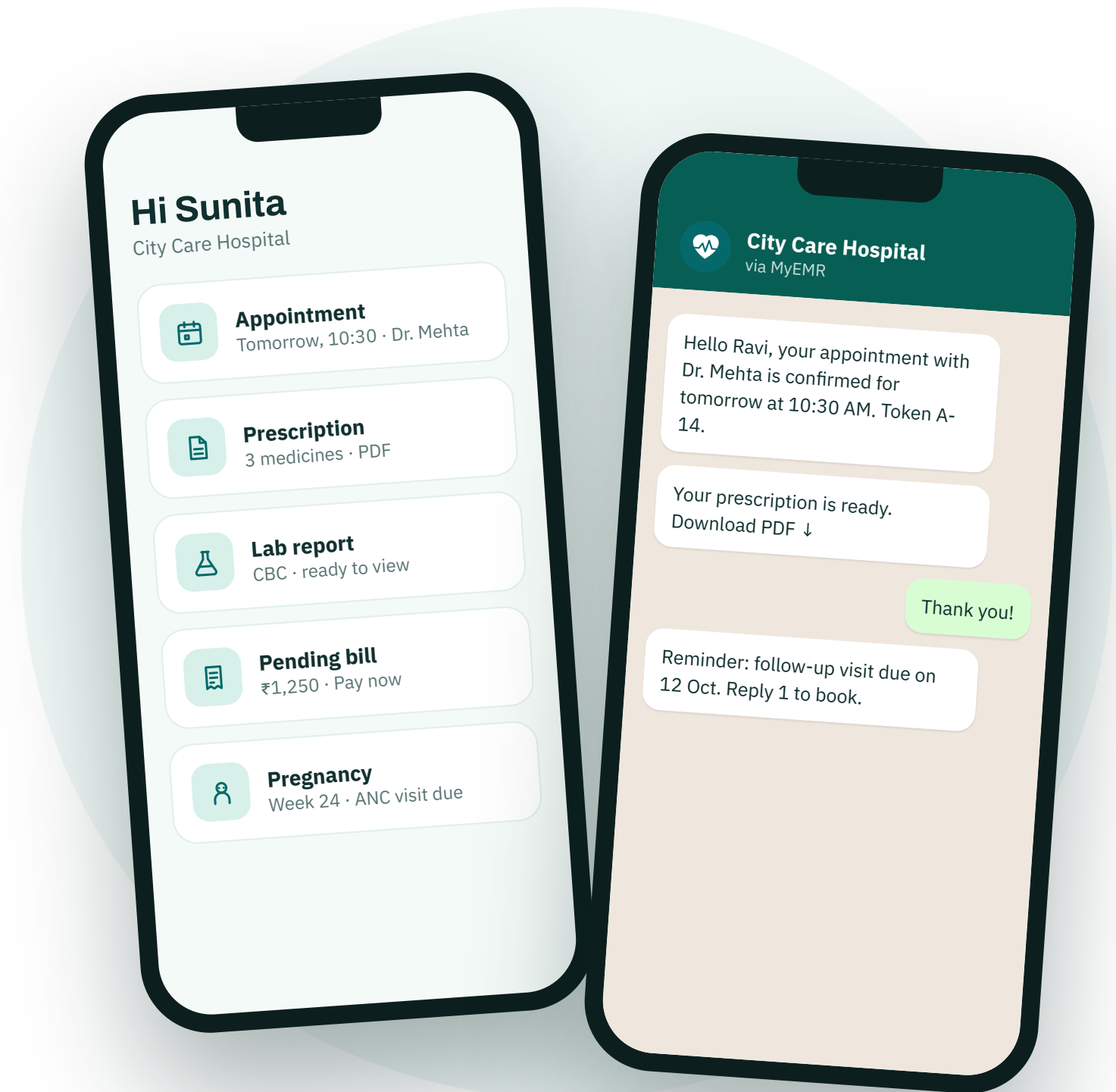
Income vs expenses · ₹ lakh



Patients stay in touch on the apps they already use.

Prescriptions, reports, bills and reminders reach patients on WhatsApp, SMS and email. Their own portal keeps everything in one place.

- **Patient portal** appointments, prescriptions, bills, reports, documents
- **Pregnancy tracking** for antenatal patients
- **Campaigns** templates, audience preview, send and retry
- **Video consults** and live chat
- **Feedback & surveys** with AI sentiment



And 18 more

Everything an Indian hospital touches.

Switch modules on per hospital and pay only for what you use.



Patient EHR



Laboratory



Pharmacy



Blood Bank



Surgery / OT



MLC



Emergency



HR & Payroll



Mortuary



Certificates



Patient Portal



Doctor Chat



Notifications



Feedback



Smart Reports



Multi-Hospital



Access Control



Module Toggles

What changes after MyEMR

Measured across our pilot hospitals.

Each figure is a median across hospitals that used the feature for at least 90 days. Your numbers will vary; the direction holds.

47 → 8 min

Discharge summary, draft to sign

40 %

Front-desk load reduction with IVR + chatbot

38 %

Day-30 patient app retention (industry ~11%)

18 → <2 %

Call abandonment after IVR went live

96.4 %

First-pass accuracy on voice-prescription drugs

4.1 /mo

Sessions per active mobile-app user

70 %

Less receptionist personal-WhatsApp volume

23 %

Shorter average OPD waiting time

8–11 %

More monthly OPD bookings from after-hours IVR

40 %

Lower pharmacy expiry write-offs with FEFO

3×

Faster pre-auth turnaround vs Excel + email

7–10 days

Typical IVR go-live

Pilot cohort: 17 hospitals across India, from 18-bed clinics to 220-bed multi-specialty. Rolling 90 days, measured Q1 2026.

