KLINIRA — USER GUIDE

How to use Klinira

Every screen in the application, what it is for, and the steps to work through it — with a picture of each one. Written for the people who will actually use it: the counter, the nurse, the pharmacist, the doctor and whoever runs the clinic.

Contents

CHAPTER 1

Installing Klinira and setting up the clinic

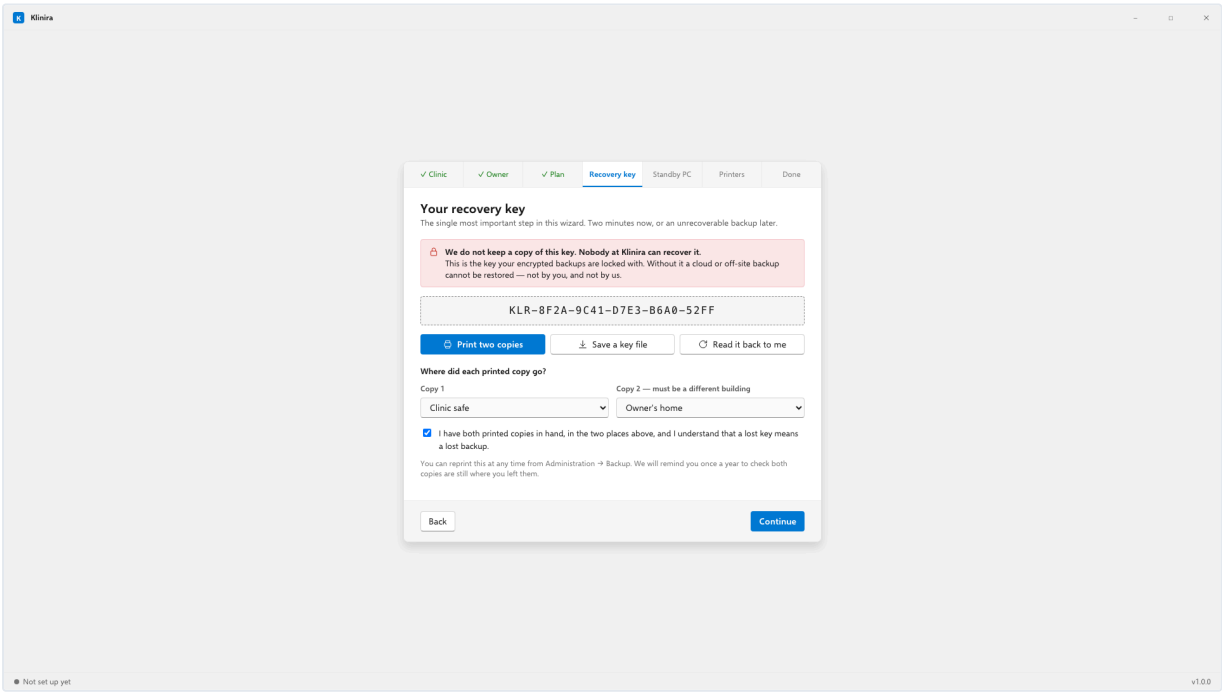
One computer in the clinic holds the records and every other computer talks to it. The setup wizard runs once, on that computer, and it is the only part of Klinira that must be done in order.

Before you begin

- A Windows PC that stays switched on during clinic hours. This is the main PC and it holds the records.
- Your clinic's registration details: company registration number, ACT 586 registration, and the name of the registered doctor in charge.
- A printer, if you will print receipts or labels. It can be added later.
- Somewhere to keep a backup that is not the same physical disk: an external drive, or a folder in your own cloud storage.

> You do not need an internet connection to install Klinira or to use it. You need one once, to activate the licence, and after that the clinic runs whether the line is up or not.

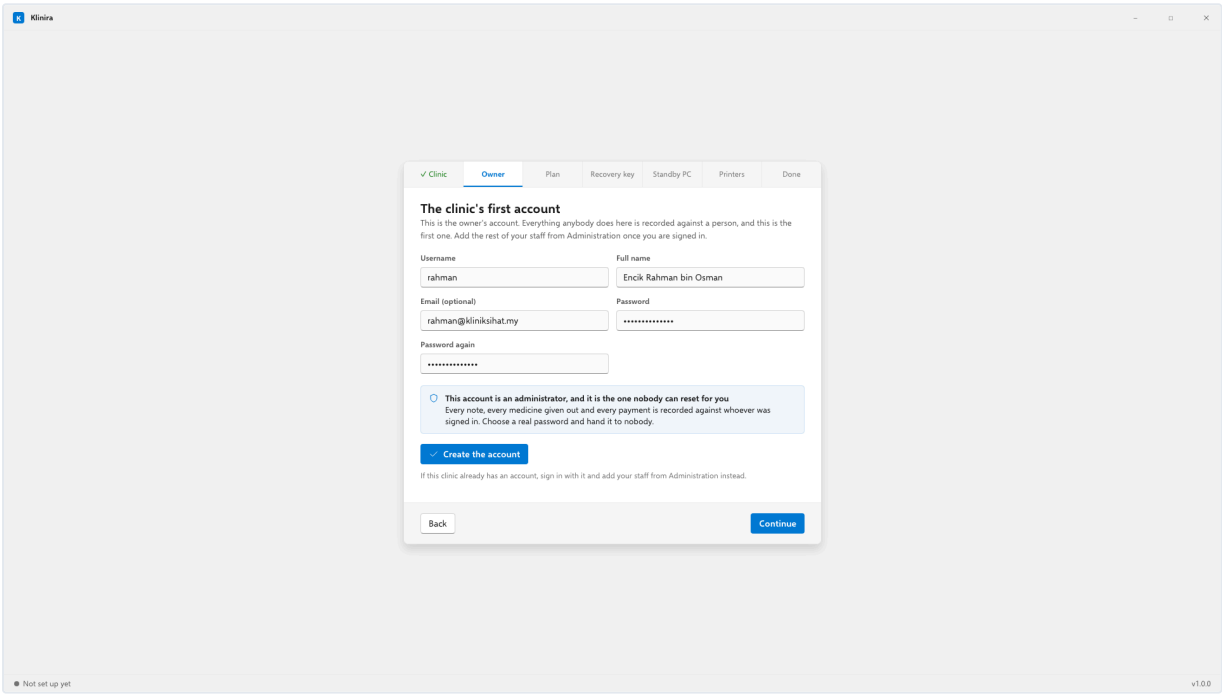
The setup wizard



The setup wizard. The steps run down the left; the step you are on fills the panel. Every step is a button, so you can go back and change something without starting again.

1. Clinic details. The clinic name here appears on every receipt, label, prescription and certificate the clinic ever prints, so type it exactly as it is registered.
2. Registration numbers. Company registration, ACT 586, and your SST and TIN numbers if you have them. SST and TIN can be left blank and filled in later.
3. The owner's account. This is the first login, and it is an administrator. Choose a real password; you will hand it to nobody.
4. The Recovery Key. Klinira prints two sheets. Read the next section before you press print.
5. The licence. Start the 14-day trial, or activate a licence you have already paid for.

The owner's account



The second step. This account is an administrator and it is the first person Klinira knows about — every note, every medicine given out and every payment from here on is recorded against whoever was signed in.

- Choose a real password and hand it to nobody. There is no reset for this one from outside the clinic.
- The email is optional. Nothing is sent to it during setup.
- Everybody else gets their own account afterwards, from Administration. Sharing one login means the audit trail says one person did everything.

The Recovery Key — read this twice

Your patient records are encrypted on the clinic's own disk. The Recovery Key is what opens them. We do not hold a copy, and there is no way for us to make one: if both printed sheets are

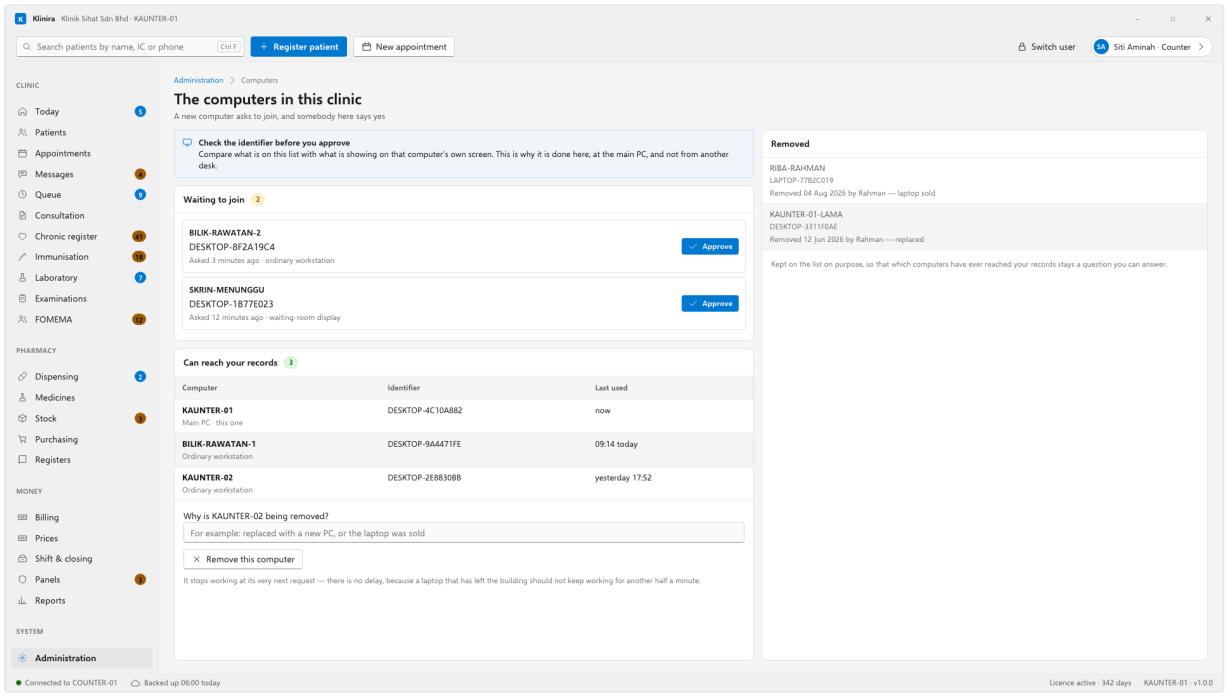
lost, the records cannot be recovered by anybody, including us.

1. Print both sheets. The wizard will not continue until you confirm you have.
2. Put one in the clinic safe.
3. Take the second one out of the building. A home safe, a bank deposit box, the accountant's office. Not the same room, and not the same building.
4. Tick both locations in the wizard. It asks because no query can see whether a piece of paper is where you say it is.

> You can reprint either sheet at any time from Administration. What you cannot do is ask us for one.

Adding the second computer

A clinic with a counter and a consulting room needs two computers. The second one installs the same application, finds the main PC on the clinic network, and asks to join. Nothing happens until somebody at the main PC says yes.



Administration, Computers. Machines waiting to join, machines that can reach the records, and machines that have been removed. Check the name matches the PC actually asking before you approve it.

1. Install Klinira on the second PC and open it.
2. Choose Join an existing clinic. It searches the network and finds the main PC.

3. On the main PC, open Administration, Computers. The waiting machine is listed by name.
4. Check the name is the PC you expect, then approve it.

> A computer you do not recognise is worth asking about before approving. Approving it gives it the clinic's records.

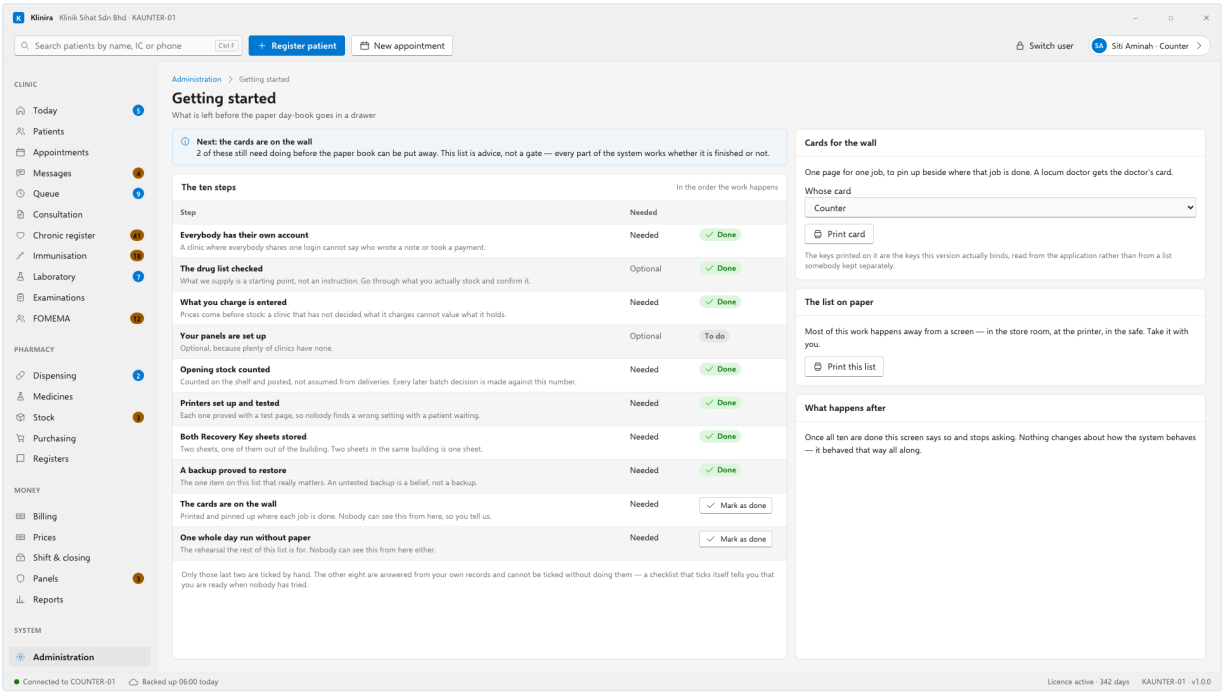
What will not work, and why

- The database file must not be put on a shared network folder or a NAS. Klinira will refuse. File sharing over a network is not reliable enough to hold medical records and it corrupts them quietly.
- Only the main PC touches the records. Every other computer asks it. That is what makes the clinic work when the internet is down.
- The main PC being switched off stops the other computers. Leave it on during clinic hours.

CHAPTER 2

Your first week

The installation finishes on one afternoon. The clinic finishes some days later, when the paper day-book goes into a drawer and does not come out again. Ten things sit between the two, and the system keeps the list for you.



Administration, Getting started. Eight of the ten are answered from your own records. Two are questions only a person can answer.

> Nothing on this list stops you working. A clinic that wants to see patients on its second morning with half the price list entered is a clinic seeing patients. The list is advice; it is never a lock.

The ten, in the order the work happens

1. Everybody who works here has their own account. A clinic where everybody shares one login cannot say who wrote a note or took a payment.
2. Go through the drug list and confirm what you actually stock. What we supply is a starting point, not an instruction.
3. Enter what you charge, on the Prices screen under Money. Prices come before stock: a clinic that has not decided what it charges cannot value what it holds.
4. Set up your panels, if you have any. Plenty of clinics have none, so this one is optional.

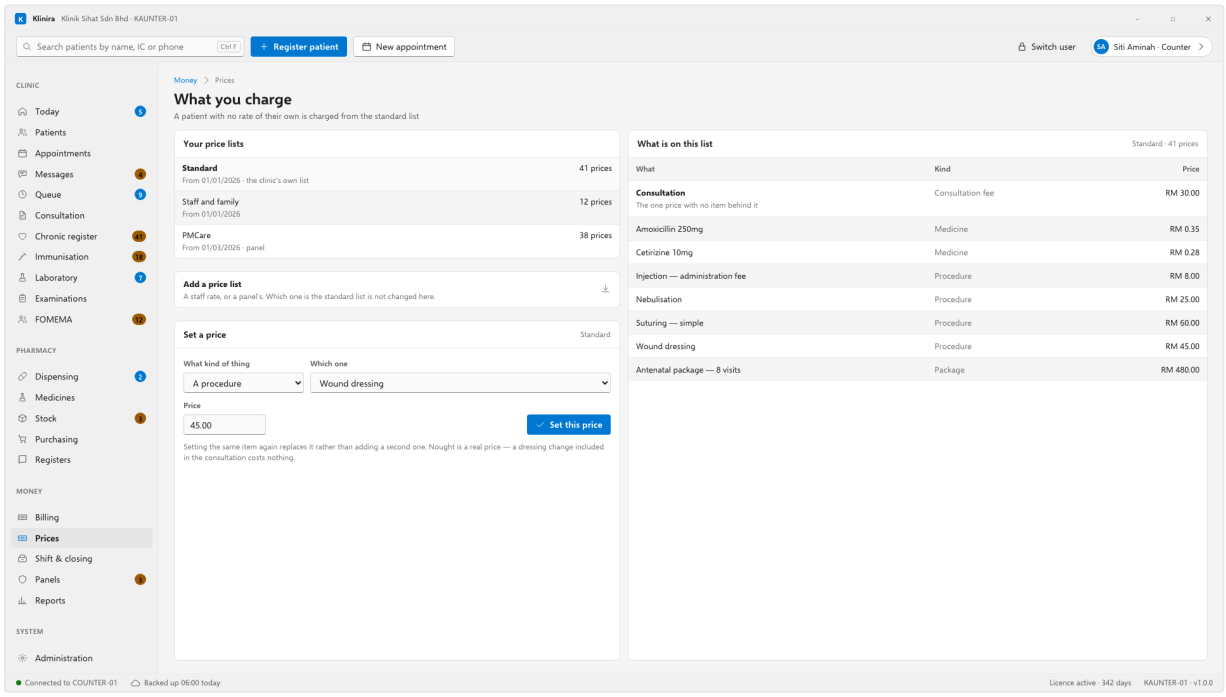
5. Count the opening stock on the shelf and post it. Not assumed from deliveries — every later batch decision is made against this number.
6. Set up every printer and prove each one with a test page, so nobody finds a wrong setting with a patient waiting.
7. Store both Recovery Key sheets, one of them out of the building. Two sheets in the same building is one sheet.
8. Prove a backup actually restores. This is the one item on the list that really matters.
9. Print the quick-reference cards and pin them up where each job is done.
10. Run one whole day on the system with the paper book left in the drawer. This is the rehearsal the other nine are for.

Why two of them have a button and eight do not

Eight are answered from your own records: the system can see that seven accounts exist, that a stock take was posted, that a backup was restored and checked. It never asks you about those, and you cannot tick them without doing them.

Two are facts about a room. Whether the cards really got pinned up beside the counter, and whether a whole day was really run without paper, cannot be seen from a database — so you are asked, and you answer. A checklist that ticked itself would tell you that you are ready when nobody has tried.

Your prices

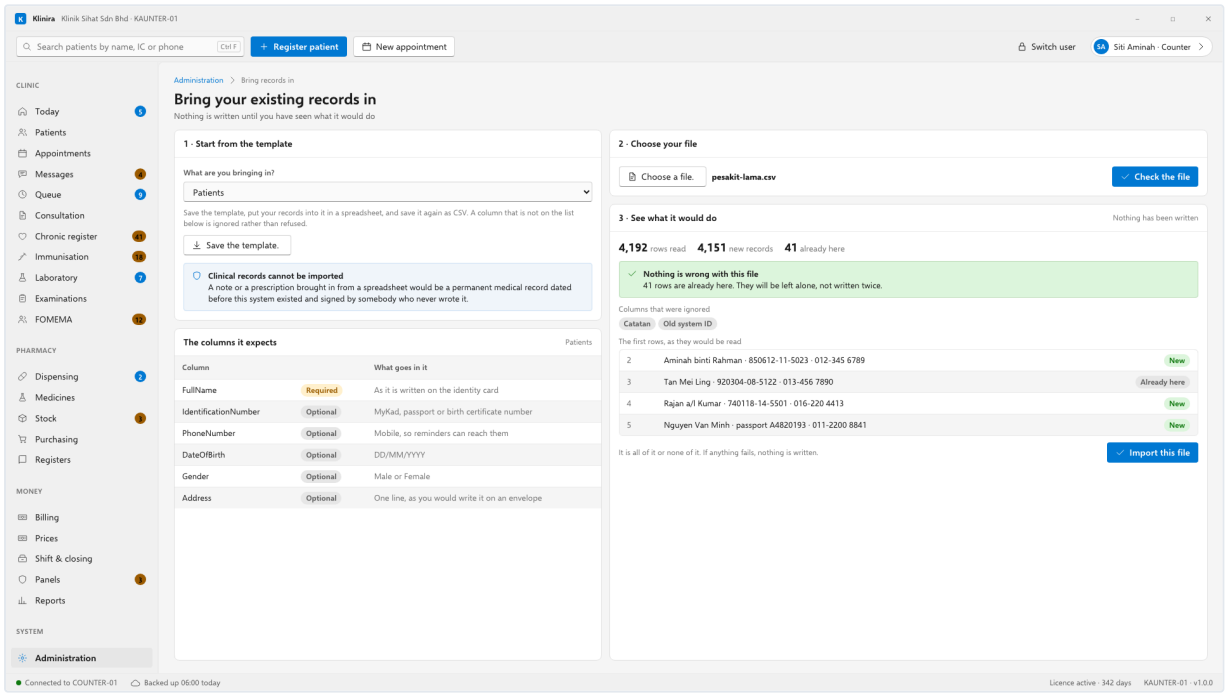


Money, Prices. The standard list is what a patient with no rate of their own is charged. A staff rate or a panel's rate is a list of its own.

Set the consultation fee first, then the procedures you do most, then your medicines. You do not have to price everything before you open — anything without a price is typed in by hand on the bill — but every price you set is one the counter never has to remember.

- The consultation fee is the one price with nothing behind it. Everything else — a medicine, a procedure, a package — is priced against the thing itself.
- Nought is a real price. A dressing change you include in the consultation costs nothing, and that is what you should enter.
- Setting the same item again replaces the price. There is never a second price for one item on one list.
- A staff rate is a list of its own. Make it here, price it here, and put people on it from their own patient record.

Bringing your old records in



Administration, Bring records in. The template comes first, the file second, and what it would do third. Nothing is written until you have seen the third card.

A patient list, your medicine list, what is on the shelf, and your prices can all come in from a spreadsheet. Save the template, put your records into it, save it again as CSV, and choose it here. You do not have to do this at all — a clinic can start with an empty patient list and add people as they walk in — but if you already have four thousand names typed somewhere, this is an afternoon rather than a fortnight.

- Check the file before you import it. The third card shows the first rows exactly as Klinira read them, so you can see that column three really is the telephone number before anything is written.

- It is all of it or none of it. If one row is wrong, nothing goes in — so you fix that row and run the same file again.
- Rows that are already here are left alone, not written twice. Running a corrected file again is safe and is what we expect you to do.
- A column we do not recognise is ignored rather than refused, and the third card names every one it ignored. If a heading you expected is on that list, it was spelled differently.

> Notes, prescriptions and other clinical records cannot be imported, and that is on purpose. A note brought in from a spreadsheet would be a permanent medical record dated before this system existed and signed by somebody who never wrote it. Keep the old files; they are still the record for the years they cover.

Cards for the wall

One page for one job — counter, doctor, nurse, pharmacy, accounts, owner — with the keys and the steps that job uses. Print them from this screen and pin them where the work happens. A locum doctor gets the doctor's card and needs no other introduction.

> The list itself prints too. Most of this work happens away from a screen — in the store room, at the printer, at the safe — so take the paper copy with you and tick it there.

CHAPTER 3

One patient, from the door to the payment

Every other chapter is about one screen. This one is about one patient walking through the whole clinic, and who touches what along the way. If you read only one chapter before your first morning, read this one.

Puan Aminah has a cough. She has been to this clinic before. Here is her whole visit, in the order it happens, with the person doing each part named.

At the counter

1. The counter presses Ctrl + F and types part of her name, her IC number or her telephone. Her record comes up, and each row says why it matched.
2. If she is new, the counter registers her instead. Klinira warns if somebody with that IC number or telephone is already on file, before a second record for the same person exists.
3. The counter puts her in the queue. She gets a number, and the waiting room screen shows it.

> If she scanned the QR at the door on her way in, she is already on the check-in board and the counter only has to accept her. The number is issued at that moment, not at the scan — a sign on a wall can be scanned by anybody walking past it.

With the nurse

1. The nurse opens the queue, takes her temperature, blood pressure and weight, and records them.
2. The nurse checks the allergy line at the top of her record and asks. If nobody has ever asked, the line says so in amber rather than pretending she has none.
3. The nurse moves her on to the doctor.

With the doctor

1. The doctor opens the consultation. The note, the history, the vitals the nurse just took and the allergy line are all on one screen.

2. The doctor types the note. It saves itself as a draft as they go, so nothing is lost if the machine is switched off.
3. The doctor adds the diagnosis, then prescribes. Klinira checks each medicine against her allergies and against what she is already taking, and says something when there is something to say.
4. The doctor presses F9 to finish. The note is written into the record and she moves on to the pharmacy.

> An alert never blocks the doctor. A severe one interrupts, asks for a typed reason and records it. We assist; we do not enforce — the clinical decision belongs to the person who trained for it.

At the pharmacy

1. The prescription is already there. The pharmacist does not retype it.
2. Klinira chooses the batch that expires first and shows it. The pharmacist can override, and the override is recorded.
3. The label prints in Bahasa Malaysia and English, with the warnings the law requires on it.
4. The statutory register entry is written the same day, by itself, for anything that needs one.
5. The pharmacist hands the medicine over and moves her on. The person who handed it over is the only person who knows it was collected.

Back at the counter

1. The bill is already made up from the consultation and what was dispensed. The counter checks it rather than building it.
2. The counter takes the payment. If she pays cash, the screen offers the figure rounded to five sen; if she pays by card, the exact figure is charged.
3. The receipt prints and the drawer opens. The invoice number is allocated at that moment, never before.
4. She leaves. Her name comes off the queue board on its own.

What each person actually has to remember

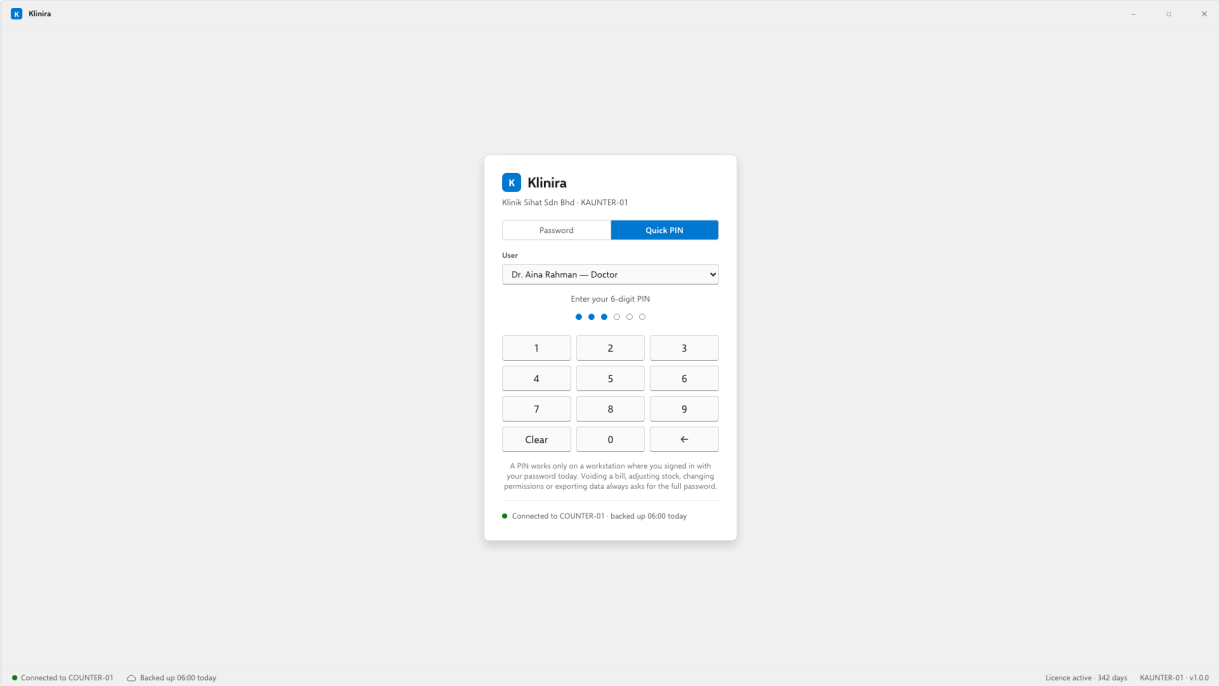
WHO	THE WHOLE OF THEIR PART
Counter	Find or register the patient, put them in the queue, take the money at the end.
Nurse	Record the vitals, ask about allergies, move them on.
Doctor	Write the note, add the diagnosis, prescribe, press F9.
Pharmacist	Check the batch, print the label, hand it over, move them on.

> Nobody types the same thing twice. The whole visit is one record from the moment the counter finds her: what the doctor prescribes is what the pharmacist sees, and what the pharmacist dispenses is what the counter charges for.

CHAPTER 4

Signing in, the Quick PIN, and locking the screen

Everybody who uses Klinira signs in as themselves. It is not an administrative nicety: every note, every dispensing entry and every payment is recorded against whoever was signed in, and a shared account makes all of that say the same name.



The sign-in screen. Username and password the first time; after that, whoever has set a PIN can tap their name and enter four digits.

Your password and your Quick PIN

The password is the real credential. The Quick PIN is a shortcut for coming back to a machine you already signed in on today — it is quicker at a counter with a queue in front of it, and it is deliberately not enough on its own for anything serious.

ACTION	PIN IS ENOUGH
Registering a patient, booking, dispensing, taking a payment	Yes
Voiding a bill, refunding, adjusting stock	No — password
Merging two patients, deactivating a record	No — password
Adding staff, changing roles, exporting data	No — password
Activating or changing the licence	No — password

> When Klinira asks for your password on a screen you reached with a PIN, that is the rule working, not a fault. It is what stops a five-minute phone call at the counter from voiding a day's takings.

Two-factor, for administrators

Anybody who can add staff or change roles must set up two-factor authentication. Klinira will not let an administrator work without it — not as a nag, but as a refusal, because an administrator account is the one that can reach everything.

Locking the screen

- Press Ctrl+L, or walk away and let it lock itself.
- Locking does not close anything. A half-typed consultation note is still there when you unlock.
- Unlock with your PIN or your password.

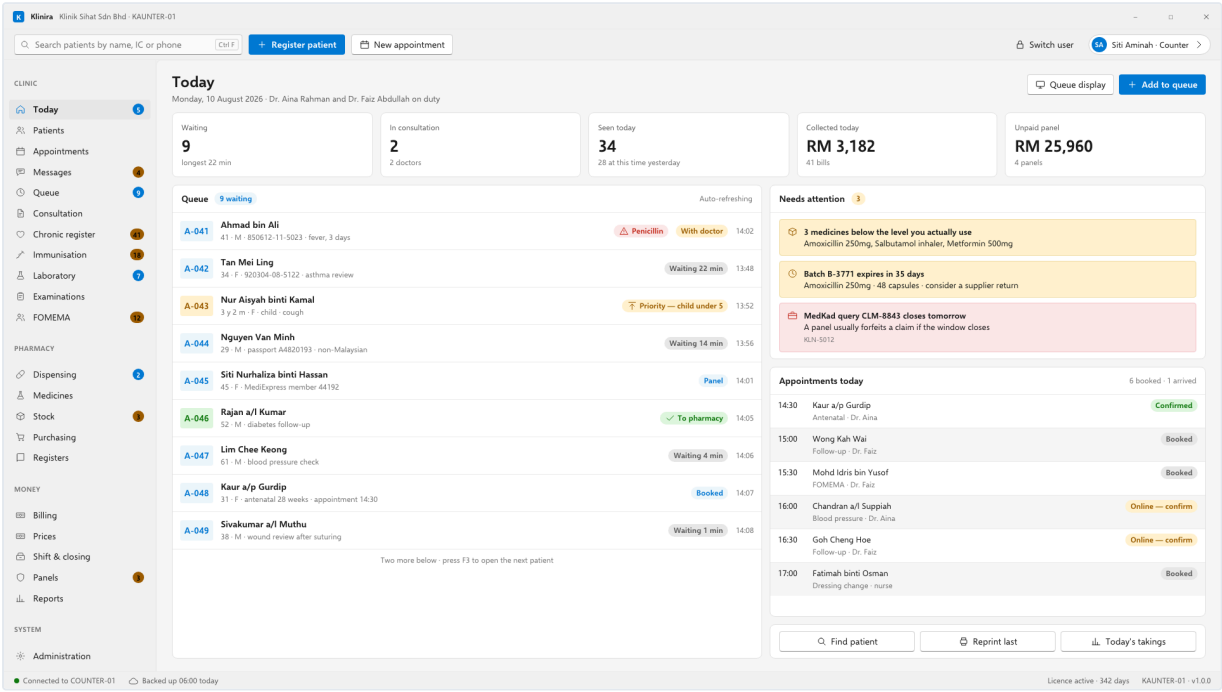
Locked out

Too many wrong passwords locks the account for a while. An administrator can clear it immediately from Administration, Staff — a doctor locked out at nine in the morning with a waiting room in front of them should not have to wait it out.

CHAPTER 5

The Today screen

The screen the clinic opens on. It answers the four questions somebody arriving at eight in the morning actually has, and it is the only screen designed to be looked at rather than worked in.



Today. Who is booked, who is waiting, what needs attention, and where the money stands.

What is on it

- Today's appointments, in time order, with who has arrived and who has not.
- The live queue: how many are waiting and how long the longest has been there.
- Things that need attention: stock about to expire, panel claims unpaid, a backup that has not run.
- The day's takings so far, and whether the till session is open.

The bar at the top

The search box at the top of every screen finds a patient by name, identity number or telephone. It is the fastest way into anything: type three characters and the matches appear as you go.

- Ctrl+F puts the cursor in it from anywhere.
- Register patient and New appointment are beside it, because those are the two things a counter does most.

The strip at the bottom

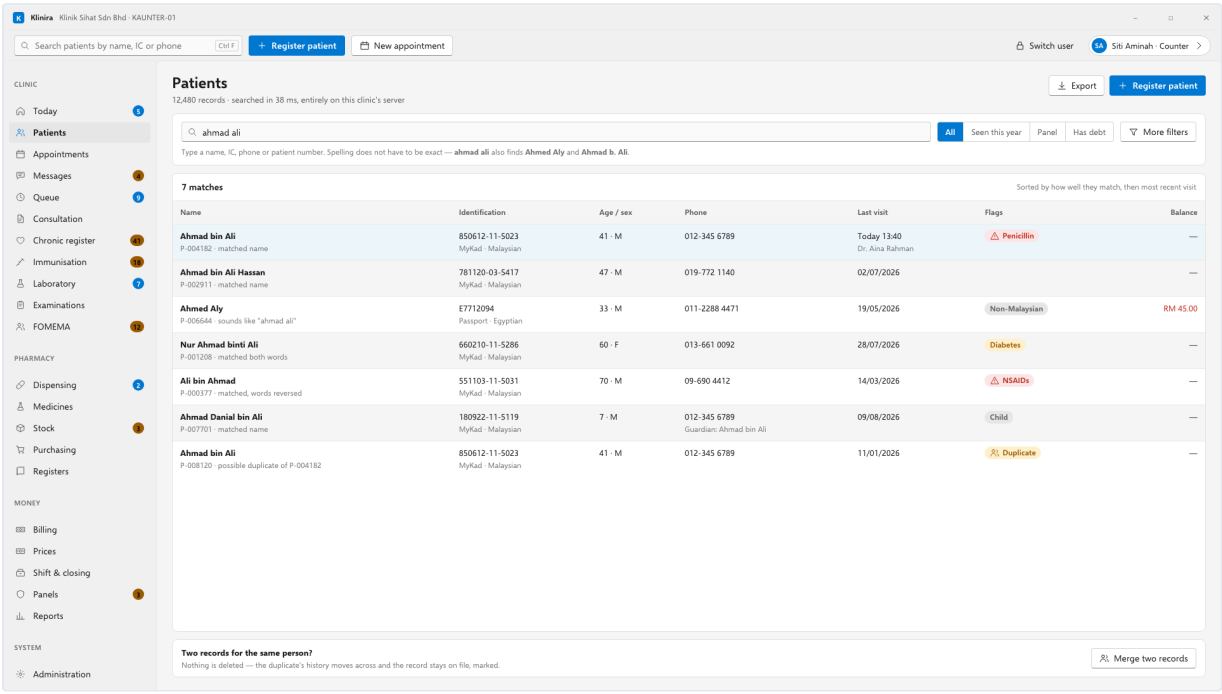
The line along the bottom of every screen tells you three things without being asked: whether this computer can reach the main PC, when the last backup ran, and how many days are left on the licence. If any of the three is wrong, that strip is where you will see it first.

CHAPTER 6

Patients: finding, registering and the record

Everything in Klinira hangs off a patient record, so the two things that matter most here are finding the right one and not creating a second one for a person who already exists.

Finding a patient

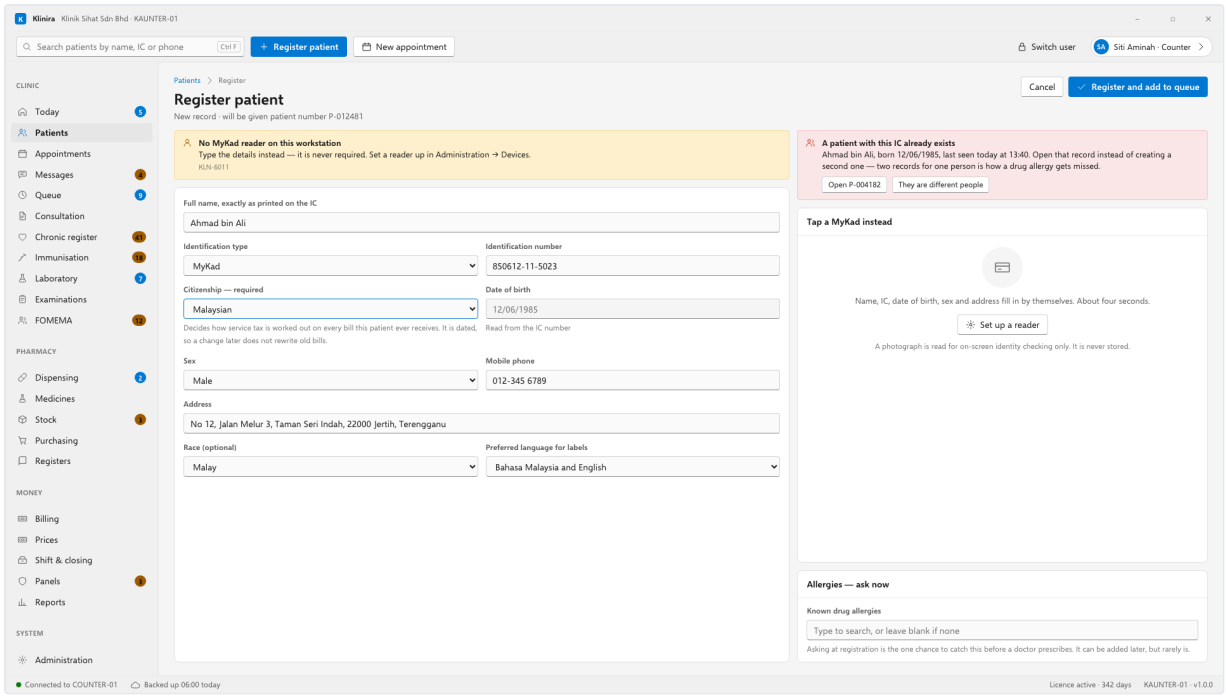


Patient search. Type a name, an identity number or a telephone number. Results rank by how well they match, not alphabetically.

- Partial names work. "siti rah" finds Siti binti Rahman.
- Identity numbers work with or without the dashes.
- Telephone numbers work in any format the patient might have given.
- Searching is not recorded in the audit log. Opening a record is.

> If the search finds nothing and the main PC cannot be reached, Klinira says so rather than showing an empty list. An empty list would read as "this patient is not registered", and the counter would register them a second time.

Registering a new patient

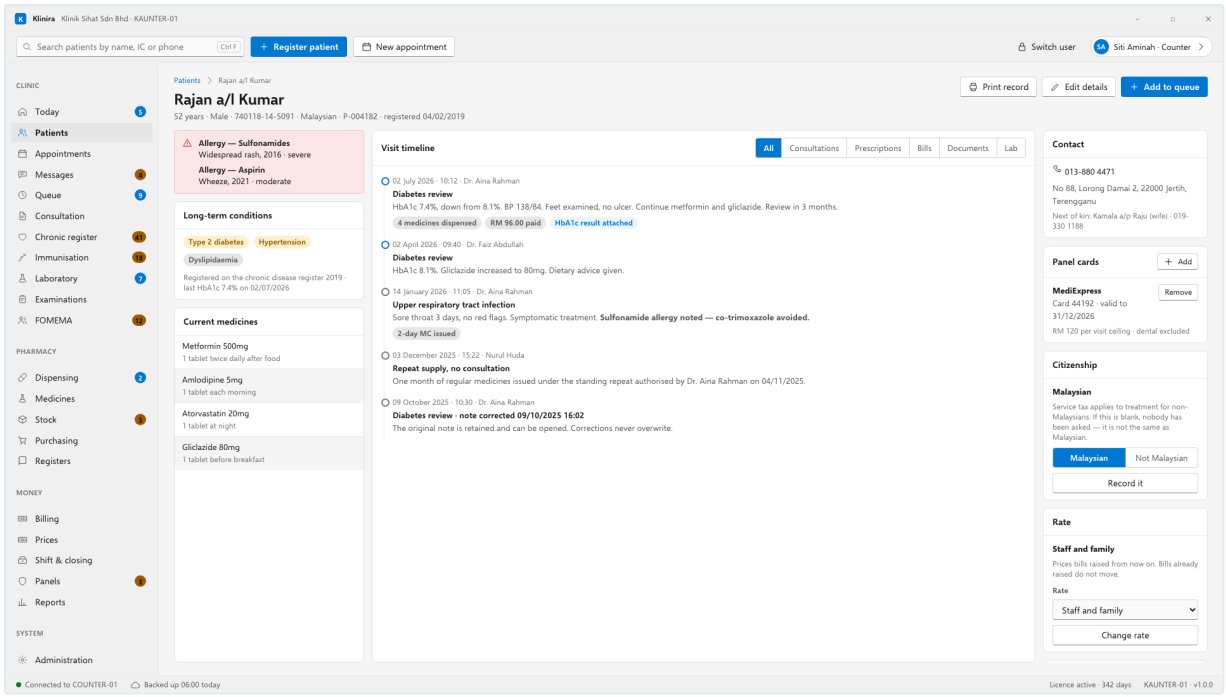


Registration. Tap the MyKad reader if you have one; otherwise type. The duplicate check runs by itself as you leave each of the three fields that identify somebody.

1. Tap the MyKad on the reader, if the clinic has one. Name, identity number, date of birth, gender and address fill themselves in.
2. Otherwise type the name, the identity number and the telephone. A foreign patient, a child with no card and a clinic with no reader all take this path.
3. Klinira checks for a possible duplicate as you move off each of those three fields. If it finds one, it shows you the existing record and asks.
4. Record citizenship. It decides how service tax is treated on the bill, so it is asked at the counter rather than reconstructed at the payment desk on a busy morning.
5. Save. The patient number is allocated by the main PC.

> Two people in one household often share a telephone number, and a mother and a son can look like the same person to a computer. Klinira never picks a match for you — it shows what it found and waits.

The patient record



The patient profile. Allergies are at the top, never inside a tab and never collapsed. The visit history runs down the middle; contact, panel and rate are on the right.

- Allergies are always visible. An allergy behind a tab is an allergy the doctor did not see.
- Long-term conditions and current medicines sit beside them, so the clinical picture is one glance.
- Editing details takes a lock, so two people cannot edit the same record at once. The lock is taken when you press Edit, not when you open the screen.

Putting a patient on a staff or family rate

1. Open the patient's record.
2. On the Rate card at the right, choose the price list.
3. Press Change rate.

> It prices bills raised from now on. Bills already raised do not move. To take somebody back off a staff rate, choose Standard prices — it is an entry in the same list.

Panel cards

A patient's panel card lives on their record, not in somebody's memory at the counter. Add it once — the panel, the card number, and the date the card runs to — and every bill afterwards knows which panel is paying without being told again.

1. On the Panel cards card at the right, press Add.
2. Choose the panel, type the card number, and put in the date the card is valid to.
3. Save. Remove takes a card off when a patient changes employer.

Citizenship, and why it is a money question

Service tax applies to private healthcare given to somebody who is not a Malaysian citizen, and does not apply to a Malaysian. So this one answer decides the tax on every bill the patient is ever given. It is asked at registration and can be recorded or corrected here at any time.

> Blank is not the same as Malaysian. A blank citizenship means nobody has asked, and Klinira says so in those words rather than assuming. Recording it applies to bills raised from now on; bills already issued keep the tax they were worked out with.

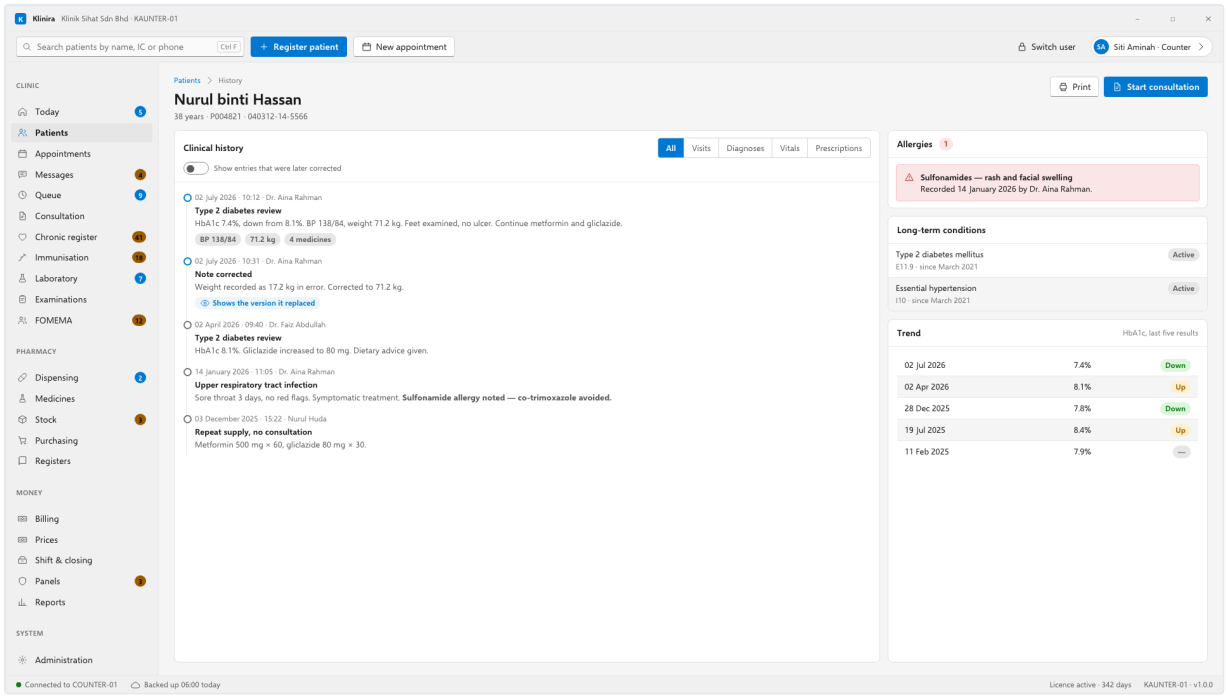
When the same person has been registered twice

It happens in every clinic: a patient comes back after five years, gives a new telephone number, and a second record is made. Both records then hold part of the truth. Joining them is on the patient search screen, under Two records for the same person, and only somebody with permission to merge sees it.

1. Search, so both records are in the list in front of you.
2. Click the record you are keeping — normally the one with the longer history.
3. Open Two records for the same person and choose the duplicate from the list.
4. Type why they are the same person. It is kept with the merge.
5. Read the sentence above the button — it names which record stays — then merge.

> Nothing is deleted. Every visit, note, prescription and bill moves to the record you kept, and the duplicate stays on file marked as merged — so anybody who looks it up later is sent to the right place rather than finding nothing.

The clinical history



The clinical timeline. Every visit, note, prescription and result against one patient, newest first, with the patient named at the top of it.

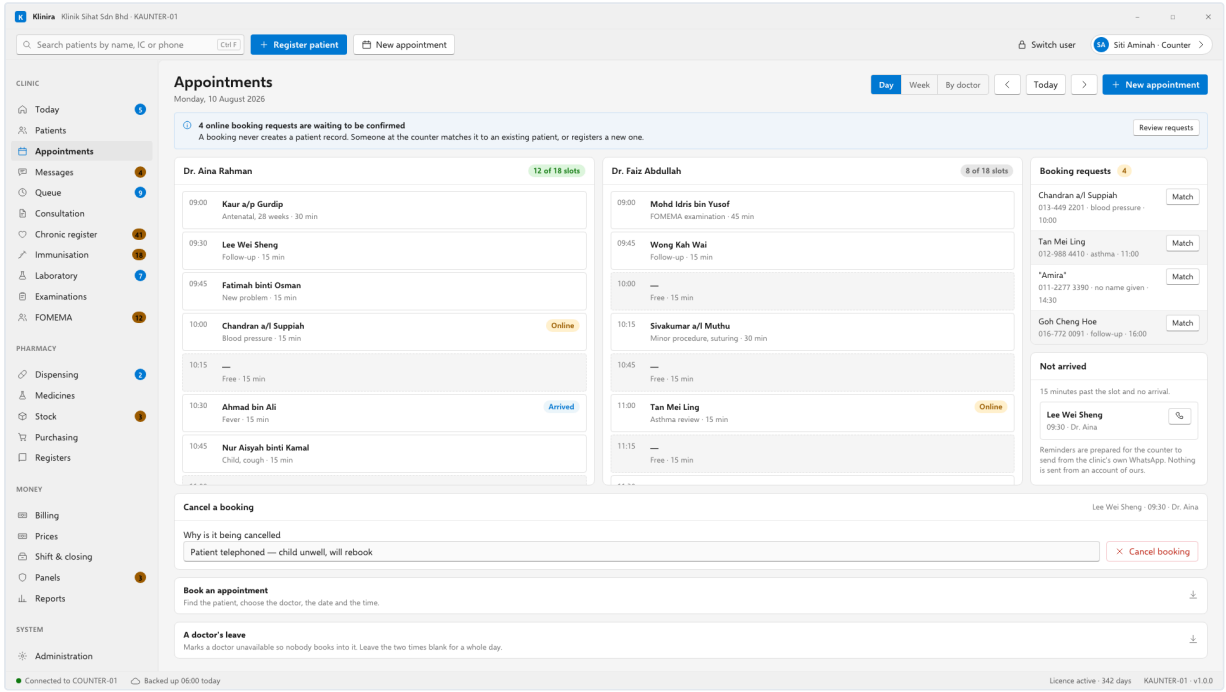
Filter it by kind — consultations, prescriptions, bills, documents — to find one thing in a long history. A note that was corrected shows both: the correction is current and the original is still there and still readable, because a medical record is never overwritten.

> If a record fails to load, Klinira clears the screen and says so. It never leaves the last patient on screen under an error message — that is how somebody ends up reading the wrong person's allergies.

CHAPTER 7

Appointments and online booking

The calendar your staff work in, and the booking page a patient reaches from their own phone. The two are joined, but nothing a patient does writes into your calendar without somebody at the counter accepting it.



The appointment calendar. One column per doctor, the day running down. Drag a booking to move it.

Making a booking

Book an appointment is the strip below the diary. It is closed until you open it, because this screen is read far more often than it is booked from — the counter has the day in front of them all morning.

1. Open Book an appointment and start typing the patient's name, IC or telephone number.
2. Choose the patient from the list. Klinira never picks one for you — two people in one house share a telephone number.
3. Pick the doctor, the date and the time. Times may be typed with a full stop — 14.30 — because the keypad at a counter has no colon on it.
4. Choose how long it will take. The default comes from the kind of visit.
5. Press Book it. The patient gets a WhatsApp confirmation if the clinic has that switched on.

> A patient who is not on file yet has to be registered first. A booking never creates a patient record, and that is deliberate: those records end up attached to clinical notes.

A doctor's leave

The second strip below the diary marks a doctor unavailable so nothing can be booked into that time. Leave the two times blank for a whole day, or fill them in for an afternoon. Tick Every week for a regular half day.