The honest comparison

What you get vs a legacy HMS.

Compared with the average HMS running in Indian hospitals today — not any single vendor.

Feature	MyEMR	Legacy HMS
AI prescription in Indian languages	✓ 7 languages	No
Multi-branch live dashboard	✓ Yes	Per-branch only
Row-level tenant isolation	✓ Yes	No
DPDP 2023 Indian data residency	✓ Mumbai · Hyderabad	Singapore / EU
Tamper-evident MLC audit log	✓ Yes	No
Patient portal in 7 languages	✓ Yes	English only
Onboarding time	✓ 2 weeks	6–12 months
Per-bed transparent pricing	✓ Yes	Per-user, opaque
Quarterly third-party pen-tests	✓ Yes	No
Free data migration from legacy HMS	✓ Yes	₹15L+ project

Trust by design

Your data stays in India. Encrypted. Audit-logged.



DPDP 2023

Compliant with India’s data protection law



India-only hosting

Mumbai region · Postgres + S3 in-country



AES-256

Encryption at rest



TLS 1.3

Encryption in transit



Row-level security

Each hospital’s data isolated



Audit log

Tamper-evident, append-only for MLC

✓ DPDP-ready

✓ NABH digital-ready

✓ ISO 27001 controls

✓ CERT-In aware

✓ Quarterly third-party pen-tests

What MyEMR is not.

Not every product is right for every hospital. Here is where MyEMR is not the answer, so nobody wastes time.

Not a US-style EHR

Our coding, claims and pricing assume the Indian payer market, not HCC coding or CMS reporting.

Not the cheapest HMS

Cheaper products usually skip AI, IVR, mobile apps, multi-branch security and India hosting.

Not on-premises

MyEMR is cloud-only, hosted in India. Bare-metal, offline-only setups won't pass our model.

Not for 500+ bed networks (yet)

Our largest deployment is a 4-branch group at about 220 beds.

Not a clinical decision support system

AI assists documentation, safety and operations. It does not diagnose or recommend treatment.

Not a content management system

We integrate with your website CMS rather than replace it.

Kick-off to go-live in four steps.

Most hospitals worry about disruption. Here is exactly how we avoid it.

1

Register your hospital

Departments, doctors and modules — about 10 minutes.

2

Configure

We pre-fill specialties, rate cards and roles.

3

Train your staff

Role-based sessions for each function.

4

Go live

On-site or on-call hand-holding for the first 72 hours.

Pilot access includes

- ✓ No setup fee
- ✓ Pricing in INR, GST inclusive
- ✓ Free data migration
- ✓ Onboarding support included
- ✓ Cancel anytime
- ✓ Typical onboarding: 2 weeks

Run your hospital. We'll run the software.

A 30-minute demo on your specialty's actual flow. We migrate your existing patient list at zero cost.

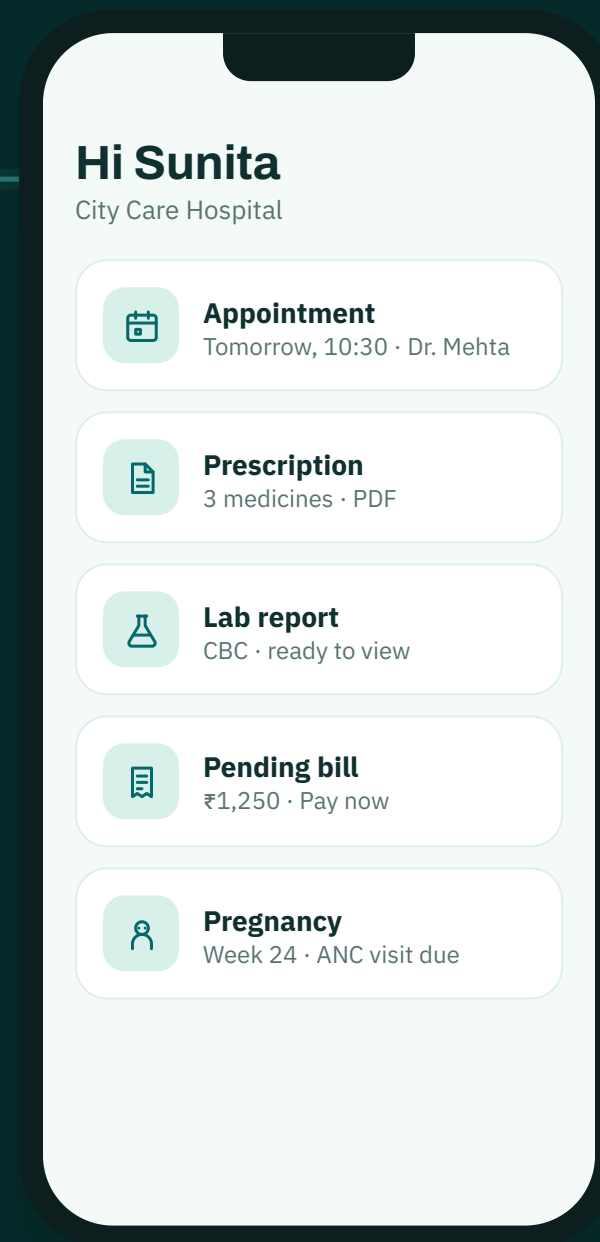
[Apply for pilot access](#)

 +91 62322 85776

 contact@myemr.digital

 myemr.digital

 Advayan Technologies Pvt. Ltd., 15152, Prestige Lakeside Habitat, Varthur Main Road, Bengaluru, Karnataka 560087



Product screens are illustrative. Pilot figures are medians from MyEMR pilot hospitals (Q1 2026); results vary. Features may change without notice. © 2026 Advayan Technologies Pvt. Ltd.