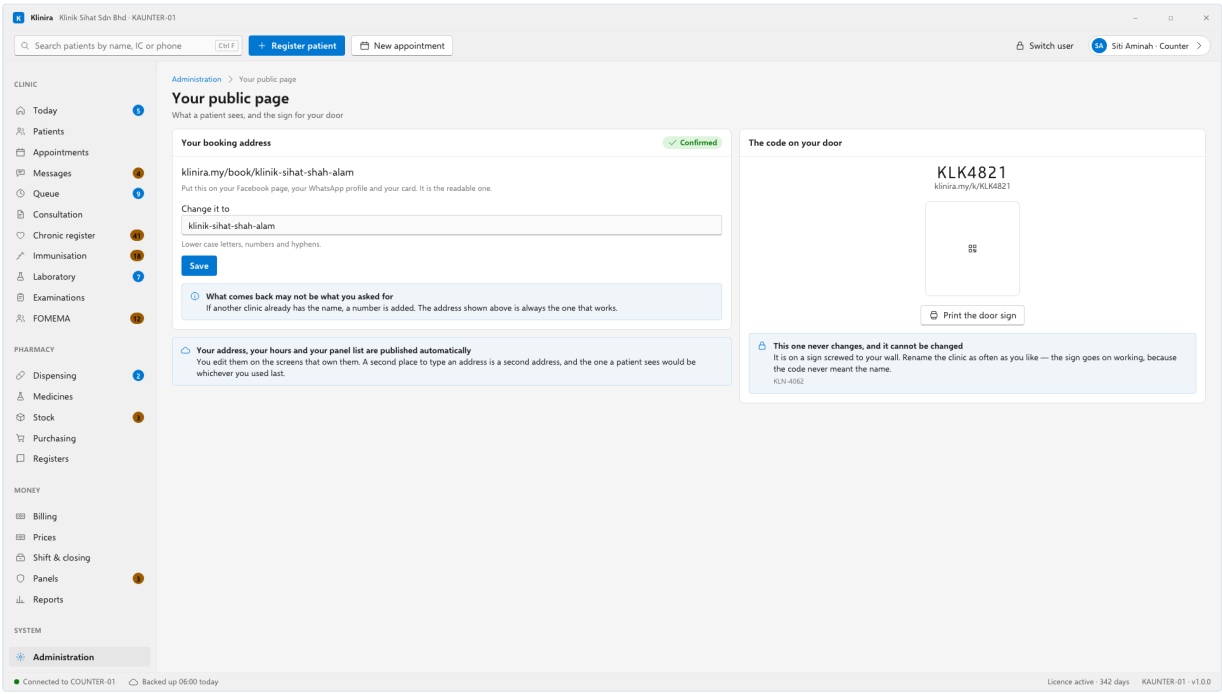
> Leave gets cancelled as often as it gets booked, so every block has a Remove beside it. A block nobody could take off would have the clinic turning patients away from a diary that is actually free.

Cancelling and moving

- Drag a booking to a new time. The patient is told.
- Click the booking, then use Cancel a booking under the diary. It asks for a reason. It is not bureaucracy: three months later, somebody asks why a slot was empty, and the reason is the answer.

Online booking

Your clinic has its own booking page. A patient opens it on their phone, sees the times you have published, and asks for one. What arrives at the counter is a request, not a confirmed appointment.



Administration, Your public page. The two addresses a patient can reach: the booking page, and the permanent short code the door sign carries.

1. Publish your opening hours and the times you are willing to offer. A day with no closing time is published as closed rather than guessed at.
2. A booking request arrives in Klinira. The counter sees it with the appointments.
3. Accept it and it becomes a real appointment. Nothing writes itself into the book.

> The clinic is never reachable from the internet. Your times go outward to a page; nothing comes inward to your PC. That is why online booking is possible at all without exposing the records.

The door sign

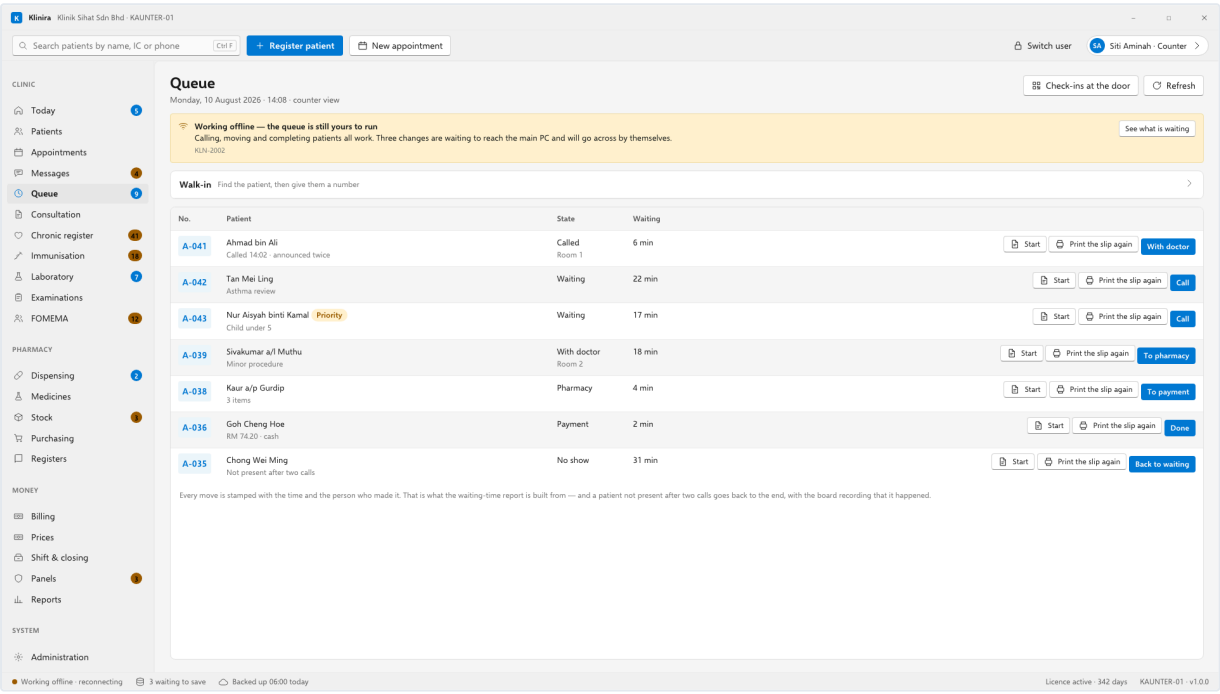
Klinira prints a QR sign for the clinic door. Scanning it takes a patient to your booking page. The code on it is permanent and does not change if you later rename the clinic — a sign is the one thing in this product nobody reprints, because nobody reprints a sign they believe is right.

> Print the sign only after Klinira says the code is confirmed. Until then the code is a proposal, and a sign printed against an unconfirmed one could point at somebody else's page.

CHAPTER 8

The queue, QR check-in and the waiting room screen

One queue, three ways into it: the counter puts somebody in it, a patient scans the QR at the door, or an appointment arrives. Everything downstream — the consultation, the pharmacy, the payment desk — reads the same list.



The queue board. Who is waiting, what step they are at, and how long they have been there. It refreshes by itself.

The steps a patient moves through

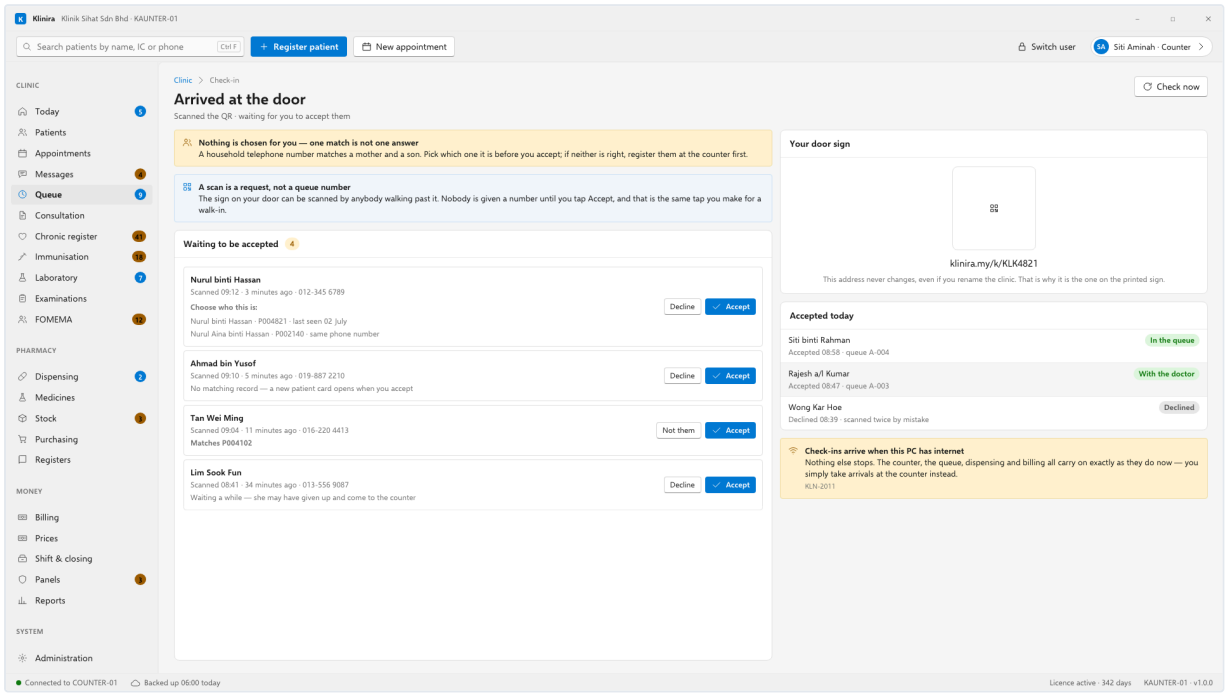
STEP	WHO MOVES THEM ON
Waiting	The counter, when they arrive
With the nurse	The nurse, after vitals
With the doctor	The doctor, on finishing the consultation
At the pharmacy	The pharmacist, when the medicine is handed over
At the counter	The counter, when the bill is paid

> The pharmacist moves the patient out of the pharmacy step, not the counter. The only person who knows the medicine has been collected is the person who handed it over.

When a queue slip is dropped

Every row has Print the slip again. It prints the same number on a fresh slip, marked as a reprint — the patient keeps their place. Issuing them a new number would put them at the back of a queue they have already waited in.

QR check-in



The check-in board. Patients who scanned the door QR, waiting to be accepted. Klinira suggests possible matches and never picks one for you.

1. The patient scans the QR at the door and enters their name and telephone.
2. Their arrival appears on this board. No queue number has been issued yet.
3. The counter checks the suggested match — or searches, if none is right — and accepts.
4. The number is issued then, and the patient sees their position on their phone.

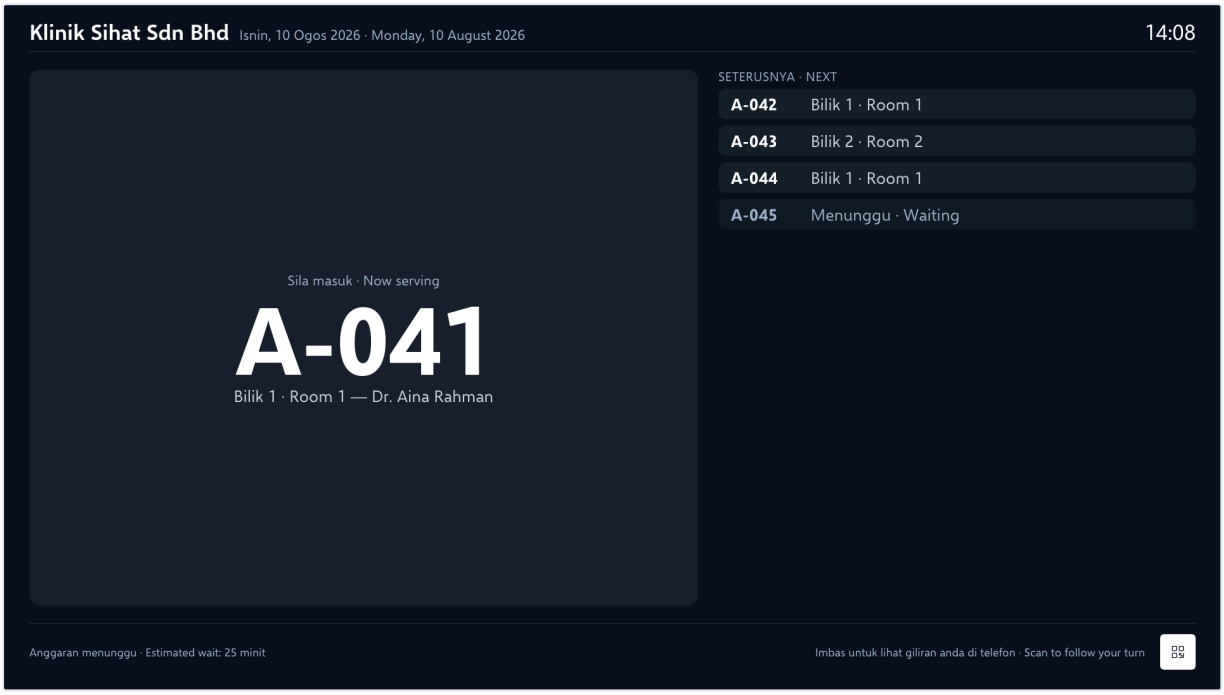
> A sign on a wall can be scanned by anybody walking past it. That is why a scan does not mint a queue number by itself: one bored teenager outside a clinic in a shopping centre would otherwise create forty numbers nobody is sitting behind.

Calling a patient in from the car

When a patient who checked in by QR is two ahead in the queue, Klinira sends a WhatsApp message from the clinic's own number. That is how a patient with a small child, or a cough nobody wants to sit beside, waits in the car instead of the waiting room.

- If they have no smartphone, no WhatsApp, or a flat battery, the counter calls the number the way it always has.
- If the internet is down, the position on the patient's phone stops updating — so the page tells them to come to the counter rather than showing a number that might be stale.

The waiting room screen



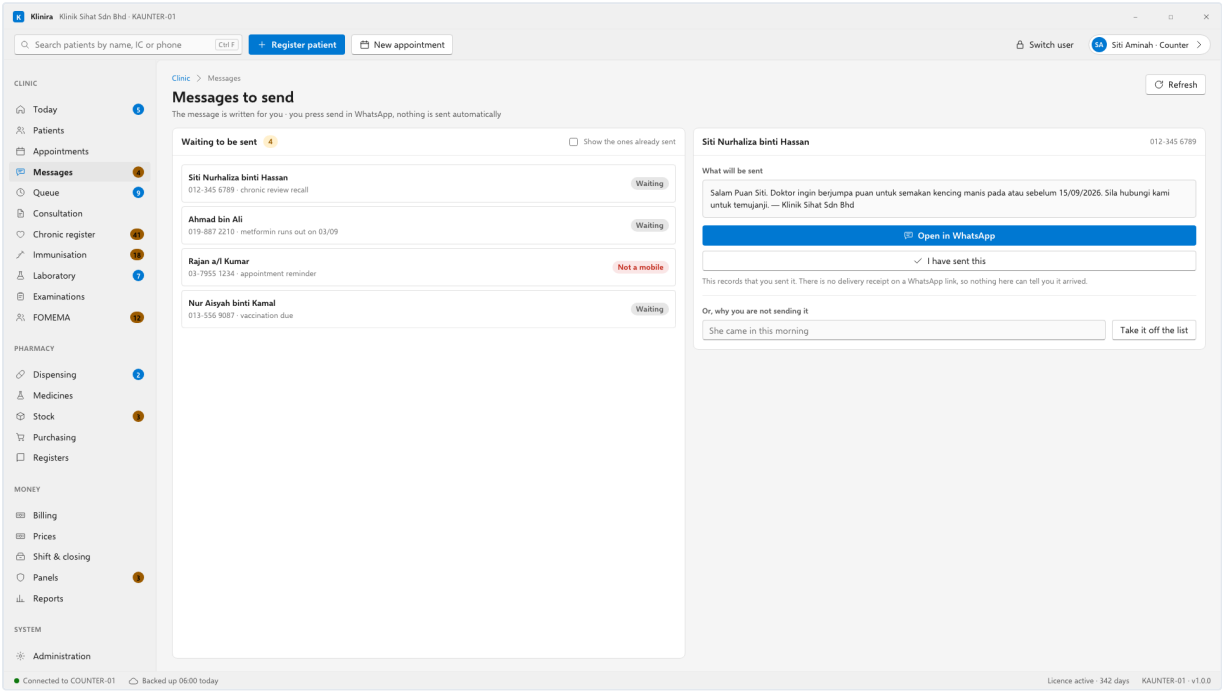
The waiting room display. The number being called and nothing else. No patient names — a waiting room is a public place.

- Any Windows PC with an HDMI cable to a television will run it.
- It reads from the clinic's own server, so it keeps running when the internet is down. A queue screen that goes blank during an outage is exactly when patients notice something is wrong.
- It only ever reads. Nothing on that machine can change a record.

CHAPTER 9

Messages to patients

One list of everything the clinic has written to a patient and not yet sent. Four things put messages on it, you press send in WhatsApp, and nothing goes out on its own.



Clinic, Messages. What has been written, who it is for, and the WhatsApp button.

> Klinira never sends anything by itself. It writes the message, and opens your own WhatsApp with it ready — you press send. There is no account of ours anywhere in this, and there is no delivery receipt: "I have sent this" records that somebody pressed the button, and nothing more. A wa.me link cannot tell you whether the patient read it.

What puts messages on the list

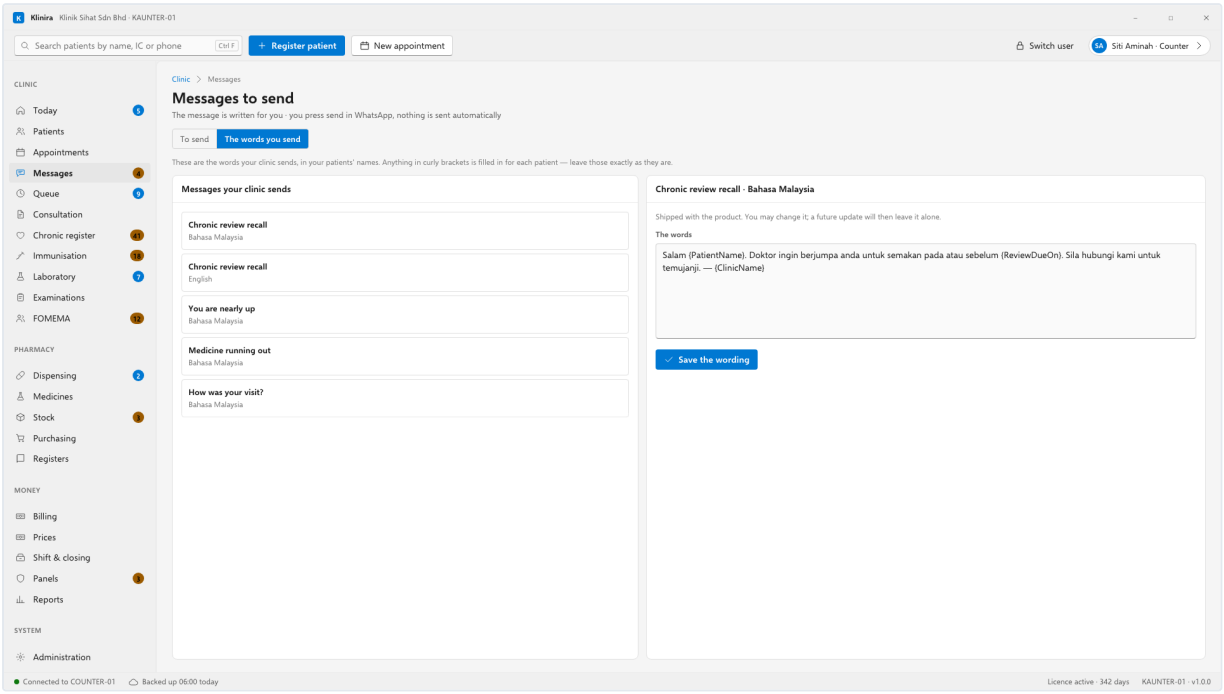
- A chronic recall — a patient whose review is due.
- A vaccination due — a child whose next dose has come round.
- A refill reminder — a medicine about to run out.
- A feedback invitation, after a visit.

A number that cannot take a WhatsApp message says so on the row and stays there. A landline is a real number and you may still want to ring it; what must not happen is a button that opens nothing and explains nothing.

Taking one off the list

Cancel takes a reason, and the reason is the point: it is the clinic's own record of what it decided not to tell somebody. In a year that sentence is all there is.

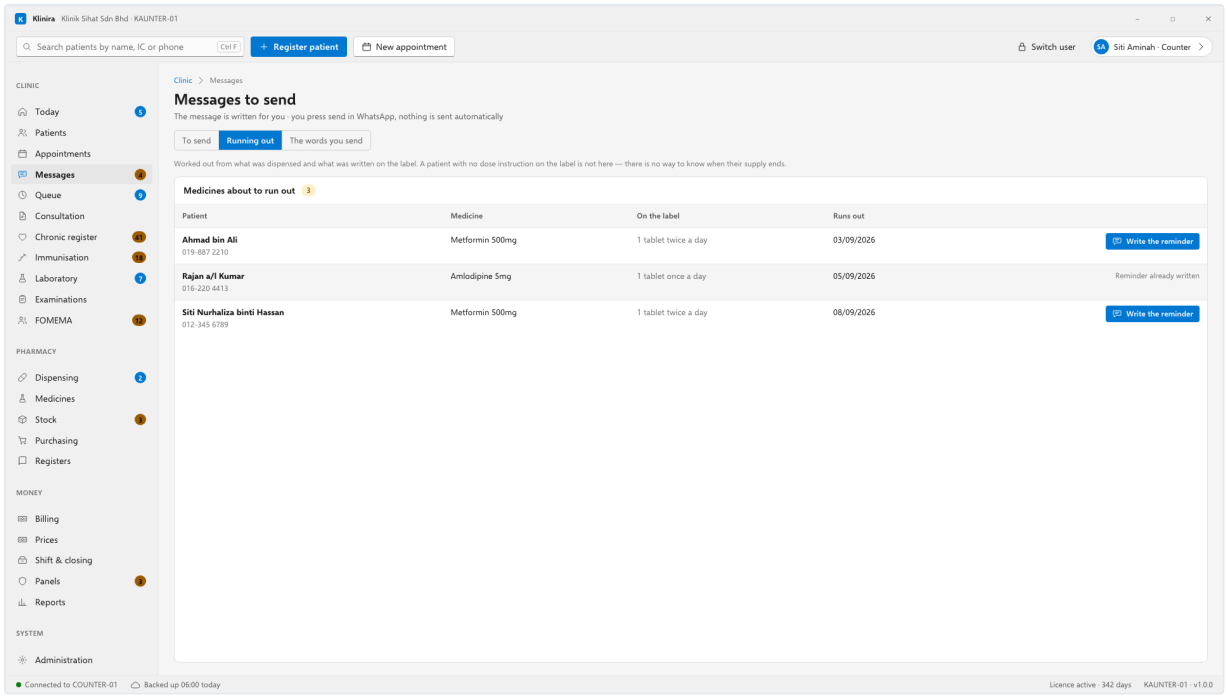
The words you send



The wording of every message, in English and Bahasa Malaysia. Yours to change.

Every message Klinira writes uses wording you can change, in both languages. The parts in curly brackets are filled in — the patient's name, the date — and Klinira refuses to save a message with a placeholder it cannot fill, because a template is saved once and sent three thousand times.

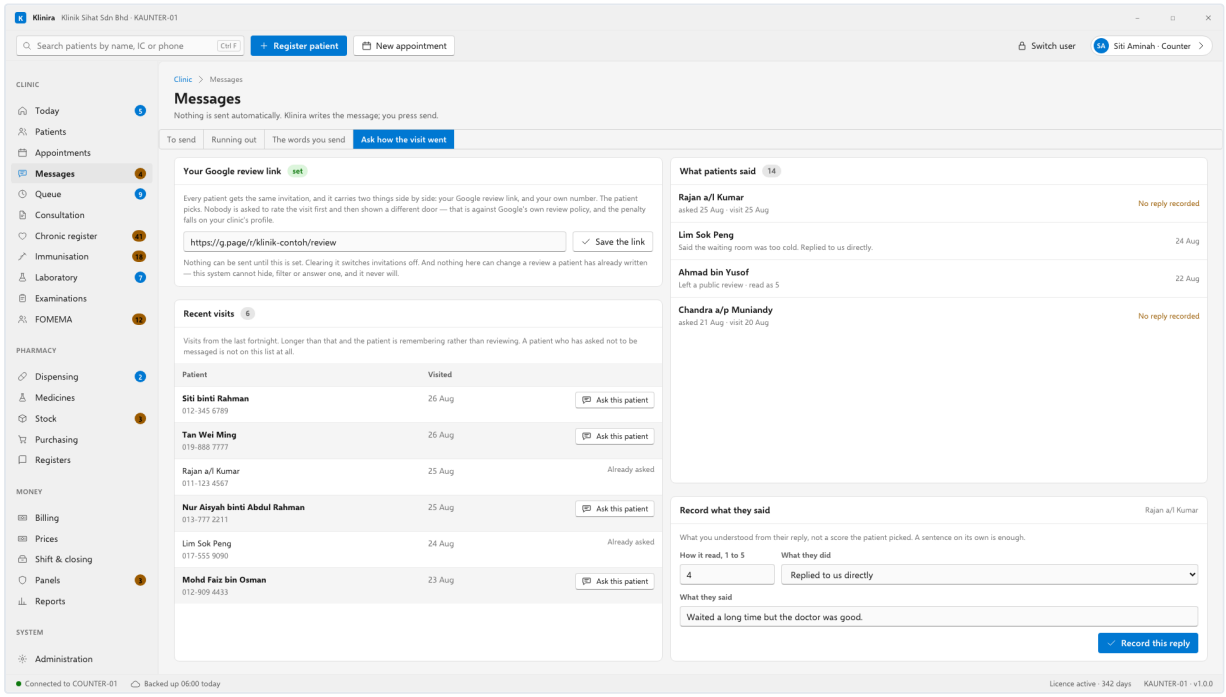
Medicines about to run out



Worked out from what you actually dispensed and the dose on the label.

Klinira works out when a supply runs out from the quantity dispensed and the dose instruction. A medicine with no dose instruction, or one taken only when needed, has no date and says so rather than guessing — a reminder on the wrong day still arrives, and nobody finds out it was wrong.

Asking how the visit went



Ask how the visit went. Your review link at the top, recent visits below, and what patients said on the right.

Set your Google review link first. Find your clinic on Google, open Ask for reviews in your Business Profile, and paste the short link into the box at the top. Nothing can be sent until this is done, and clearing it switches the whole feature off — which is a real answer if you would rather not ask patients for reviews at all.

Why there are no stars

Every patient gets the same invitation, and it carries two things side by side: your Google link, and your own number. The patient picks. Nobody is asked to rate the visit first and then shown a different door depending on the answer.

That is deliberate, and it protects you. Sending the happy ones to Google and the unhappy ones to a private form is called review gating, and Google's own review policy prohibits it. The penalty falls on your clinic's Google Business Profile — reviews stripped, or the profile actioned — not on us. You lose nothing: what you actually want is to hear about a bad visit before it becomes a public review, and a WhatsApp reply to your own number does that better than a form, because it arrives where somebody is already reading.

Recording what a patient said

1. Choose them from What patients said on the right.
2. Write down what they told you. A sentence on its own is enough — it is usually worth more than a number.
3. Say what they did, if you know: left a public review, or replied to you directly.

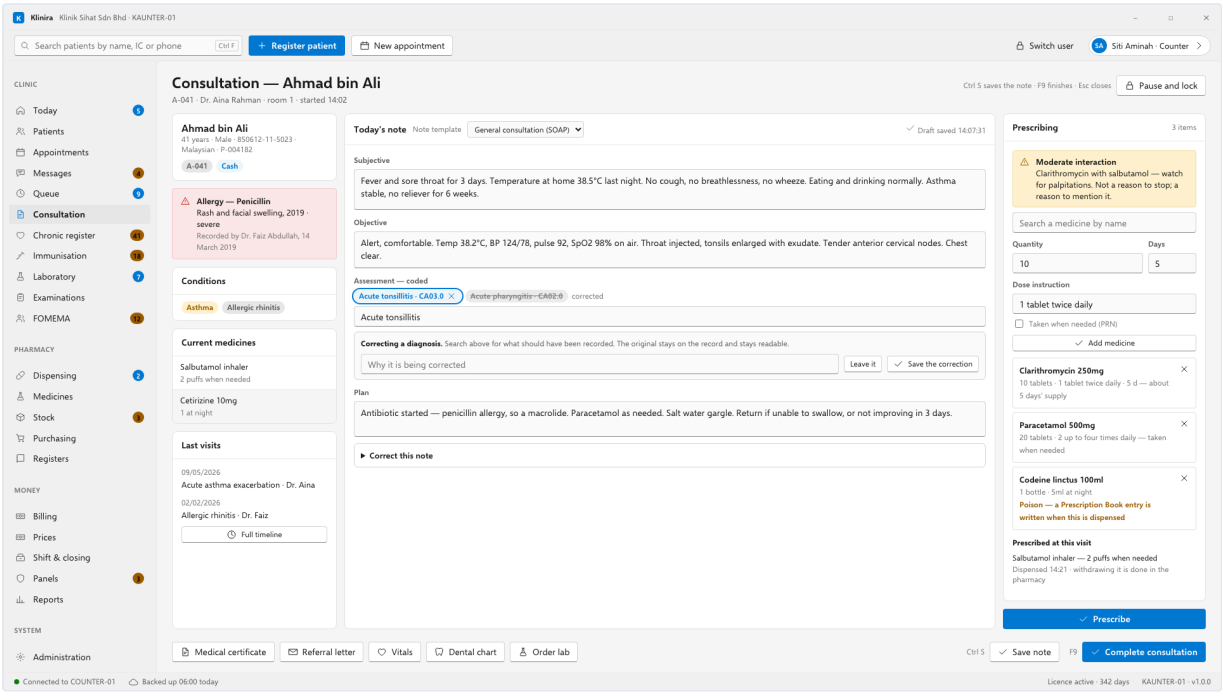
- Each visit can only be asked about once. A patient asked twice about the same morning concludes you are not reading your own records.
- Only visits from the last fortnight are offered. Longer than that and the patient is remembering rather than reviewing.
- A patient who has asked not to be messaged is not on the list at all.

Nothing here can change a review a patient has already written. Klinira cannot hide one, filter one or answer one, and it never will.

CHAPTER 10

The consultation

One screen holds the whole visit: what the patient says, what you find, what you diagnose, what you prescribe. It keeps working with the network cable out, and nothing you type is lost if the machine is switched off mid-sentence.



The consultation. The note in the middle, the patient's history and allergies to the left, diagnosis and prescription to the right.

Working through a visit

1. Open the patient from the queue. Their allergies and long-term conditions are already on screen.
2. Record vitals, if the nurse has not.
3. Write the note. Use a template if one fits — templates are text with the gaps marked, not forms.
4. Add the diagnosis. Start typing and the list narrows; the ones you use most rise to the top over time.
5. Prescribe, if there is anything to prescribe. See the next chapter.
6. Press Complete. That writes the note into the record and ends the visit.

Your draft is saved on this computer as you type, every few seconds, before it ever reaches the main PC. A power cut mid-consultation costs you nothing.

Choosing the note template

The picker sits beside Today's note. Klinira ships several — a general consultation laid out as SOAP, a short one for a follow-up, and one or two per kind of clinic — and a clinic can write its own. Changing it changes which boxes the note has; what you have already typed into a box both templates share stays where it is.

The picker disappears once the note has been committed to the record. A saved note cannot be edited, and changing the form under one would quietly drop whatever the new template has no box for.

A note cannot be edited afterwards

Once a note is written into the record it stays exactly as it was. Correcting one writes a new version and marks the old one as superseded; both stay readable, and the record shows who wrote each and when. This is a legal requirement for a medical record in Malaysia, not a Klinira preference.

1. Open the visit again and find Correct this note at the foot of the note.
2. Show every version first, if you want to see what is already there. Superseded versions stay on the list with the reason each was corrected.
3. Edit the note above, say what you are correcting, then save.

A finished visit can still be corrected, and that is deliberate — every other change on that screen stops when the visit ends. A mistake is usually noticed after the patient has gone home, which is exactly what this is for.

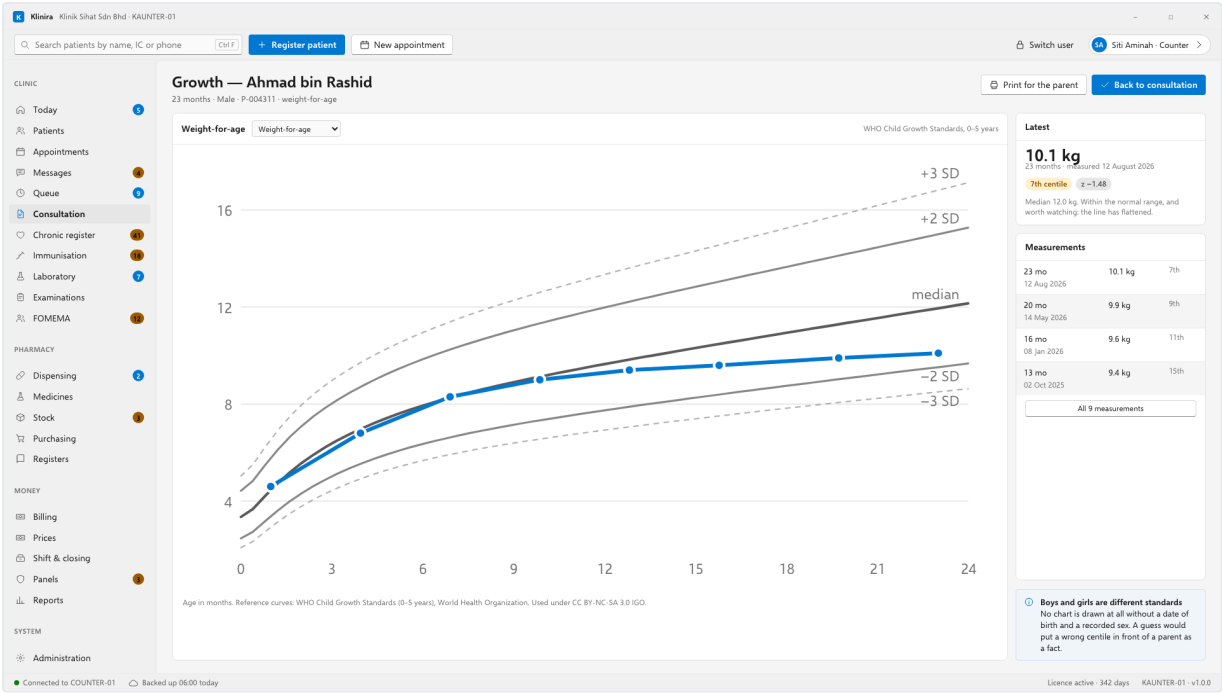
Correcting a note needs your password, not a Quick PIN. Somebody signed in with a PIN can read every version and cannot change one.

Correcting a diagnosis

A diagnosis is corrected the same way and for the same reason. Click the one that is wrong, search above for what should have been recorded, say why, and save. The original stays on the record with the word corrected beside it — so anybody reading the visit later can see that it was one condition coded wrongly and not two conditions the patient has.

> This matters more than it looks. The diagnosis is what a panel claim is made against, what the chronic register works from, and what your coding report counts. A wrong one left standing beside a right one is counted twice everywhere.

Vitals and the growth chart



The growth chart. WHO reference curves with the child's own measurements plotted on them, and the numbers written on the axis rather than hidden in a hover.

- Weight, height and head circumference plot against the WHO curves for the child's age and sex.
- Print it for the parent to take home. That is what the chart is mostly for.
- Blood pressure, pulse, temperature and oxygen saturation are flagged when they fall outside the usual range for the patient's age.

Alerts do not block you

If you prescribe something the patient is allergic to, or that interacts with what they are already taking, Klinira interrupts, shows you what it found and asks for a reason. Then it records the reason and lets you carry on. It never refuses.

> The clinical decision is the doctor's. Software that refuses is software that gets worked around, and a doctor who has learned to work around it has learned to ignore the alerts that matter.

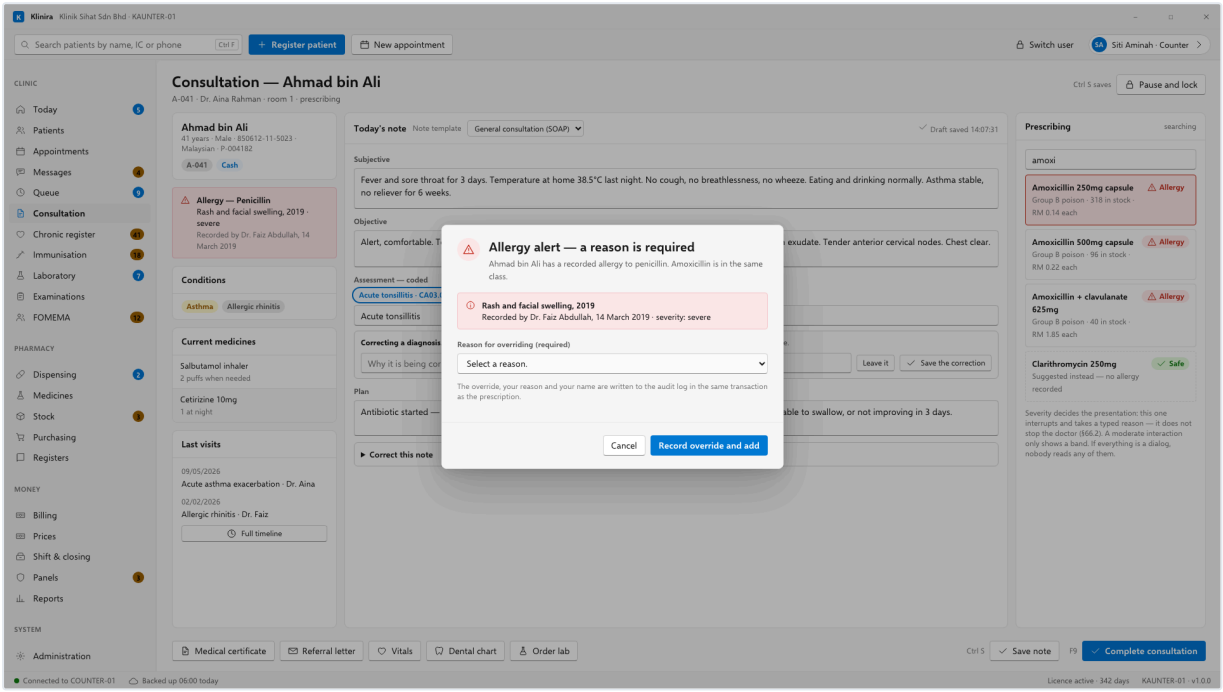
Working offline

A consultation works with the network cable out. The note saves locally and goes to the main PC when the connection returns. What does not work offline is dispensing and billing, and there is a chapter on why.

CHAPTER 11

Prescribing

Write the prescription once. The pharmacy sees it, the bill picks it up, the label prints from it, and the statutory register entry is made from it.



Prescribing. The drug, the dose, the frequency, the duration. The quantity works itself out, and the safety check runs before you can save.

Writing one

1. Start typing the drug name. Klinira searches both the generic and the brand names the clinic stocks.
2. Set the dose, the frequency and the duration. The quantity is worked out from those three.
3. Check the instruction line. It prints on the label in Bahasa Malaysia and English.
4. Add the next drug, or save.

What Klinira checks

- Allergy. Against what is recorded on the patient, and against the class the drug belongs to.
- Interactions with what the patient is already taking.
- Dose for weight and age, for a child.
- Whether the clinic has enough in stock to dispense it.

The reference data ships unverified and says so on screen. We are not pharmacists. Your own doctor or pharmacist decides whether to rely on it, and the statutory basis for each classification is shown beside it so that decision can actually be made.

Repeats

A patient on long-term medicines can be given a repeat supply without a consultation, under a standing authorisation from the doctor. The record shows who authorised it and when, and the supply still goes through dispensing and still reaches the Prescription Book.

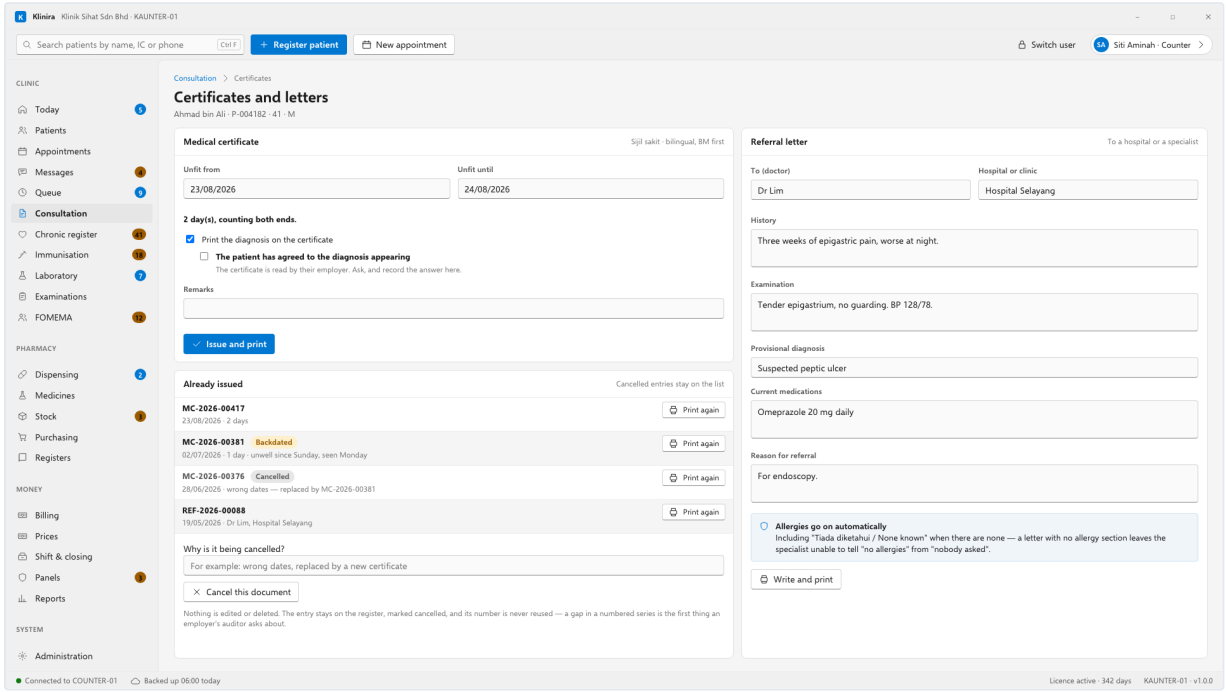
Printing

- The prescription prints with the doctor's MMC number on it, because the law requires it to be there.
- The medicine label prints in Bahasa Malaysia and English, with the patient's name, the drug, the dose and the date.
- A label reprinted three months later prints identically. The layout does not depend on which fonts the computer happens to have.

CHAPTER 12

Medical certificates and referral letters

The MC a clinic writes every day it opens, and the letter that sends a patient to a hospital. Both are numbered, both are kept on a register, and neither is ever edited after it is issued.



Certificates and letters, opened from the consultation. The certificate on the left, the referral on the right, and everything already issued to this patient underneath.

Writing a medical certificate

1. Open the patient's consultation and press Certificates and letters.
2. Set the first and last day the patient is unfit. Klinira counts the days for you, and it counts both ends: the ninth to the tenth is two days.
3. Decide about the diagnosis. Leave it off unless the patient has said it may appear.
4. Press Issue and print. The certificate is numbered and goes straight to the printer.

> The diagnosis is left off unless the patient has agreed to it. The certificate goes to their employer, so putting a diagnosis on it is telling somebody with power over them what is wrong. It is a separate tick from "print the diagnosis", and it has to be.

A certificate that starts before today

A patient who was ill on Saturday and comes in on Monday needs a certificate that starts on Saturday. That is allowed. Klinira asks why, once, and keeps the answer with the certificate and on the register — because a backdated certificate with no stated reason is the one a medical council asks about.

The numbers, and why they never have gaps

- Every certificate gets the next number in an unbroken series, given at the moment it is issued.
- A number is never reused, and never given to two certificates.
- Employers and third-party administrators audit these. A gap in the numbering is the first thing anybody asks about.

Getting one wrong

An issued certificate is never edited. The patient has the paper and their employer may already have a copy, so changing it in the system would leave two different documents with the same number on them.

1. Find it in the list and select it.
2. Type why it is being cancelled.
3. Press Cancel this document, then write a new one.

> The cancelled entry stays on the register, marked, with the reason beside it. Its number is not given to anything else. If an employer telephones about a certificate you cancelled, you can print exactly what they are holding — with the cancellation on it.

Printing one again

A patient who lost their certificate gets the same document again: the same number, the same dates, and the same decision about the diagnosis. It is printed from what was stored, not from what is on the screen now, so a reprint three months later cannot say something the original did not.

Referral letters

1. Fill in who it goes to and which hospital or clinic.
2. Write the history, the examination, what you think it is, and what the patient is taking.
3. Say why you are referring. Press Write and print.

> The patient's allergies go on the letter by themselves, including "Tiada diketahui / None known" when there are none. A letter with no allergy section leaves the specialist unable to tell whether the patient has no allergies or whether nobody asked, and the second one is the dangerous one.

Who may write them

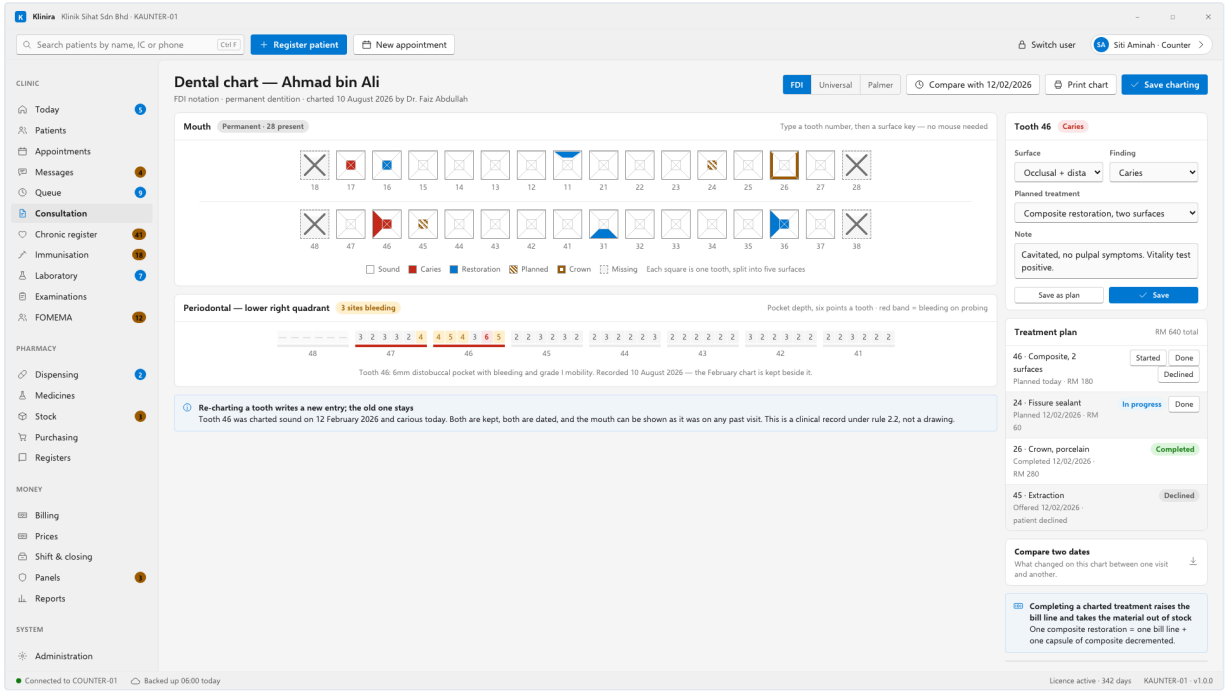
ROLE	MAY ISSUE
Doctor, locum doctor, owner	Certificates and referrals
Nurse, counter, pharmacy, accounts	Neither

These are two separate permissions, so a clinic can give one without the other if it wants to. Change them in Administration, Roles.

CHAPTER 13

Dental charting and the gum chart

The chart is a record, not a picture of today. Every visit adds a layer, nothing is overwritten, and you can see the mouth as it was on any past date.



The dental chart. FDI two-digit numbering, five surfaces a tooth. Charting is keyboard-first: tooth number, surface, finding.

Charting

1. Type the tooth number. FDI two-digit — the notation Malaysian schools teach.
2. Type the surface. F is the cheek and lip side, L is the tongue side, and the tooth decides which name that lands on.
3. Type the finding, or the treatment you have just done.
4. Press Enter. The tooth updates and the cursor is ready for the next one.

> Universal and Palmer numbering can be shown instead, for anybody trained outside Malaysia. What is stored is always FDI; the other two are a way of reading it.

Found, or done

There is one distinction the chart turns on, and it is worth getting right. Recording that you found an old filling somebody else placed is not the same as recording that you placed one

today. The second consumes material and raises a bill line; the first does neither.

Correcting a chart entry

- Charting the wrong tooth is corrected the same way a note is: a new entry supersedes the old one and both stay.
- A correction does not put material back into stock. The dentist who charted a composite on the wrong tooth still used the composite. If it truly was not used, that is a stock adjustment with a reason.
- A correction does not bill the patient twice. It is the same treatment.

The treatment plan

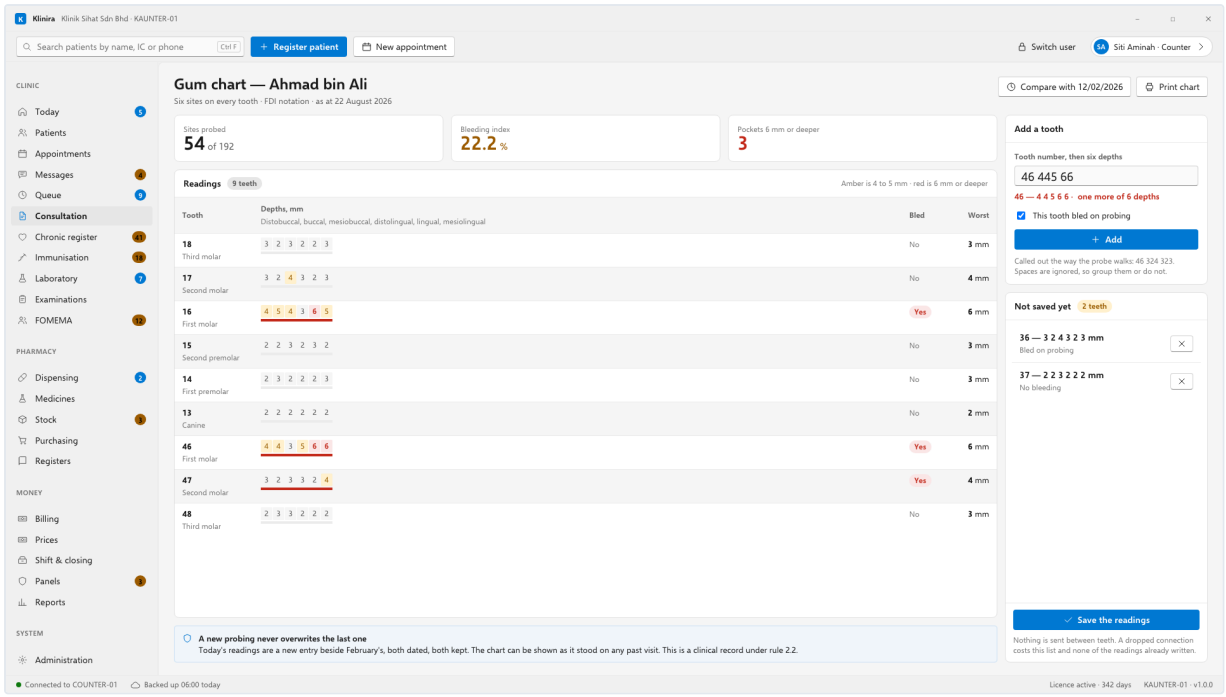
A plan is what has been agreed and not yet done. Chart the findings as usual and press Save as plan instead of Save — the tooth is marked as planned rather than treated, and nothing is billed and no material comes out of stock until the work is actually done.

- Started marks work that has begun over more than one visit — a crown between the preparation and the fit.
- Done closes it. That is the point at which the material leaves stock and the line reaches the counter.
- Declined takes a typed reason. It is what answers the question two years later, when the tooth is worse and somebody asks whether it was ever offered.

Seeing the chart as it was

Pick a date and the chart shows the mouth as it stood then. When a patient asks why a tooth was filled three years ago, the chart from three years ago is still there — and so is the note beside it.
Compare two dates is the strip below the plan. Give it a from and a to, and it lists what changed on the chart between them — which is the question a recall appointment actually asks.

The gum chart



The periodontal chart. Six sites a tooth, entered as a row of numbers. Bleeding on probing is a yes or no beside them.

1. Type the tooth number, then the six depths in millimetres, then Enter.
2. Mark bleeding on probing where you found it.
3. Work through the mouth. The tooth is added to a pending list as you go.
4. Save the readings when you are done. Nothing is sent between teeth, so a dropped connection costs this list and none of the readings already written.

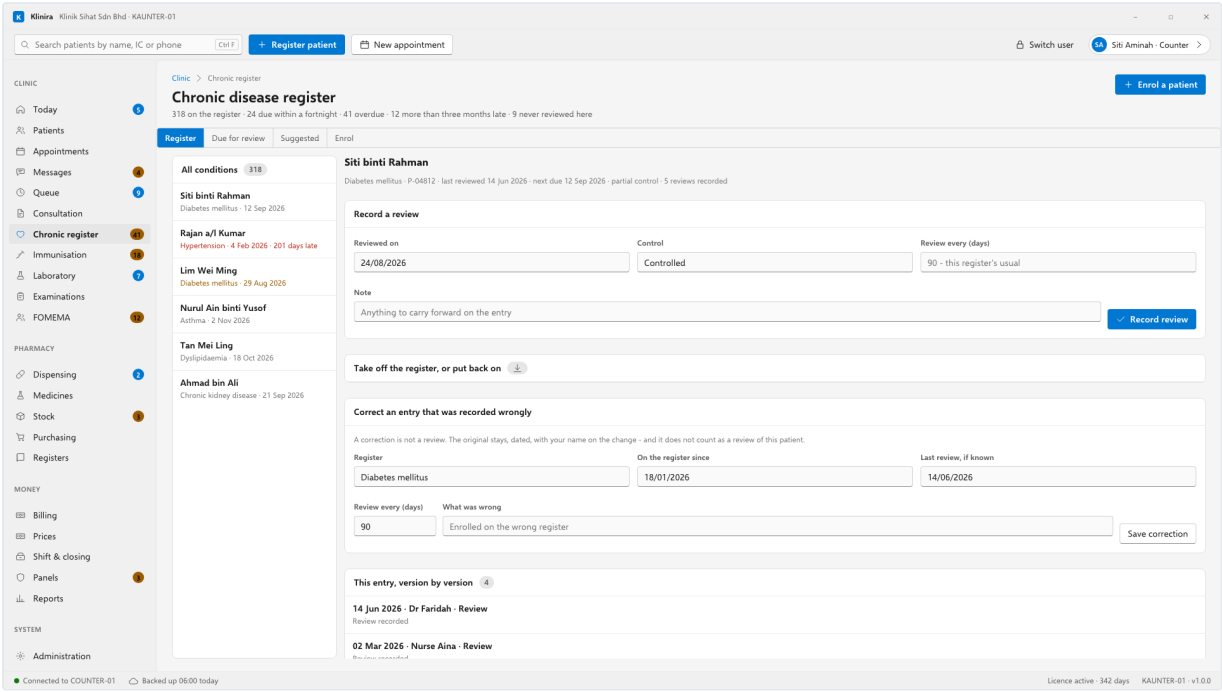
- Three millimetres or less is a normal sulcus. Six or more is severe.
- The bleeding index and the count of deep pockets work themselves out as you type.
- Print the chart as an arch for the patient's file. The screen shows a table because 192 numbers do not fit on a clinic monitor as an arch.

> Charting what you found works offline like a clinical note. Charting what you did moves stock and raises a bill line, so it needs the main PC — the same reason dispensing does.

CHAPTER 14

The chronic disease register

The list of patients you have undertaken to see again, and how often. Mostly diabetes and blood pressure — and the point of it is the other list it produces: who has stopped coming.



Clinic, Chronic register. Who is on it on the left; what to record on the right.

> Do not sit down and type four hundred patients in. Open the Suggested tab instead: it lists every patient whose recorded diagnoses say they belong on a register and are not on it, and one press puts them there. That is how the register fills itself, from work you have already done.

If you already keep a paper register

Use the Enrol tab and put the real dates in: the day the patient actually started, and when you last saw them. This matters more than it looks. If you leave both blank, everybody you type in this afternoon falls due on the same day three months from now — including the ones you saw last week — and the recall list is useless from the day you first open it.

The review interval

Each register comes with one already set — three months for diabetes and blood pressure, six for asthma — and the screen tells you which guideline that came from, or says plainly when there is no Malaysian guideline for it. Change it for any patient who needs seeing more or less often. Anything between one week and two years is accepted.

Recording a review

1. Find the patient on the Register tab.
2. Put the date of the review, and say whether the condition was controlled.
3. The next review date moves along by itself. Change the interval here if the doctor wants them back sooner.

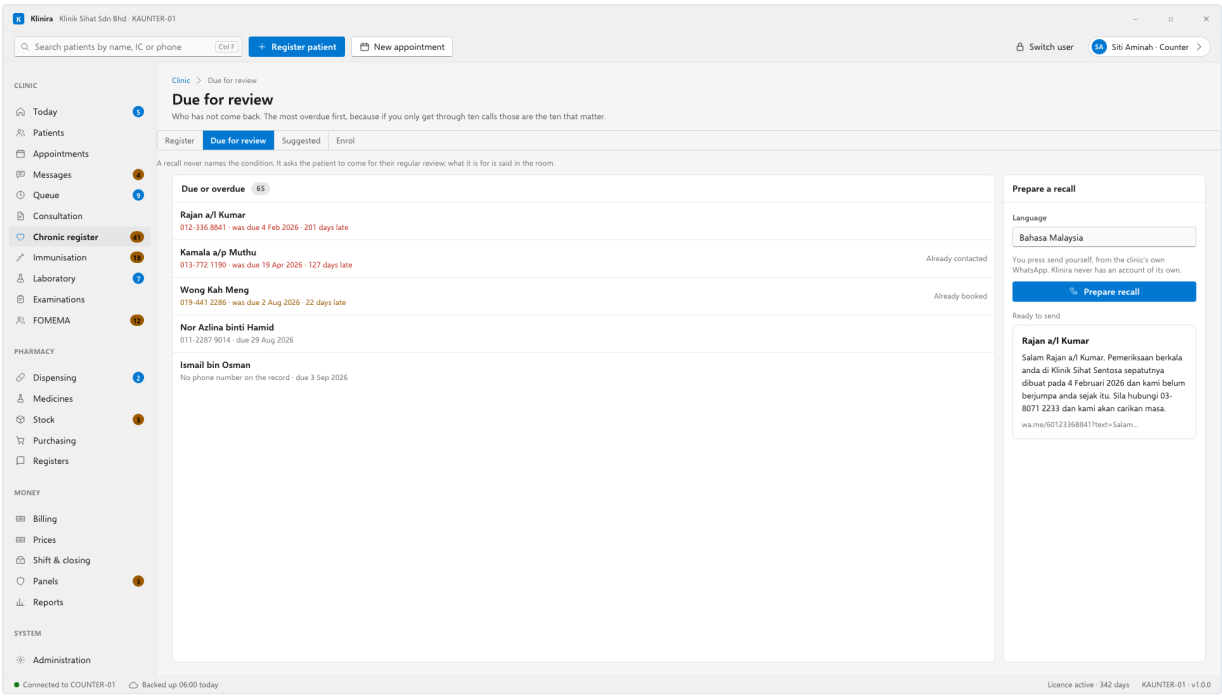
CONTROL	WHAT IT MEANS
Not assessed	Nobody has reviewed this patient since they went on the register. This is not the same as "not controlled", and the reports keep them apart.
Controlled	At target, in the doctor's judgement. Klinira never works this out from a reading.
Partial	Improving, or at target on some things and not others.
Uncontrolled	Not at target. Usually a reason to shorten the interval.

> Nothing here is edited. Each review is a new version, and the old one stays with its date and the name of whoever recorded it — the same rule as every other clinical record. "This entry, version by version" at the bottom of the panel is the whole history.

Taking somebody off the register

It takes a reason, and the reason is the whole point. Write what actually happened — moved to another clinic, no longer has the condition — because in three years that sentence is all there is. You can put somebody back on afterwards; a condition in remission that comes back is common, and Klinira will not make you enrol them a second time.

Calling patients back



The Due for review tab. Most overdue at the top, and no condition anywhere on it.

This is the counter's list, and it is worth ten minutes a day. The patient the clinic has most nearly lost is at the top, because if you only get through ten calls those are the ten that matter.

> The list does not say what the patient's condition is, and neither does the message. It asks them to come in for their regular check-up; what it is for is said in the room. A WhatsApp message naming the illness sits in a phone that gets forwarded, screenshotted and read over somebody's shoulder on a bus.

- "Already contacted" means a message has been prepared for that patient in the last two months. Skip them.
- "Already booked" means they have an appointment coming. You can skip them too, but they stay on the list — an appointment can be cancelled, and then the review would be forgotten.
- A patient with no phone number on the record cannot be sent anything. Telephone them, or add a number to their record.

> Nothing is sent for you. Klinira writes the message and opens your own WhatsApp with it ready; you press send. There is no account of ours anywhere in this.

The two reports

- Chronic disease register — how many patients on each register, and how they are doing.

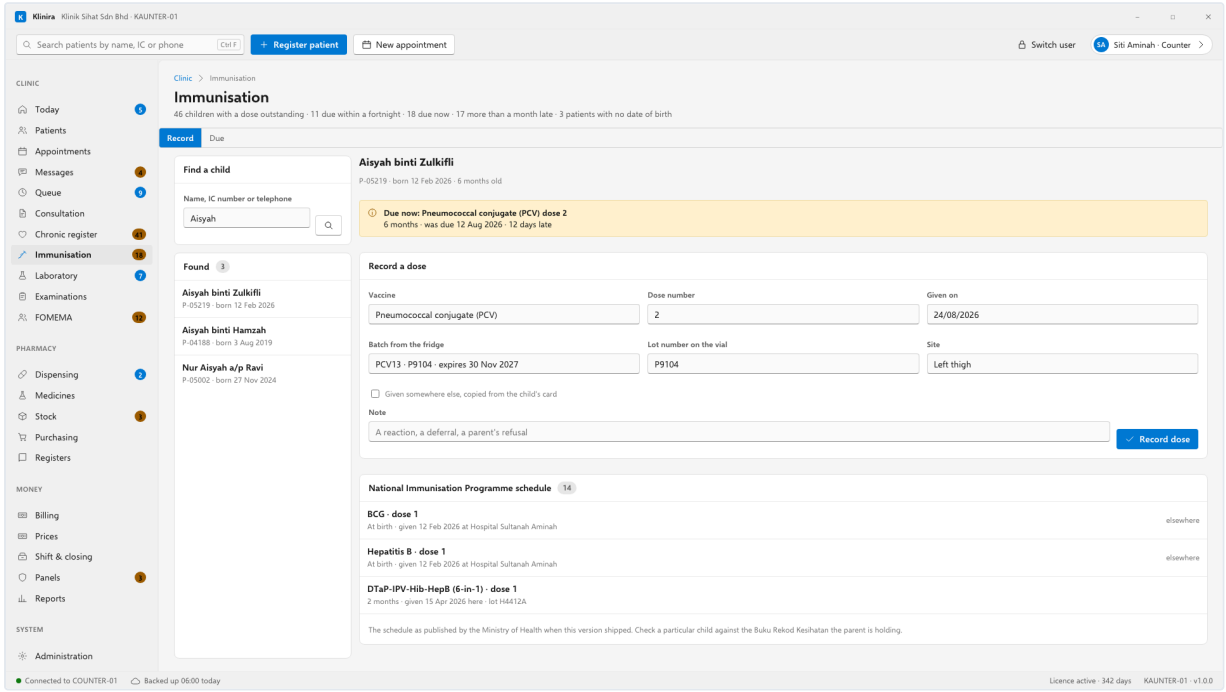
"Not assessed" has its own column, so your admin backlog never reads as a clinical result.

- Overdue chronic follow-ups — every patient past their review date, with their phone number, ready to print and work down.

CHAPTER 15

Immunisation

A child's vaccination record, the National Immunisation Programme schedule worked out from their own date of birth, and the list of who has not come for their injection.



Clinic, Immunisation. Find the child on the left; what they are due, and the form to record it, on the right.

> Most of what you will type into this screen is somebody else's injection. The birth doses were given in the maternity ward and the infant series usually at a Klinik Kesihatan, so what you are doing is copying the child's Buku Rekod Kesihatan into the record. Tick "Given somewhere else" for those: no batch is asked for, and no stock moves.

What the screen tells you first

Open a child and the line under their name says which dose they are due for and how late it is. That is the question you opened the screen with, so it is above everything else — the recording form is next, and the full schedule below it for reference.

> If the patient has no date of birth on the record, no schedule can be worked out and the screen says so plainly. Doses already recorded still show — they are facts. Add the date of birth on the patient's record and the schedule appears.

Recording a dose you gave

1. Click the row on the schedule. The vaccine and the dose number fill themselves in.
2. Choose the batch from the fridge list, or type the lot number off the vial if the fridge is not set up in Klinira.
3. If the fridge list is empty, Klinira says so and — for whoever keeps the stock — offers to link the vaccine to the right item in your stock list. Do it once and the batches appear from then on.
4. Check the site. Klinira suggests the thigh under a year old and the upper arm after that; change it if you put it somewhere else.
5. Press Record dose. If you chose a batch, one vial comes off the stock.

> The batch or the lot number is asked for so that if a batch is ever recalled, the clinic can say exactly who had it. Either one is enough — Klinira will not make you set up stock control before you can write down a vaccination.

A child who is behind

Record the dose you gave today and the rest of the course spreads out from it. A four-year-old who has had nothing does not become overdue for three more injections the moment you catch them up: each dose falls due the proper interval after the one before it, so the next appointment is a real date and not four injections in one visit.

> If a dose was given sooner after the one before it than the schedule allows, Klinira records it and says so. It does not refuse — the injection has already happened. Ask the doctor whether it needs repeating.

Vaccines that are not on the schedule

Rotavirus, the flu jab, chickenpox, the travel vaccines and the meningococcal dose for the Hajj are all recorded the same way, and appear under "Other doses given" rather than on the programme schedule. Nobody is ever told a child is overdue for a vaccine their parents chose not to buy.

Correcting a dose

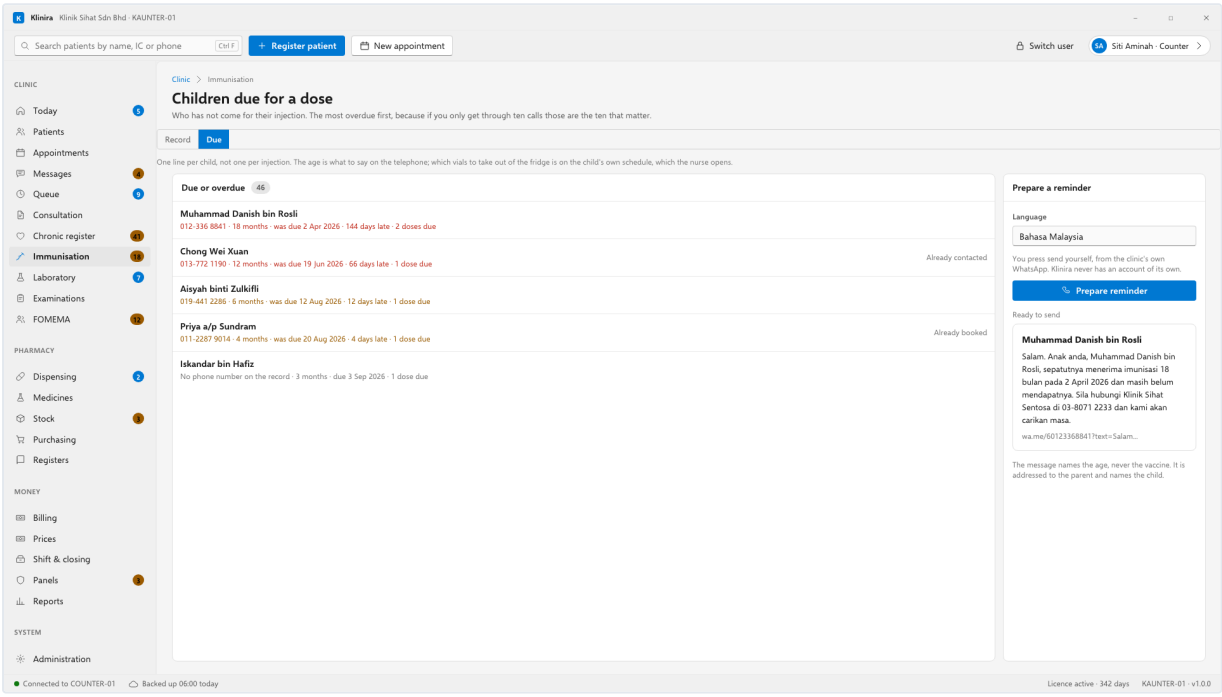
Click a dose that has already been given and the correction form opens with what it says already filled in. Change what was wrong, say why, and save. The old version stays with its date and your name on it, the same as every other clinical record.

> Correcting the record does not put the vial back. Somebody took it out of the fridge and injected it. If a vial genuinely was not used, that is a stock adjustment with a reason, on the stock screen.

The copy the parent takes home

Press "Print for the parent" and Klinira produces the whole record on one page, in Bahasa Malaysia and English, with what has been given, what is due and when. It says on the page that the Buku Rekod Kesihatan is the official record and this is the clinic's copy — so nobody presents it in place of the book.

Calling children back



The Due tab. One line per child, the age on it, and no vaccine named anywhere.

This is the counter's list. One line per child, not one per injection — a four-month-old is usually due two vaccines at once, and that is one telephone call, not two. Most overdue at the top.

> The list says the age — "4 months", "18 months" — and never the name of the vaccine. That is the sentence a parent can act on, and it keeps the clinic out of naming HPV or hepatitis B in a message that gets forwarded. Which vials to take out of the fridge is on the child's own schedule, which the nurse opens.

The message is addressed to the parent and names the child. Nothing is sent for you: Klinira writes it and opens your own WhatsApp with it ready, and you press send.

The two reports

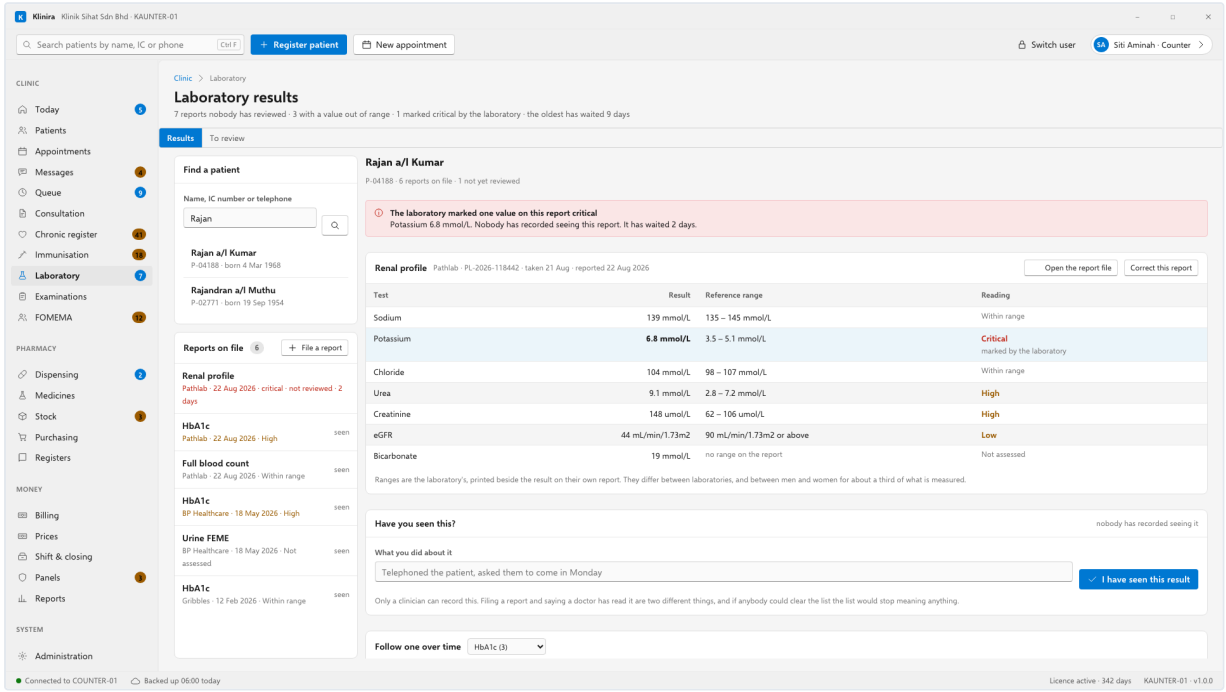
- Immunisation coverage — for each dose on the schedule, how many children are old enough for it, how many have had it, and how many are more than a month behind. Children too young are not counted, so registering newborns never looks like a fall in coverage.
- Overdue immunisations — every child more than a month past a dose, with the vaccine named and their telephone number, ready to print and work down.

> The schedule Klinira ships is the one the Ministry of Health published when this version was built, and it changes — the 5-in-1 became the 6-in-1 in 2020. Check a particular child against the book the parent is holding. Where the two disagree, the book is the record and this is the reminder.

CHAPTER 16

Laboratory results

The report that comes back from Pathlab, filed against the patient with its numbers in — and the list of results nobody has read yet, which is the part that matters.



Clinic, Laboratory. The patient and their reports on the left, one report open on the right.

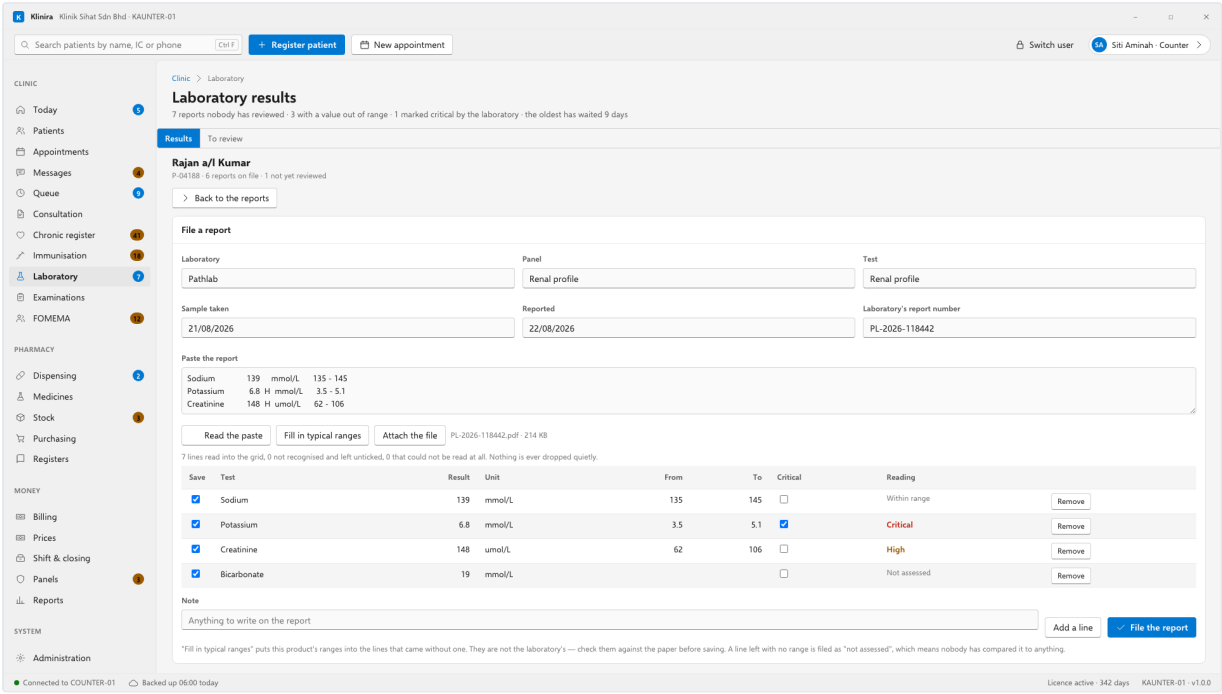
> The way a blood result harms a patient is almost never that it was wrong. It is that it came back abnormal on a Thursday and the doctor who ordered it was on leave. That is what the To review tab is for, and it is the reason this screen exists.

Filing a report that has come back

1. Find the patient, then press File a report.
2. Say which laboratory sent it and what was asked for. Choosing the panel — Full blood count, Renal profile — fills the test name in for you.
3. Attach the file. The laboratory's PDF, or a photograph of the paper.
4. Key the numbers in — or paste them, which is much faster. See below.
5. Press File the report.

> You do not have to key anything in. A report with the PDF attached and no numbers is a real record and it is filed. What the numbers buy you is the trend — the same test followed over years, which is what a diabetic's HbA1c and a dengue patient's platelet count are actually for.

Pasting the report instead of typing it



Filing takes the whole screen. Paste the laboratory's text at the top and the lines land in the grid below it.

Open the laboratory's PDF, select the results, copy them, and paste into the Paste box. Klinira reads each line into the grid with its name, its unit and the range the laboratory printed beside it. Check them against the paper before you save — that is what the grid is for.

- Lines Klinira recognises arrive ticked. SGPT is understood as ALT, PCV as haematocrit, and so on for the names each laboratory prints differently.
- Lines it does not recognise arrive unticked, with the name the report used. Tick one if it is a real result; leave it if it was a page number.
- Lines it could not read at all are listed underneath. Nothing is dropped quietly.
- A line whose numbers were printed in an order Klinira cannot be sure of — the range before the result — is listed rather than guessed at. Between the bottom of the range and the patient's own figure there is nothing the software can choose.

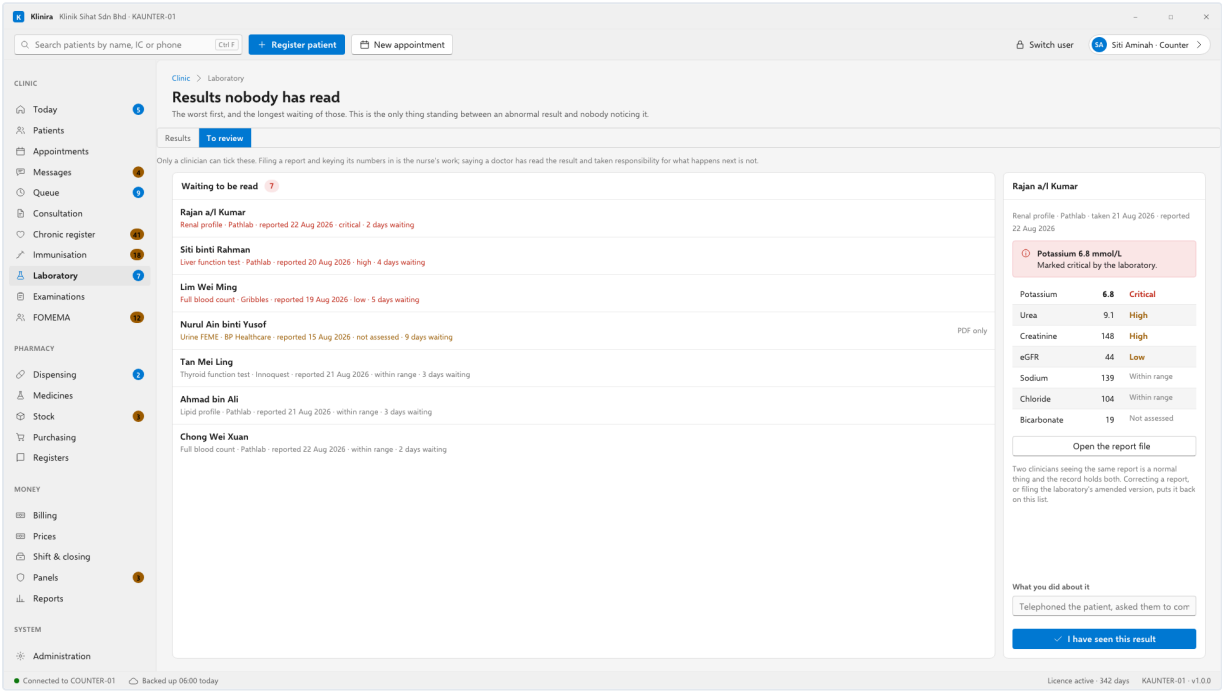
Ranges are the laboratory's, not ours

Whatever is printed beside the result on the paper is what gets stored, and it is what decides whether a value shows as high or low. Ranges differ between laboratories and between men and women, so Klinira never overrules the one on the report.

> Where a line comes with no range, the value is filed and marked "Not assessed" — which means nobody has compared it to anything, and is not the same as normal. "Fill in typical ranges" puts Klinira's own ranges into those lines if you want them, and the screen says out loud that they are not the laboratory's.

> Klinira never decides that a number is dangerous. If the laboratory marked a value critical, tick the Critical box and it carries that mark — the report is filed, it goes straight to the top of the review list, and the screen says to put it in front of a doctor today.

Saying you have seen a result



The To review tab. Every report nobody has read, worst first, and the longest waiting of those.

A report stays on this list from the moment it is filed until a doctor records that they have read it. Choose a line and the patient's whole record opens beside it, so you are not ticking a potassium without knowing it is the third high one this year.

> Only a doctor can tick it. The nurse files reports and keys the numbers in; saying a clinician has read the result and taken responsibility for what happens next is a different act. If anybody could clear the list, the list would stop meaning anything.

Write what you did about it if you did anything — telephoned the patient, asked them to come in Monday, started treatment. In two years that sentence is all there is. Two doctors seeing the same report is normal and the record holds both.

Following one result over time

Under the report, choose a test the patient has at least two numbers for and Klinira draws it over time, with the laboratory's range shaded behind it. Every value is written out underneath as well as plotted, so it is readable on a printout and to somebody using a screen reader.

> One reading is a result, not a trend, and the screen says so rather than drawing a single dot in an empty box. The shaded band is the range on the most recent report — ranges move when a clinic changes laboratory.

> The line is drawn, and every value is written out underneath it as well. A picture shows the shape; the numbers are what survives being printed, and what somebody using a screen reader can hear.

Correcting a report

If a value was typed wrongly, or the laboratory sends an amended report, press Correct this report. What it already says is loaded into the form; change what was wrong, say why, and save. The old version stays with its date and your name on it.

> A corrected report goes back onto the review list. The tick was for the numbers that have changed, so it does not carry across — which is exactly what you would want if the laboratory has just re-issued a result.

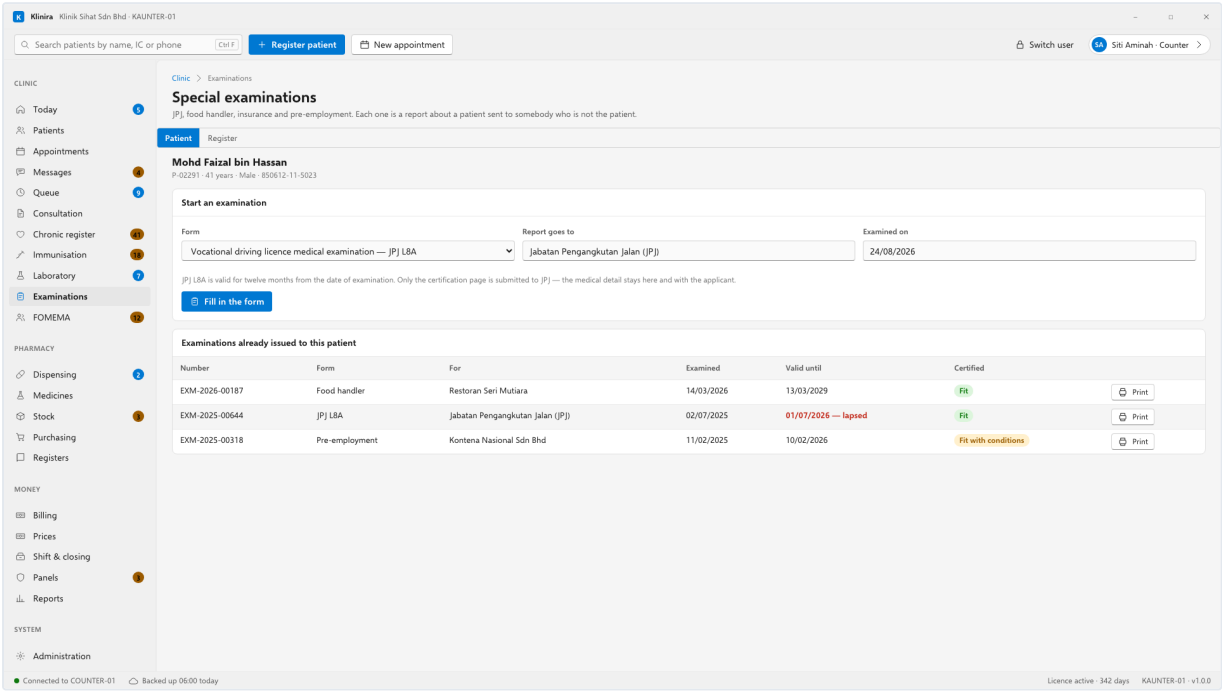
The report to run

Laboratory results nobody has reviewed — the same question as the To review tab, printed, with no cap on it. Worth running once a week by whoever runs the clinic, because it is the one list where a long tail means something has gone wrong with the routine.

CHAPTER 17

JPJ, food handler and other examinations

The four examinations a clinic does for somebody who is not the patient — a licensing authority, an employer, an insurer. Filled in on screen, numbered, registered, and printed on the clinic's letterhead.



Choose the patient, choose the form, say who the report goes to. What they already hold is listed underneath.

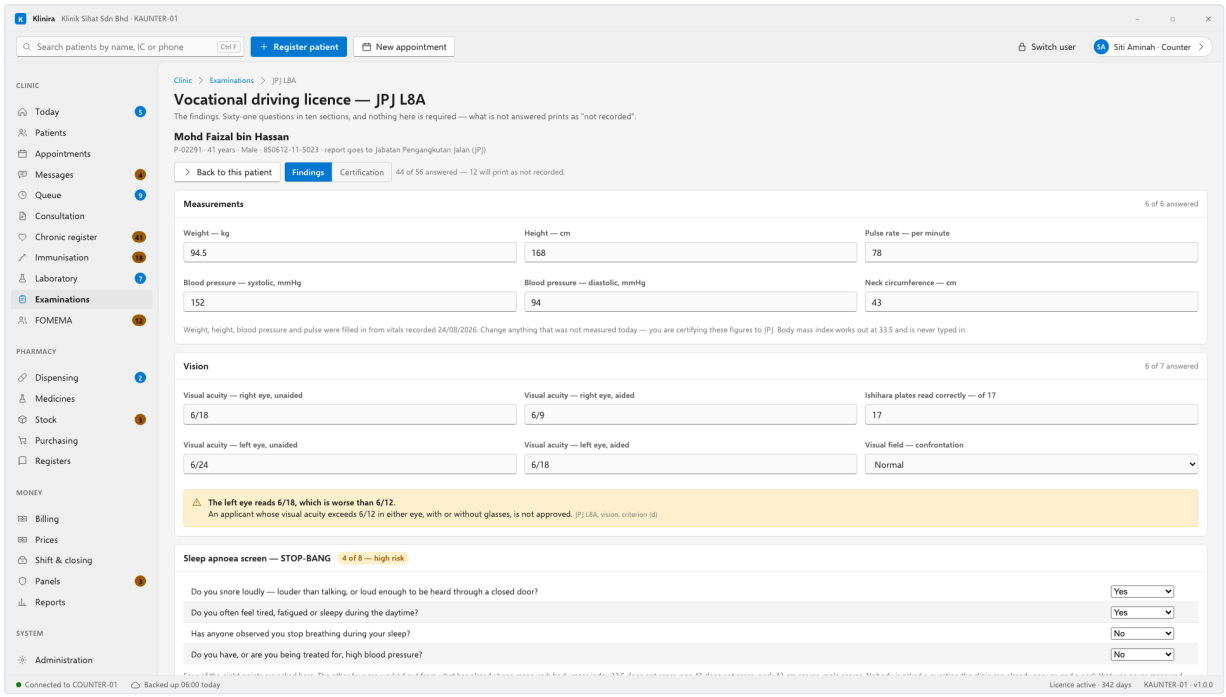
These are weekly cash work for most general practices: a lorry driver renewing a vocational licence, a kitchen hand who needs a food handler's certificate before the restaurant will put him on the roster, an insurance applicant, somebody starting a job on Monday.

The four forms

FORM	GOES TO	GOOD FOR
JPJ L8A — vocational licence	Jabatan Pengangkutan Jalan	12 months
Food handler	The food premises owner	36 months
Insurance medical report	The insurer named on it	No expiry
Pre-employment	The employer named on it	12 months

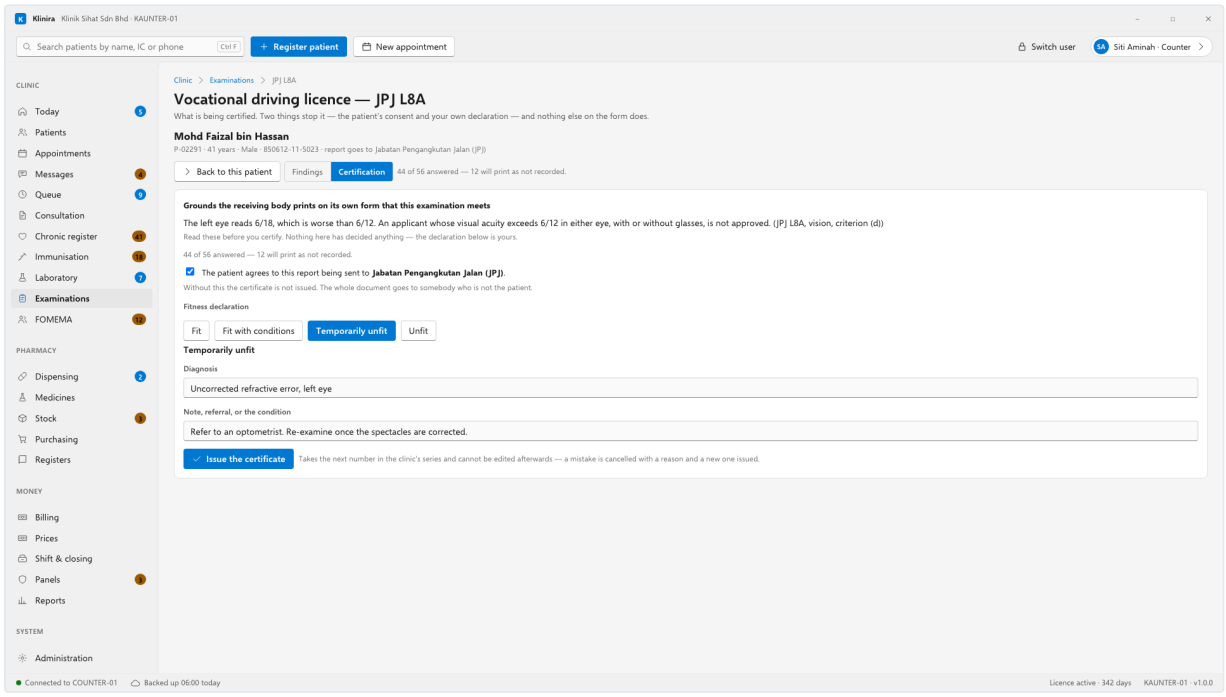
Only the JPJ one has a government form. The other three have none, so what the clinic prints is the certificate. Under the form picker the screen says what each one rests on in law — three of the four rest on nothing but the patient's agreement.

Doing one



The findings. Height, weight, blood pressure and pulse are already filled in from what was measured today, and each one says where it came from.

The form has two halves and a strip to move between them: the findings, which is the examination, and the certification, which is the signature. That is the same split as JPJ's own form, which puts the examination on one page and the certification on another — and the same split as who does the work, since a nurse can fill in the findings and only a doctor can certify.



The certification. What the receiving body would refuse on is quoted at the top; the declaration underneath is yours.

1. Open the patient, go to Examinations, choose the form and type who the report is for.
2. Press Fill in the form. What the clinic already knows is filled in — change anything that was not measured today.
3. Work down the sections. Nothing on the form is compulsory. Where a reading is one the receiving body would refuse on, their own sentence appears beside it.
4. Go to the certification.
5. Tick that the patient agrees to the report being sent, and choose what you are certifying.
6. Issue it. It takes the next number and prints.

Two things stop it, and only two

- The patient has to agree to the report being sent, and the report has to say who it is for. The whole document goes to somebody who is not the patient — an employer deciding whether to hire them, an insurer deciding whether to cover them.
- You have to say what you are certifying. A certificate with no fitness statement on it is not a certificate.

Everything else is a note and not a block. A question you did not answer prints as “not recorded”, and the line above the Issue button says how many that is — so a reader of the certificate knows what they are holding.

What the screen will not do

> It never decides that anybody is fit. Where JPJ prints a ground for refusing an application — an eye reading worse than 6/12, four or more Ishihara plates misread, a whisper not heard, an abnormal chest — the screen repeats that sentence in JPJ's own words beside the reading. It is there so nobody certifies somebody fit on a reading JPJ will reject and the applicant finds out at the counter. The declaration is yours.

The typhoid injection

A food handler's certificate is worth nothing without the anti-typhoid vaccination behind it, and the vaccine is renewed every three years. Record the injection in the immunisation record as usual — the certificate reads the date back from there, and its expiry runs from the day of the injection, not from the day of the examination.

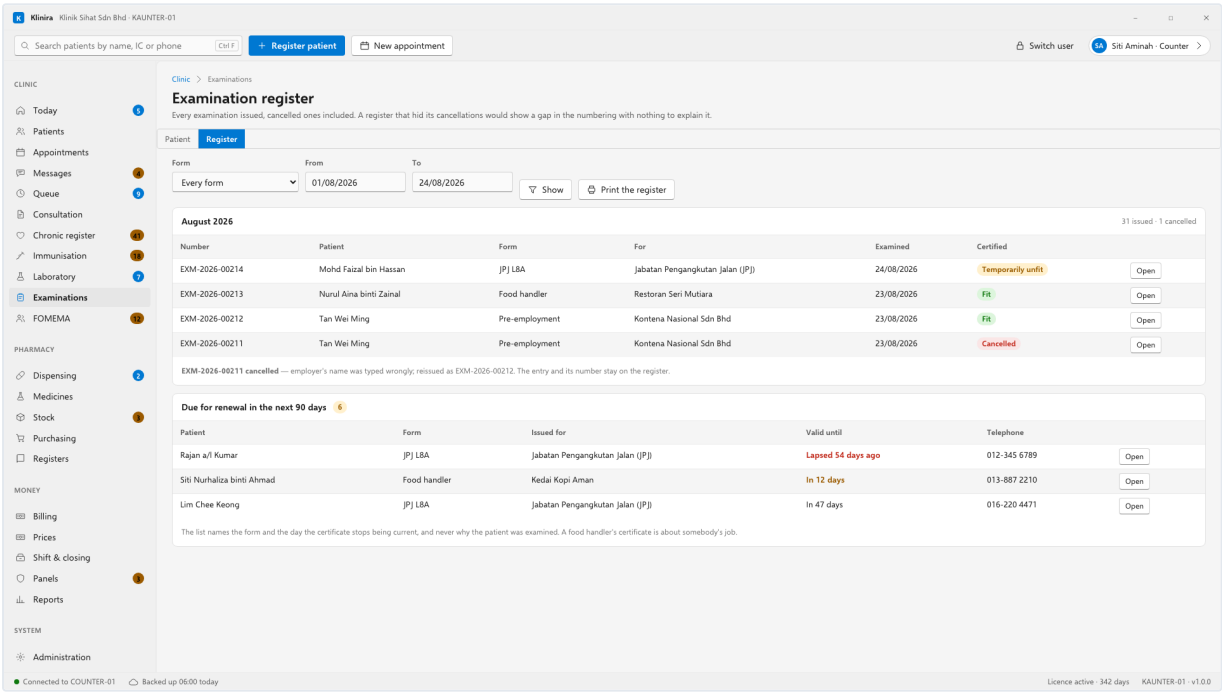
The urine drug test

> There is no option that says positive, and that is on purpose. A dipstick test is a screen, not a diagnosis: it reacts to ordinary medicines, and a result that will stand up needs a proper laboratory. The choices are negative, “non-negative — needs laboratory confirmation”, and not done. Telling an employer somebody was positive on a strip can cost them their job, and the clinic cannot take it back.

Pre-employment is not the DOSH examination

If a worker is exposed to a chemical hazardous to health, the law requires medical surveillance and only a doctor registered with DOSH as an Occupational Health Doctor may do it, on DOSH's own forms. An ordinary pre-employment examination is a different thing, and this screen says so when you open that form.

The register, and what is about to lapse



Every examination the clinic has issued, cancelled ones included. Underneath: what lapses in the next ninety days.

- An issued examination is never edited. The patient is holding the paper and the employer may already have a copy, so an edit would leave two different documents carrying one number. Cancel it with a reason and issue a new one.
- The cancelled entry stays on the register with its number. A gap in a numbered series is the first thing anybody asks about.
- The renewal list is repeat business. It names the form and the date and never why the patient was examined — a food handler's certificate is about somebody's job.

Who may do what

A nurse can open the screen, fill the whole form in and read the register: the height, the weight, the blood pressure, the eye chart, the whisper test and the urine dipstick are the nurse's work. Only a doctor can make the fitness declaration and issue it.

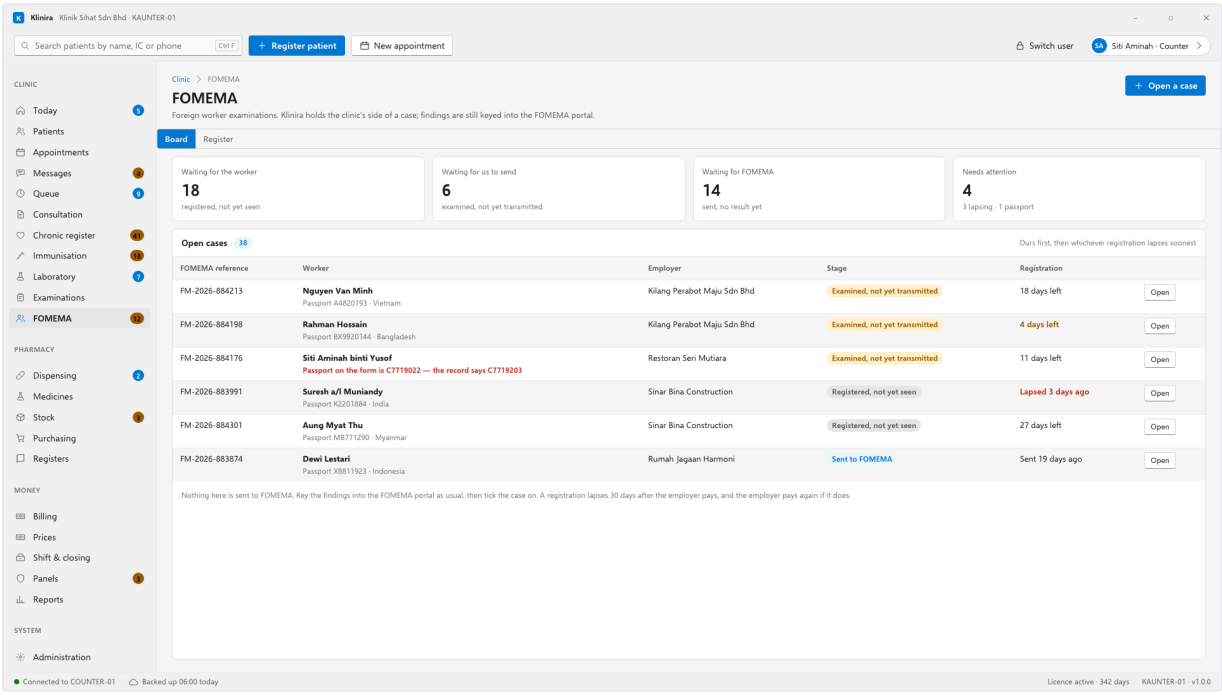
The printed copy

For the JPJ examination the printed copy is the clinic's own record, not a copy of the government form — only the certification page of the JPJ form goes to JPJ, and the figures print in the order that form asks for them so copying them across is straightforward. For the other three, the printed copy is the certificate.

CHAPTER 18

FOMEMA — foreign worker examinations

The board that tells a screening clinic which of its open cases is waiting on them. Klinira holds the clinic's side of a FOMEMA case; the findings are still keyed into FOMEMA's own portal, because it has no connection for other software.



Three counts, and they separate whose move it is. The six cases waiting for the clinic to send are the ones somebody can finish this afternoon.

> Nothing here is sent to FOMEMA. The FOMEMA portal has no connection for other software, so the findings go into the portal exactly as they always have. What this screen gives you is the record on your side, and the answer to a question that has no answer today: which of my open cases is stuck, and on whom.

The rule the whole thing turns on

> FOMEMA decides whether a worker is suitable — not the clinic, and not the examining doctor. FOMEMA applies criteria set by the Ministry of Health and sends its result to the Immigration Department. What Klinira records is what you found, and what FOMEMA answered. It never works one out from the other, and there is no button anywhere that would.

The five stages

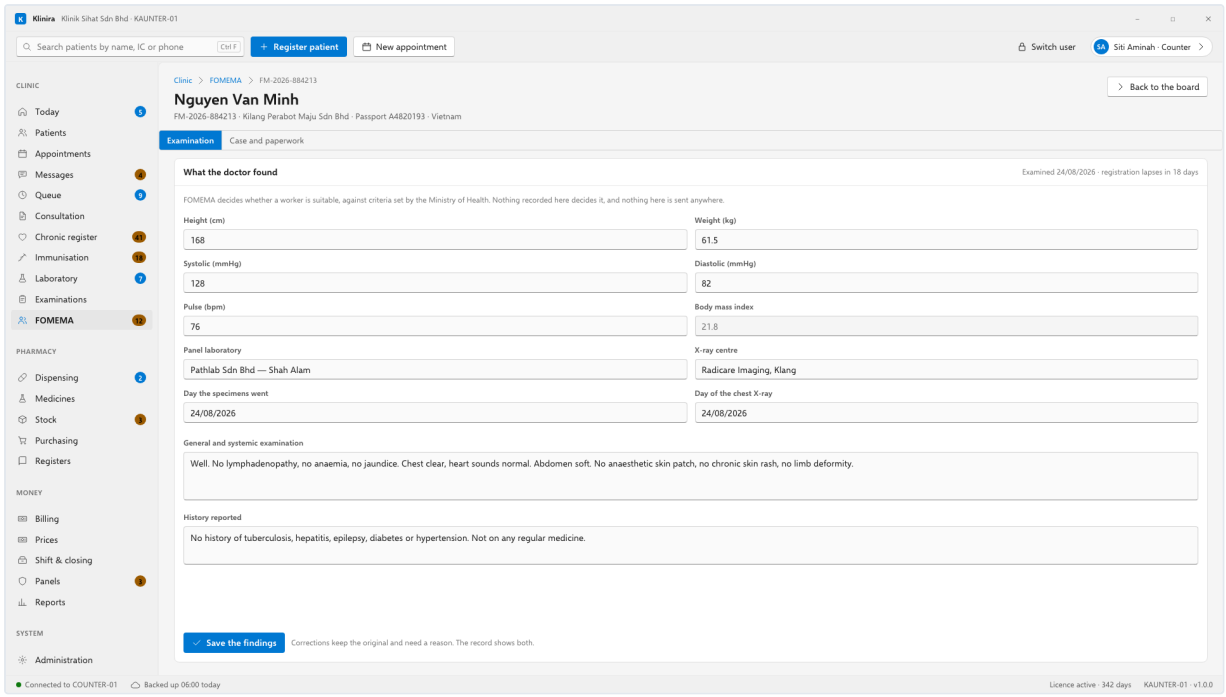
STAGE	WHAT IT MEANS	WAITING ON
Registered, not yet seen	The employer has paid and the form exists	The worker
Examined, not yet transmitted	You have examined; the findings are in a tray	You
Sent to FOMEMA	Keyed into the portal	FOMEMA
Result returned	FOMEMA has answered	Nobody
Closed without a result	The worker never came, or the employer withdrew	Nobody

The second one is why the board exists. It is the only place in the chain where the delay is yours, and it is invisible on paper — the file is in a tray, somebody means to key it in this evening, and nobody counts how many trays there are. The board counts them and puts them at the top.

Opening a case

1. The worker arrives with a printed FOMEMA form and their original passport. Go to FOMEMA and press Open a case.
2. Find the worker. If they are not a patient yet, register them first as you would anybody else.
3. Type the FOMEMA reference exactly as it is printed on the form.
4. If the form shows the day the employer paid, put it in. This is the one worth chasing — see below.
5. Type the passport number from the form, and the employer.

The passport is the mistake that matters



The examination. Height, weight, blood pressure, pulse; the body mass index is worked out for you.

> If the passport number on the FOMEMA form is not the same as the one on the patient's record, the board says so in red on that row and counts it in the summary. Nothing is blocked. It is not blocked because a block cannot fix it: you are holding the original passport and the worker is standing in front of you, and that is the only moment it can be settled. A result attached to the wrong worker's permit is not something anybody can put right afterwards.

The two clocks

- The registration lapses thirty days after the employer paid. Past that the employer pays for a second form — which is the most expensive thing that can go quietly wrong here. The board shows the days left and turns them red when they run out.
- A result FOMEMA has certified stays available to Immigration for a hundred and eighty days from the examination.
- If nobody keyed in the day the employer paid, the screen says “No date recorded” rather than guessing. Guessing would tell you that you have thirty days when you may have four.

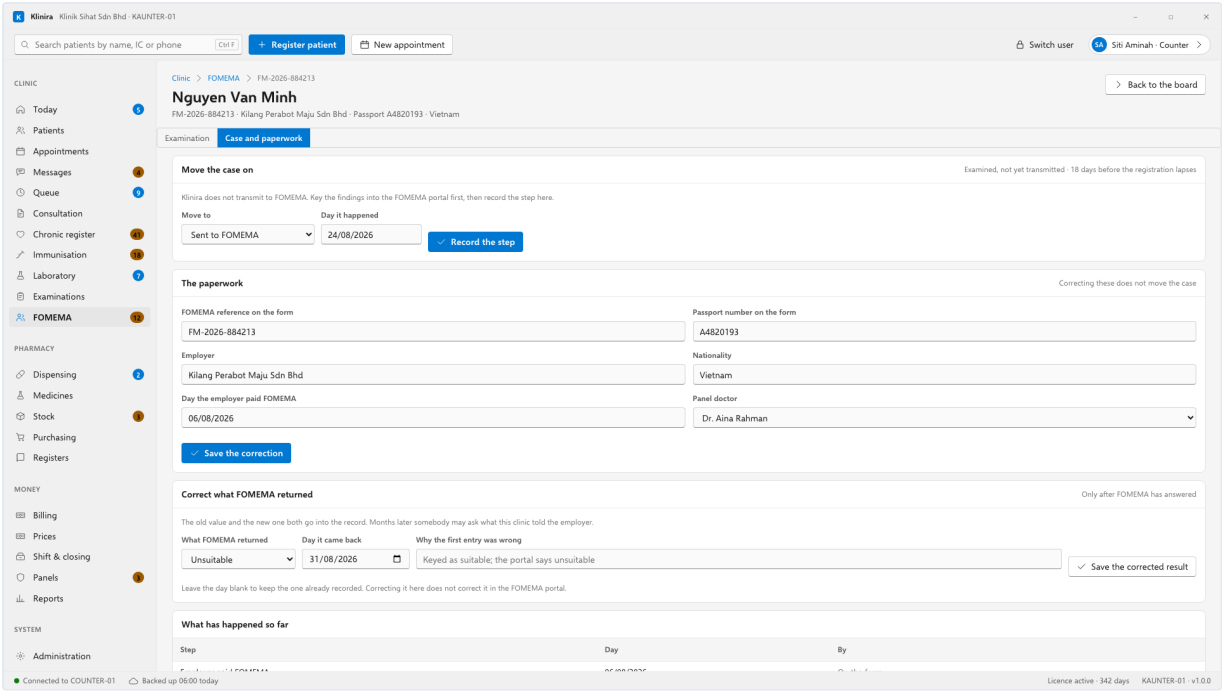
Recording the examination

The Examination tab is the medical record: height, weight, blood pressure, pulse, and the general and systemic examination in your own words. The body mass index is worked out as you type and is never typed. There is no fitness box on this page and there is not meant to be. Record which panel laboratory the specimens went to and which X-ray centre the worker attended. Neither sends anything back to you — they transmit to FOMEMA — so this is there

for one reason: when a case is stuck, you know who to telephone.

> Correcting the findings keeps the original. Type why it was wrong, and both versions stay readable — the same rule as every other clinical record in Klinira. Nothing is overwritten.

Moving the case on

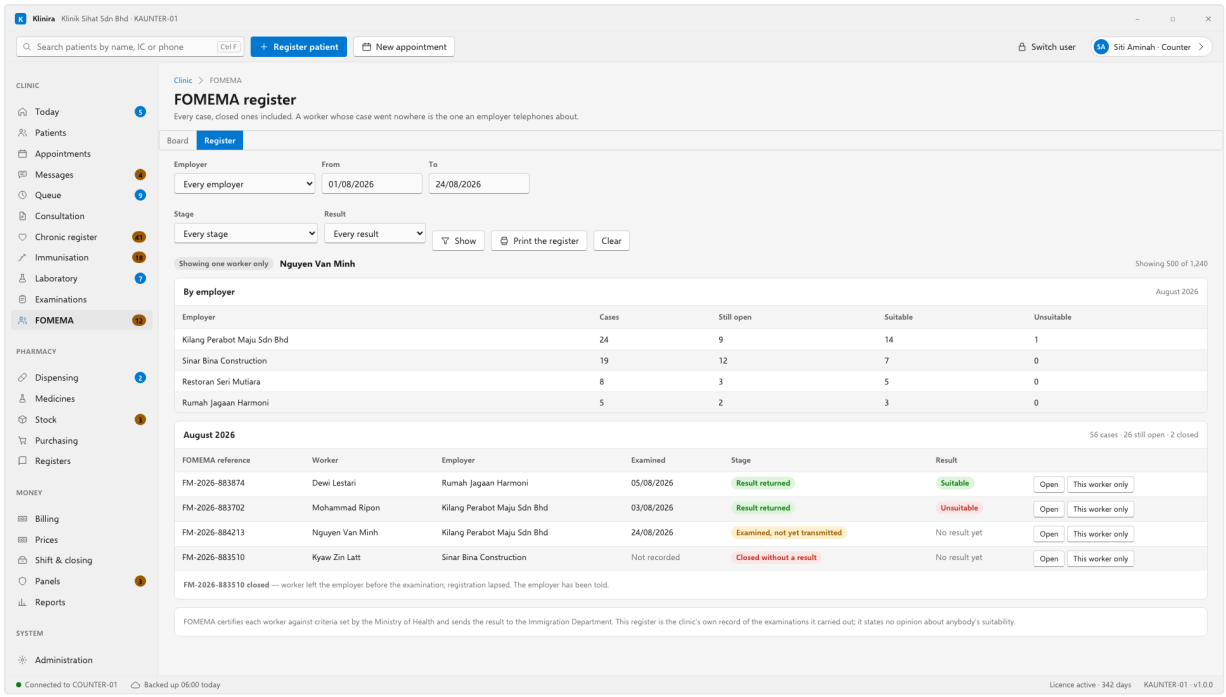


Key the findings into the FOMEMA portal first, then record the step here. The line above the button says so.

- Once the findings are in the FOMEMA portal, move the case to “Sent to FOMEMA”.
- When FOMEMA answers, move it to “Result returned” and record what came back — suitable or unsuitable, in FOMEMA's own words.
- A case that went nowhere is closed with a reason. The worker never came, the employer withdrew, the registration lapsed — the employer will ask, and the register keeps the answer.
- A case only moves forward. If one was ticked on by mistake, correct it on the Case and paperwork tab and say what happened.

You can skip a stage. A clinic keying in a fortnight of paper on a Tuesday afternoon goes from Registered straight to Sent, and nothing objects — what is refused is going backwards, because a case that has been sent to FOMEMA cannot become one that has not.

The register, and reporting by employer



Every case, closed ones included, with the counts by employer above them.

- Filter by employer and by month, and print it. The printed register is landscape, closed cases are struck through, and their reasons are listed underneath.
- “By employer” answers the call you actually get: how is this employer's batch getting on. Total, still open, suitable, unsuitable.
- The printed register says in plain words that FOMEMA certifies and that the register states no opinion about anybody's suitability. It is on the paper because a register on a clinic's letterhead reads as a document that says something.

Who may do what

The counter can open cases, chase employers and tick cases on — that is front-desk work and none of it is clinical. What the counter cannot do is record the examination, and what they cannot see is what was found: a counter clerk with the board open sees the worker, the reference, the employer, the stage and the deadline, and nothing about the person's health at all.

What Klinira does not do

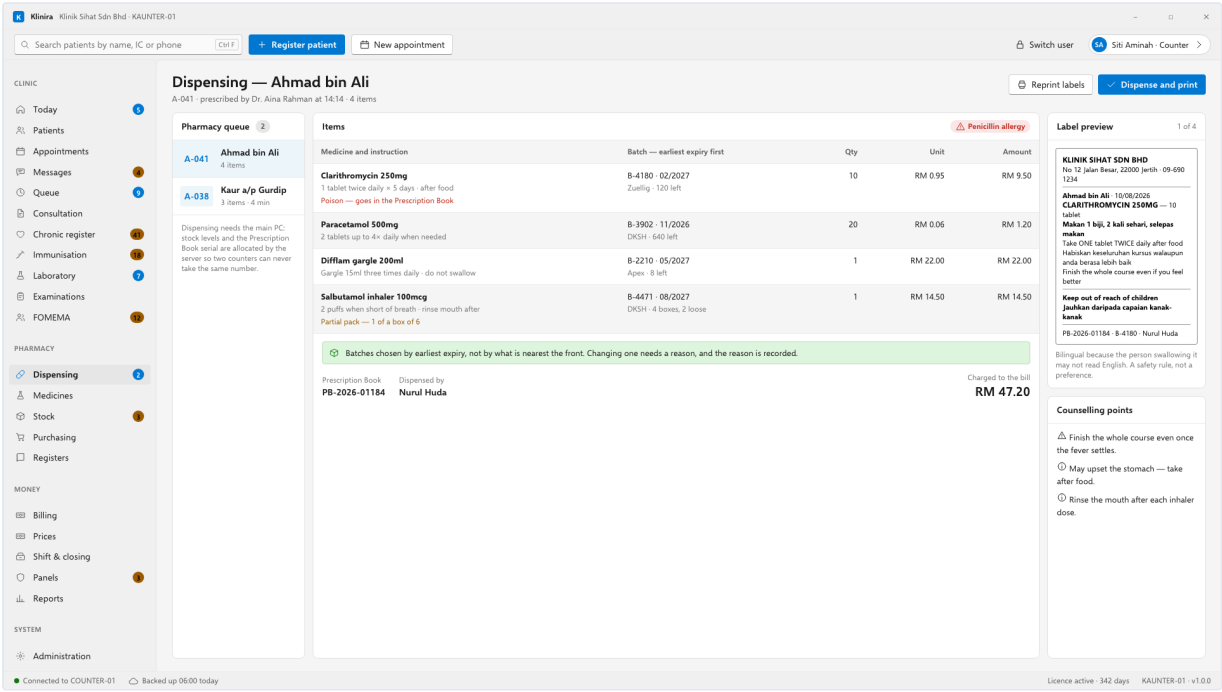
- It does not transmit to FOMEMA, appeal a result, or re-register a worker. All three are the FOMEMA portal, and a button that looked like any of them would be worse than nothing.
- It does not hold the laboratory results or the X-ray. Those go to FOMEMA, not back to you. If you want to keep a worker's blood results, file them the ordinary way in Laboratory.

- It does not print a FOMEMA certificate. FOMEMA certifies. What prints here is your own register.
- It does not show the fee or your annual quota. Both are FOMEMA's, both change, and a figure we printed beside your income would be believed.

CHAPTER 19

Dispensing

The pharmacy screen takes a prescription, picks the batch, prints the label, moves the stock and writes the statutory register entry — in one action, so none of those can be done and another forgotten.



Dispensing. The prescription on the left, the batch and quantity in the middle, the label preview on the right.

Dispensing a prescription

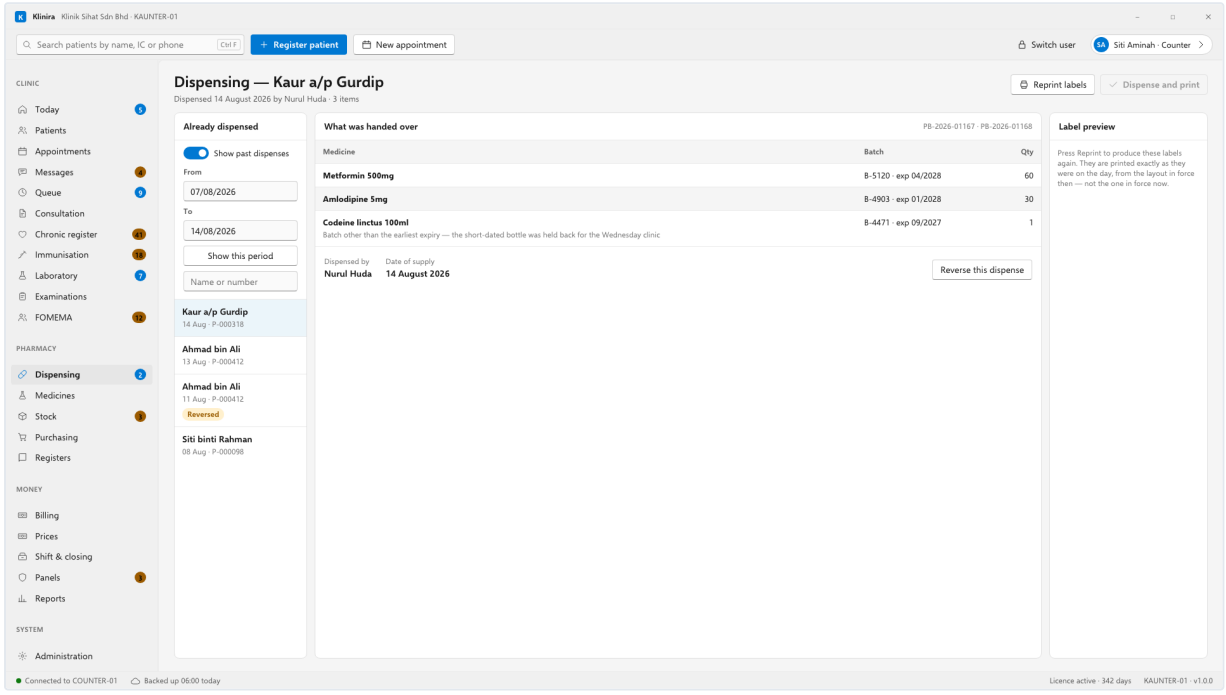
1. Open the patient from the queue. Their prescription is waiting.
2. Klinira picks the batch that expires first. Change it if you have a reason.
3. Check the quantity. Partial packs are fine — six tablets out of a box of a hundred is exact, not rounded.
4. Print the label and hand the medicine over.
5. Move the patient on, out of the pharmacy step.

> The batch that expires first is chosen for you, every time, unless you say otherwise. That is what stops stock quietly expiring on a shelf behind newer stock.

What happens automatically

- Stock comes down, by batch, to the exact quantity.
- The Prescription Book entry is written, with the serial number, for any poison supplied — not only Group B.
- A psychotropic supply is written into its own register as well.
- The bill line appears at the counter.

Looking up what you gave somebody



Dispensing, Already dispensed. The same column, showing what has gone out instead of what is waiting.

Somebody comes back a fortnight later and asks what their mother was given. Turn on Already dispensed at the top of the pharmacy queue. The same column now lists what went out, newest first, over whatever period you choose — and typing a name or a clinic number narrows it as you type, without waiting for the main PC.

Open one and you see the whole thing as it was: every medicine, the batch each came from, its expiry, the quantity, the reason if a batch other than the earliest-expiring one was used, and the register serial numbers it was written under. A dispense that was reversed stays on the list and is marked as reversed — it is part of what happened.

> Opening a record does not print anything. The labels come out only when you press Reprint labels, so nobody ends up with a second sticker for one supply just because they looked something up.

Reversing a dispense

If medicine was given to the wrong patient, or handed over and returned, reverse the dispensing entry — the one on screen, or one you have opened from Already dispensed. Stock goes back, the register entry is marked reversed with a note beside it, and the serial number is never reused.

> The original register entry stays visible. The law does not allow one entry to replace another; the correction sits beside it.

Printing a label again

A label that jammed, tore or went on the wrong box is reprinted from Reprint labels. It prints the same label with the same batch on it, marked as a reprint — the medicine that left the building does not change because a sticker did.

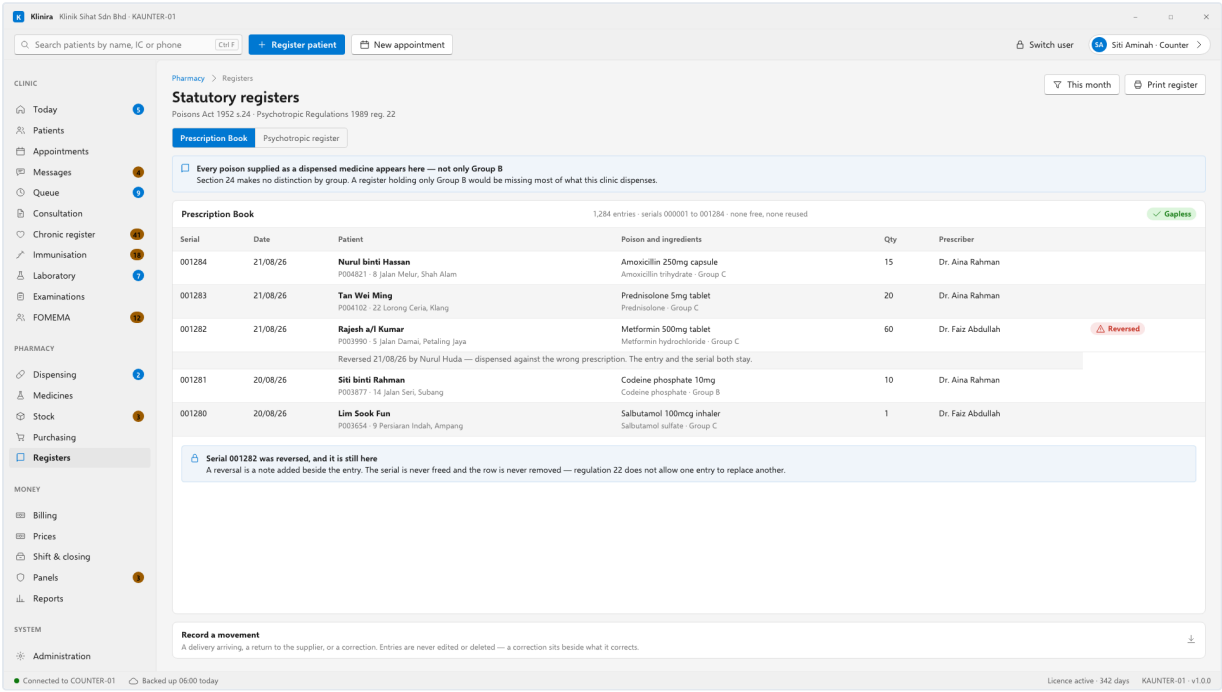
Dispensing needs the main PC

This is the one workflow that will not queue up and run later. A dispense takes a specific batch and dates a statutory serial number to the day of supply. Replayed an hour later it takes stock somebody else has already taken, and dates the entry wrongly. An offline dispense is not a delayed dispense; it is a wrong one.

CHAPTER 20

The statutory registers

The Prescription Book and the psychotropic register. Klinira writes them as a side effect of dispensing, so they are complete without anybody keeping them up.



The registers. Every entry in serial order, with the reversal note beside a reversed one rather than hidden in a hover.

The Prescription Book

Section 24 of the Poisons Act requires a record on the same day for any poison supplied as a dispensed medicine. Klinira writes it at the moment of dispensing, with the date, the serial number, the poison and its ingredients, the quantity, the patient's name, and their address where the supply was not on a written prescription.

> Any poison, not only Group B. Group C and Group D need an entry exactly as Group B does — a system that only recorded Group B would write nothing for most of what a clinic dispenses.

The psychotropic register

- A separate register, with its own serial sequence.
- An entry is never deleted and never replaced. A correction sits beside the original.
- Serial numbers are never freed. A gap in a serial sequence is the first thing an inspector asks about.

Recording a movement

Dispensing writes itself into the register. Everything else that reaches a controlled medicine has to be recorded here: a delivery arriving, a return to the supplier, or a correction to what is written. Record a movement is the strip at the foot of the screen.

1. Choose which medicine, and what happened — received from a supplier, returned to a supplier, or a correction.
2. Put in how much, the supplier's document number, and a note saying why.
3. Record it. The balance on the register moves and the entry takes the next serial.

> A correction does not edit anything. It is a new entry that sits beside what it corrects, which is what regulation 22 requires. Without this, a register would stop balancing against the shelf the first time a box was delivered.

Disposal

Destroying psychotropic stock requires a Drug Enforcement Officer to be present and giving the instructions. Klinira records the disposal against that officer. It will not accept a colleague as a witness, because a clinic that destroyed controlled stock on a colleague's signature would be in breach while believing our system had kept them compliant.

Printing a register

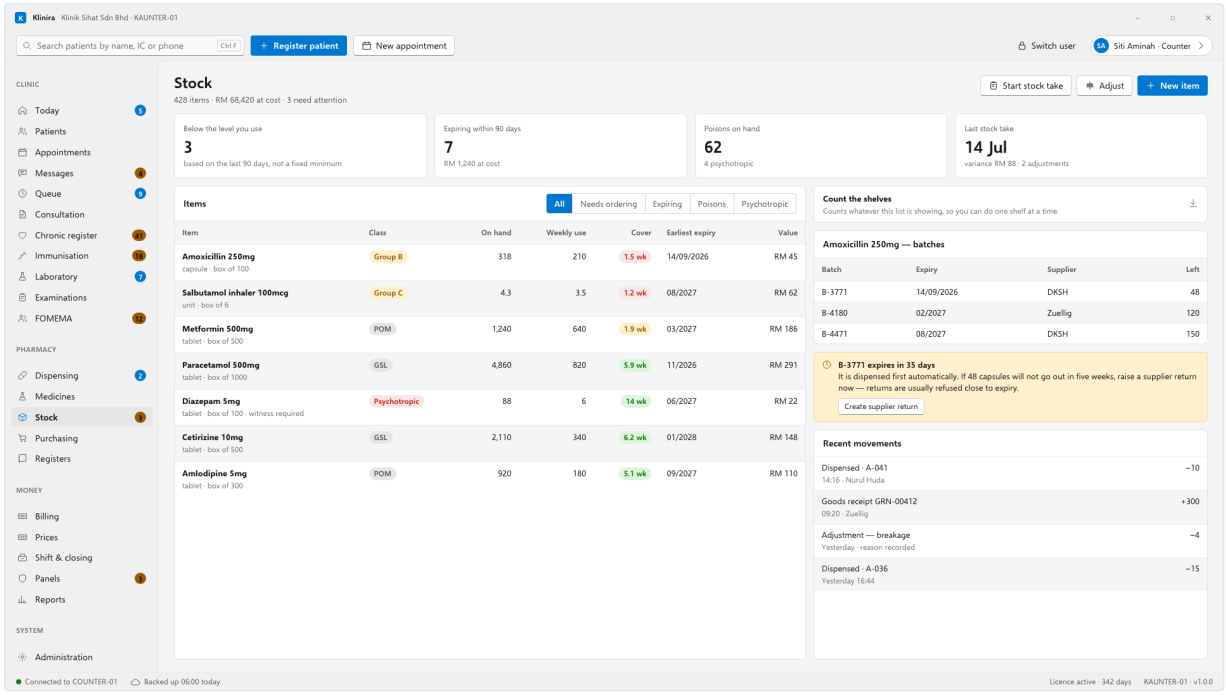
1. Open Registers and choose which one.
2. Set the date range. An inspector usually asks for a period, not everything.
3. Print. The layout is the one the register is expected to be kept in.

> We retain register entries indefinitely. Section 24 sets no retention period, and a register that had been trimmed is a register that cannot answer a question about 2027 in 2034.

CHAPTER 21

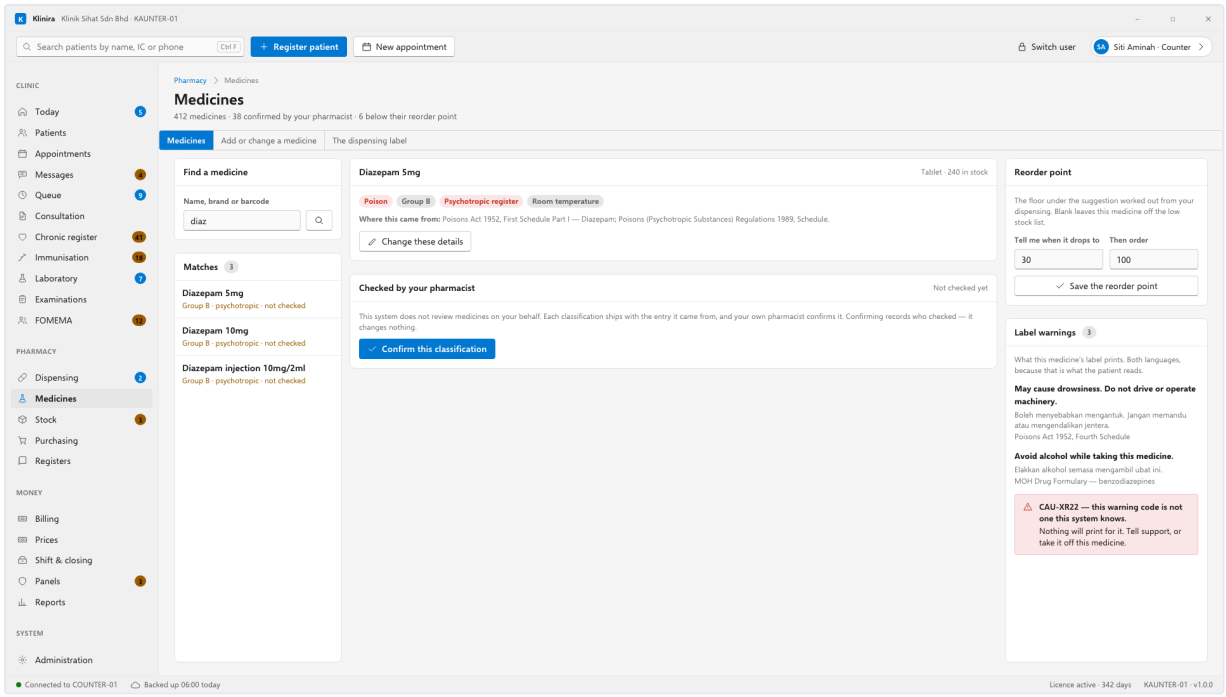
Medicines, stock and purchasing

What each medicine is, what is on the shelf by batch and expiry, and how it gets there. Dispensing moves stock by itself, so the work here is checking your medicines, receiving, counting and watching what is about to expire.



Stock. Every item with what is on hand, what is on order, and which batch expires next.

Your medicines, and what your label says



Pharmacy, Medicines. Search on the left, the medicine in the middle, its reorder point and its label warnings on the right.

This is the drug master — what each medicine is, rather than how much of it you have. Three jobs live here, and the first is the one that matters most.

> Klinira does not review medicines on your behalf, and it never claims to. Every classification we ship — poison or not, which group, whether the psychotropic register applies — comes with the Poisons List entry it was taken from, printed on the screen so your own pharmacist can check it against the source. Every medicine starts marked "not checked". Confirming one records that your pharmacist looked and agreed; it does not change anything. If you disagree with a classification, change it on the next tab — that is a different act, and it is deliberately not this button.

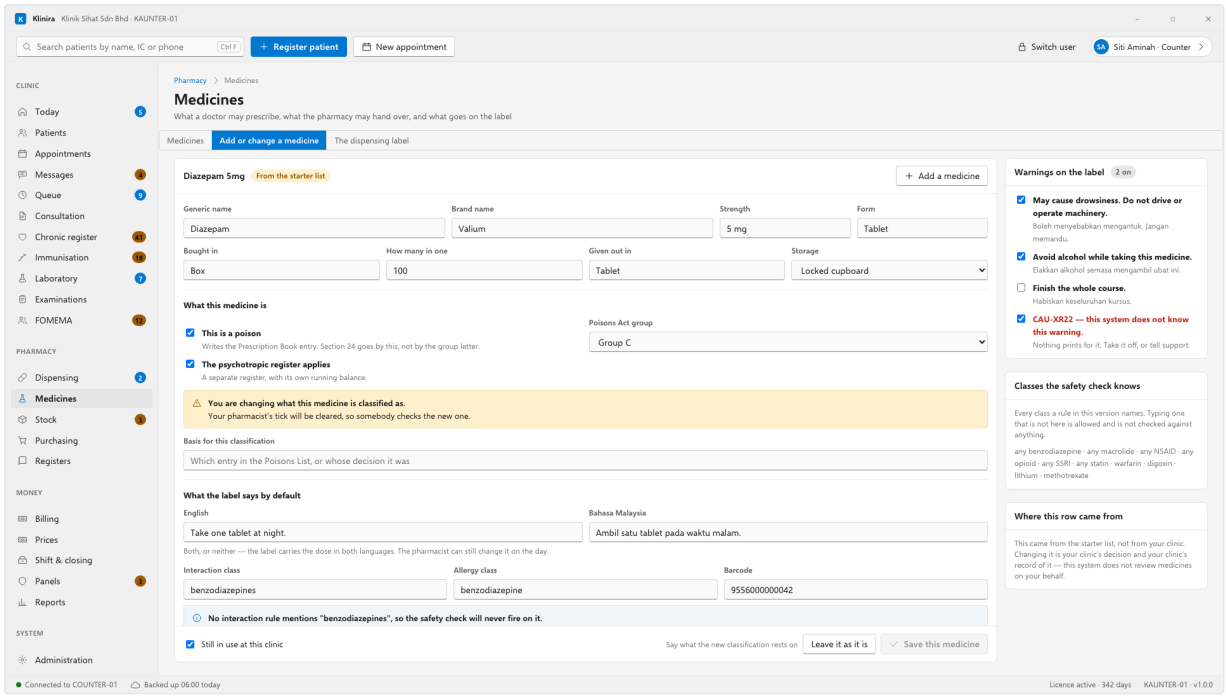
The reorder point

Klinira works out what to reorder from what you actually dispense. The reorder point is the floor underneath that, for a medicine nothing has been dispensed of yet — a new item, or one you keep for emergencies. Leave it blank and the medicine is simply left out of the low stock list, which is a real answer rather than a gap.

The warnings on the label

The right-hand panel shows what this medicine's label prints, in English and in Bahasa Malaysia, with the source of each warning beside it. If a warning code on a medicine is one Klinira does not recognise, it is shown in red rather than quietly left out — nothing would print for it, and the only person who could notice is whoever is reading this panel.

Adding a medicine, or correcting one



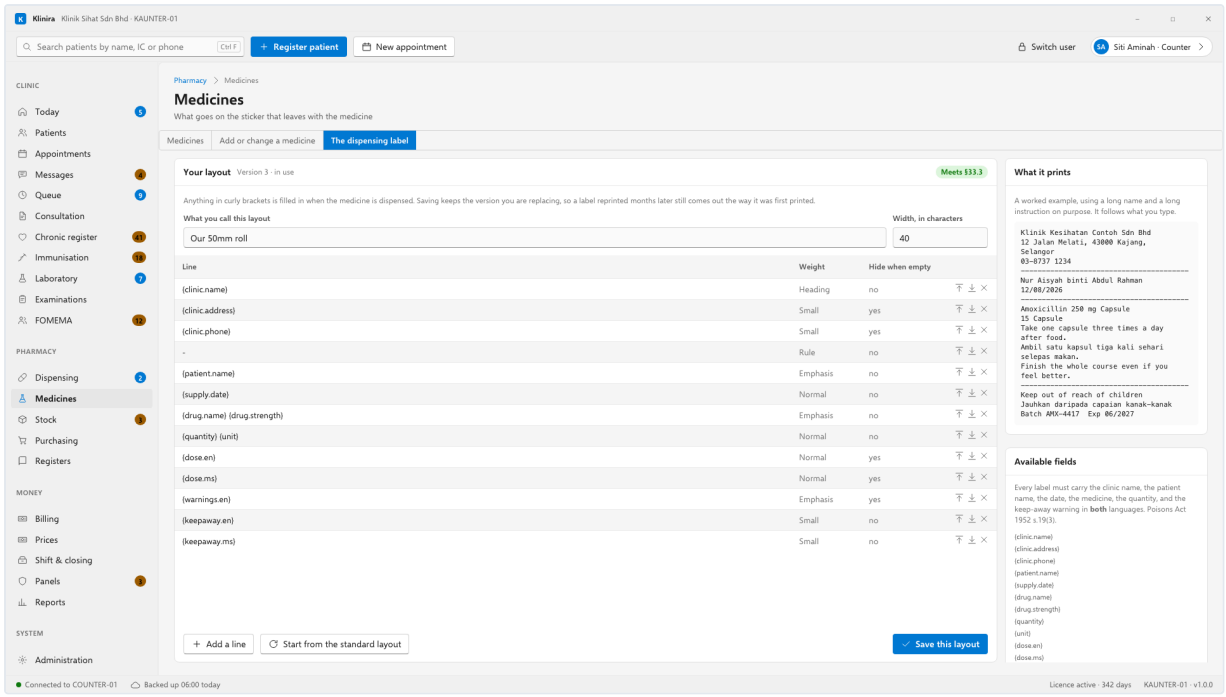
Add or change a medicine. Everything Klinira holds about one medicine, on one form.

Change these details on the medicine opens the form; Add a medicine opens it empty, for something you have started stocking. This is where a wrong strength, a wrong pack size, a barcode, your own wording for a dose or the warnings on the label are put right. Nothing here is deleted — a medicine you have stopped stocking is switched off, so everything already dispensed still makes sense years later.

> Changing what a medicine is classified as — poison or not, which group, whether the psychotropic register applies — is not the same as correcting a typo, and Klinira treats it differently. It asks what the new classification rests on, because what is stored is the reason for the old one, and it clears your pharmacist's tick so that somebody checks the new value. A tick is for a classification, not for a row. Correcting a name or a barcode leaves the tick where it is.

- The poison tick is what writes the Prescription Book entry, not the group letter. Klinira will not let you save a medicine that is in a group with the tick off.
- The psychotropic tick cannot be taken off a medicine that already has entries in the register. Those entries would stay in the record with no balance to check them against.
- A default dose instruction needs both languages, because the label carries both. The pharmacist can still change it on the day.
- The interaction class and the allergy class are what the safety check matches on. Type one no rule mentions and Klinira says so — it does not refuse it, but a class nothing names is a check that will never fire.

Changing the dispensing label



The dispensing label tab. The layout line by line on the left, what it prints on the right.

Klinira ships a 40-character layout that fits the common 50mm thermal roll. If your label stock is a different size, or you want your address on two lines instead of one, this is where you change it. Anything in curly brackets is filled in when the medicine is dispensed; the list on the right is every field you can use, written the way you type it.

- What you type shows up on the right straight away. Nothing is saved until you press Save this layout.
- Saving keeps the version you replaced. A label reprinted months later still comes out the way it was first printed, which the law requires.
- Start again from the standard layout puts everything back to what Klinira ships. It changes nothing until you save.

> Six things must be on every dispensing label by law: your clinic's name, the patient's name, the date of supply, the medicine, the quantity, and the keep-away warning in both languages. If you take one out, Klinira says which one is missing and will not let you save until it is back. That is the Poisons Act 1952, section 19(3) — the label is part of what makes the supply lawful, not a courtesy.

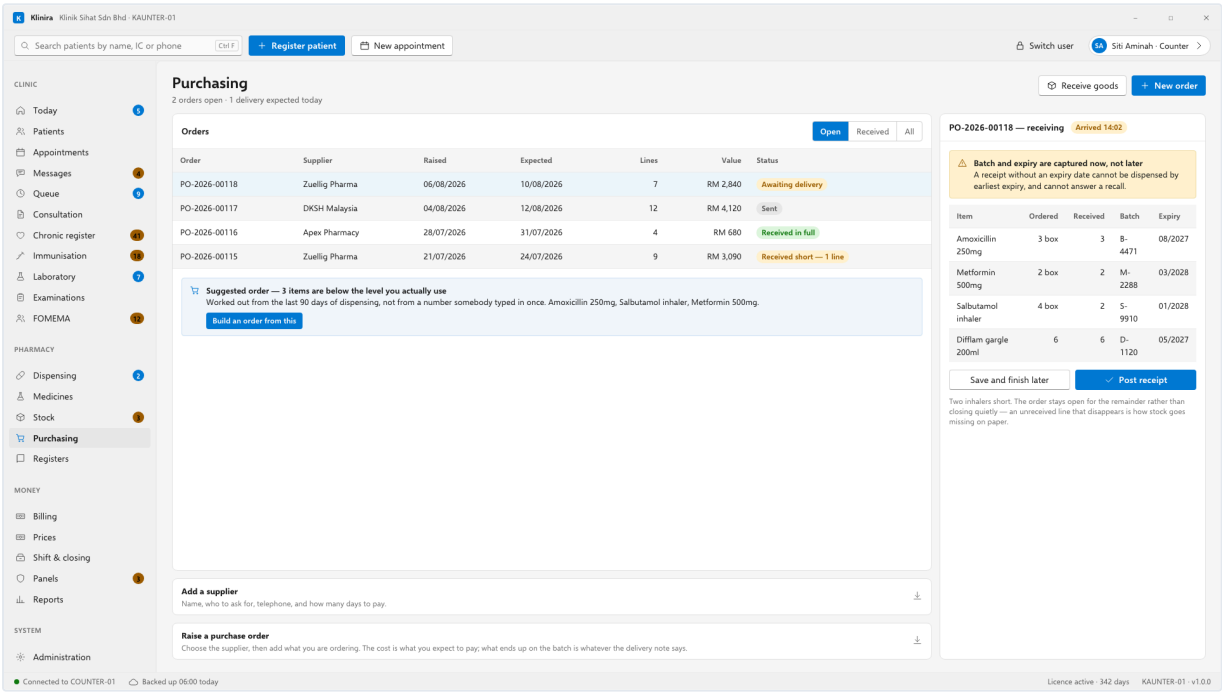
Counts you can come back to

A stock take takes an afternoon, and nobody counts a pharmacy without being interrupted. Every count is listed under Counts, with how many lines already have a number against them, and Open this count picks it back up with everything you have typed still in it. Closing the screen does not lose a count, and neither does restarting the computer.

Receiving stock

1. Open the purchase order the delivery is against — Orders you have raised, then Open this order. The lines are then checked off against what was actually ordered, and the supplier is filled in from the order.
2. Or start a receipt without one if the delivery arrived unannounced. Buying over the counter is normal and nothing here requires an order.
3. Enter the batch number and the expiry date for each line. Both are required — stock without an expiry cannot be dispensed oldest-first.
4. Enter the quantity actually delivered, not the quantity ordered.
5. Save. The cost per unit updates and the shelf count goes up.

Purchase orders



Purchase orders. What has been ordered, from whom, and what has arrived against it.

- Klinira suggests what to order from what has been used and what is left.
- A partial delivery stays open until the rest arrives or you close it.
- Print or email the order to the supplier.

Adding a supplier

Add a supplier is the strip at the foot of the purchasing screen. It takes a name, who to ask for, a telephone number and how many days you have to pay. Every delivery and every order is filed against one, so the first supplier goes in before the first order does.

Raising an order

1. Open Raise a purchase order and choose the supplier.
2. Add each medicine with how many packs and what you expect to pay for one.
3. Put in the date you expect it and anything you want to tell them.
4. Raise the order. It gets its own number and waits on the list until the delivery arrives.

> The cost you type is what you expect to pay. What ends up on the batch is whatever the delivery note actually says, entered when you receive it — the two disagree often enough that guessing from the order would put a wrong cost into the stock value.

Counting the shelves

Count the shelves is the strip beside the item list, and it counts whatever that list is showing — so filter to one class, or one shelf's worth, and do it a shelf at a time rather than closing the clinic for an afternoon.

1. Filter the list to what you are about to count, then press Start a count.
2. Type what is actually on the shelf against each line. What the system thinks is beside it.
3. Say why you are counting — a routine count, a spot check, an investigation.
4. Post the count. Every difference is adjusted and recorded against your name.

> Every line has to be counted before the count can be posted. A blank is a shelf nobody looked at, and posting it as though it were zero would write off stock that is sitting there.

> If a psychotropic does not agree with the register, that is not an ordinary discrepancy. Klinira says so in those words: record what happened in the psychotropic register and tell whoever is responsible for it.

Expiry

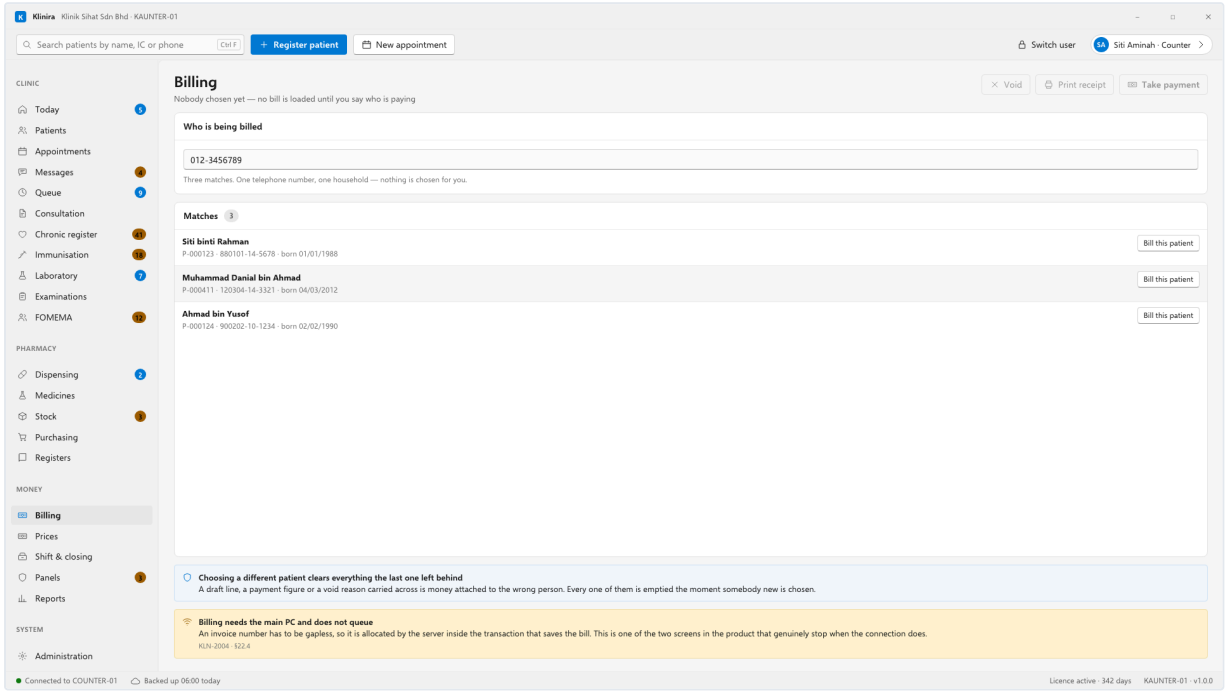
- Anything expiring inside the next three months is flagged on the Today screen.
- Expired stock is blocked from dispensing, not just flagged.
- Cold chain items — vaccines, GLP-1 medicines — are grouped so they can be checked together.

Adjusting stock needs a password, not a PIN. It is the one action in the pharmacy that can hide a shortfall, so it is recorded against a person who proved who they were.

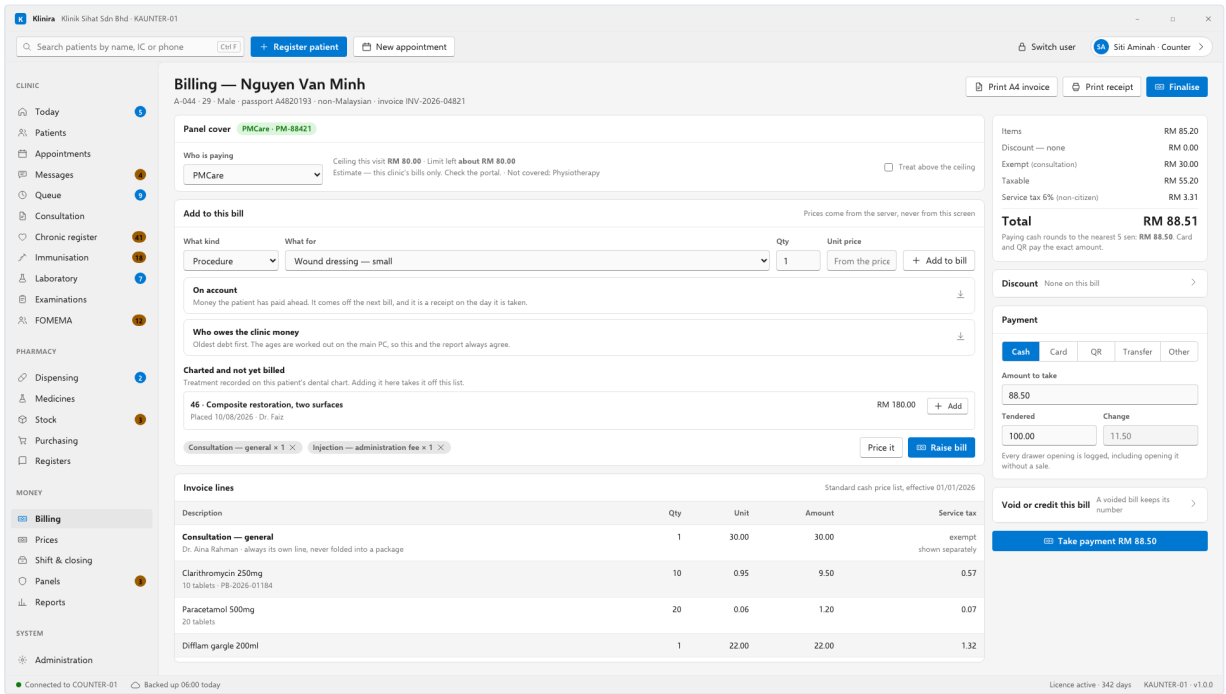
CHAPTER 22

Billing, payment and the till

The bill builds itself from the visit — the consultation, what was dispensed, what was done — and the counter checks it rather than typing it.



Billing, before anybody is chosen. No bill is loaded until you say who is paying.



A bill. Lines from the visit, the discount if there is one, tax, the total, and the cash figure beside it.

Raising a bill

1. Choose the patient. The visit's lines are already there.
2. Add anything that is not automatic — a procedure, a consumable, a certificate.
3. Apply a discount if the clinic gives one. It reaches the lines before tax is worked out.
4. Save the draft, or finalise it. Finalising allocates the invoice number.

> The button says which of the two it will do. A saved draft can be edited as many times as you like; the invoice number is only allocated at the moment you finalise, so an abandoned draft never leaves a gap in the sequence.

Two totals, and why

Every bill carries the exact total and, beside it, the figure rounded to the nearest five sen. Bank Negara's rounding applies to an amount settled in cash and to nothing else. A card or QR payment settles the exact figure. So the adjustment is taken when somebody actually pays, because at the moment you finalise the bill nobody knows yet how they will.

Taking payment

1. Choose how they are paying: cash, card, QR, or against a panel.
2. For cash, enter what the patient handed over. Klinira shows the change.
3. Print the receipt, or send it by WhatsApp.

- Part payments are fine. The balance stays on the patient's account.
- A deposit taken earlier can be applied. It shows on the bill as a memo line, because the money was receipted on the day the deposit was taken and counting it twice would report takings the clinic never had.
- A refund is recorded against the original bill, and it subtracts from the day's takings rather than adding to them.

Voiding

A finalised bill is a document the patient has, and once e-Invoice is switched on, so has LHDN. It is never edited. Voiding one writes a void with a reason and leaves the original in place, and it needs a password.

Money paid ahead

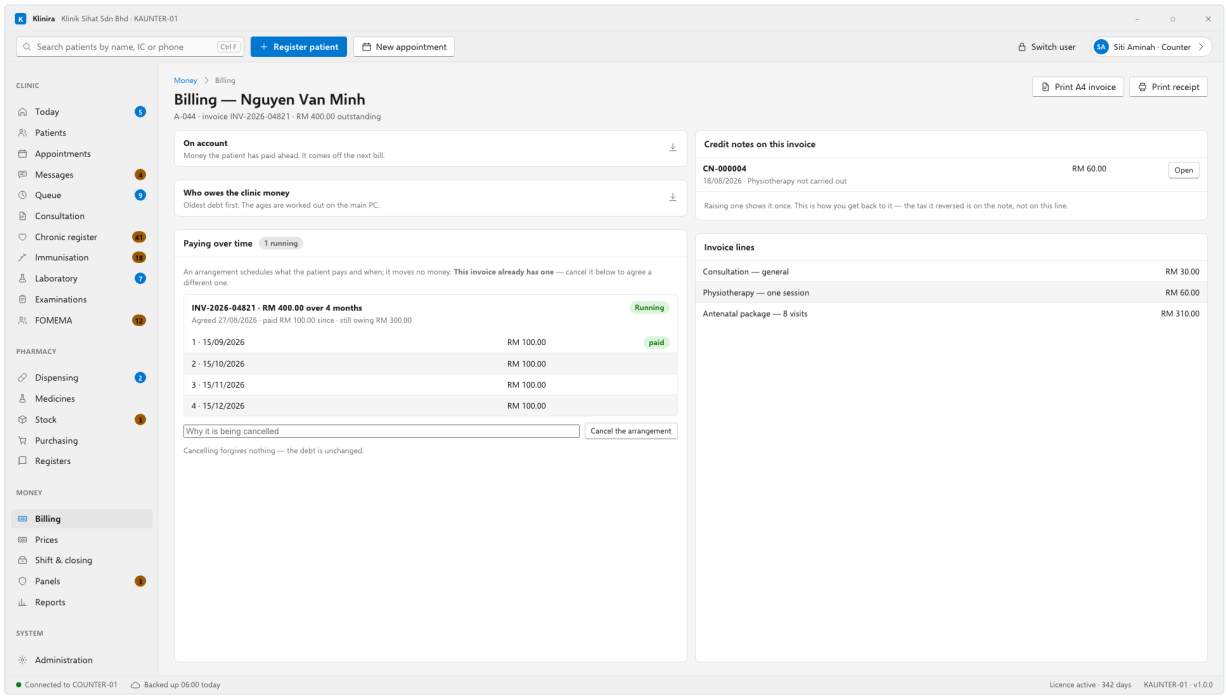
On account is the strip inside Add to this bill. A patient paying towards a course of treatment, or leaving a deposit for a procedure, is taking a receipt today for money that will be spent on a bill later — so it is receipted on the day it is taken, and it appears on the later bill as a memo line rather than as takings counted twice.

- The strip shows what the patient has on account before you take any more.
- A deposit is taken by whatever method they paid with, exactly like a bill, and it shows on the shift.
- A blank balance and a zero balance are different things. Blank means it could not be read from the main PC, and Klinira says so rather than drawing a nought.

Who owes the clinic money

The second strip is the debt list, oldest first, with what is over ninety days marked. It is the same figure the ageing report gives an owner — but it is here, at the counter, where somebody who owes money is actually standing.

A patient paying over time



Paying over time, the third strip. The schedule is what the arrangement is; the counts above it are what has actually been paid against the bill.

Somebody who cannot settle a bill today can agree to pay it off. Say how many instalments and when the first one falls due — they run monthly from there — and Klinira writes the schedule. It is one arrangement per invoice.

- An arrangement moves no money. Payments are taken against the bill in the ordinary way, and the schedule is read against what was actually paid — so a patient who pays early, pays twice, or pays a different amount is not fighting it.
- A bill may have one arrangement running. To change the terms, cancel the one you have and agree a new one — Klinira does not offer the form while one is running.
- Cancelling forgives nothing. The debt is unchanged and the arrangement stays on the record as a fact about what was once agreed, with the reason you gave.

Credit notes on an invoice

Every credit note raised against the invoice is listed on it. Open one and you get the note as it was issued, with the service tax it reversed — which is the figure your accountant asks for and is not on the line.

Dental treatment that has been charted

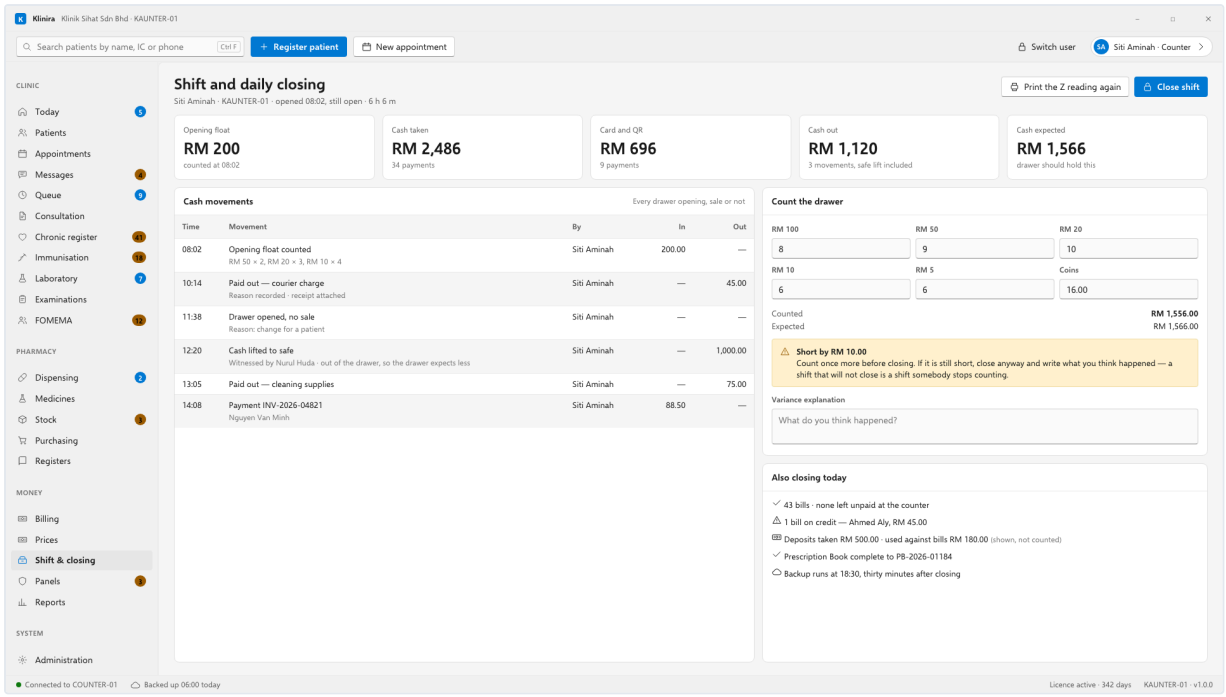
A dental clinic sees a third block: treatment recorded on this patient's chart that has not reached a bill yet. Press Add and it becomes a line — and adding it is also what takes it off the list, so the same crown is not offered again next week.

> A clinic that does no dentistry never sees that block. It is hidden when there is nothing charted, rather than sitting empty on the busiest screen in the building.

Panel patients

- The panel's rules apply as the bill is built, so the counter sees the split before taking payment rather than discovering it when a claim is rejected.
- Remaining limit, per-visit ceiling and excluded items are shown at the counter.
- Klinira does not submit claims to the TPA. No TPA in Malaysia opens an API to third-party software. Your staff still enter the claim in the TPA portal; what Klinira covers is knowing what has not been paid.

The till session



The shift. Opening float, what came in by each method, cash movements, and the variance when you count the drawer.

1. Open the shift at the start of the day with the opening float.
2. Record any cash taken out or put in during the day, with a reason.
3. At the end, count the drawer and enter what is there.
4. Klinira shows the variance. Print the closing report.

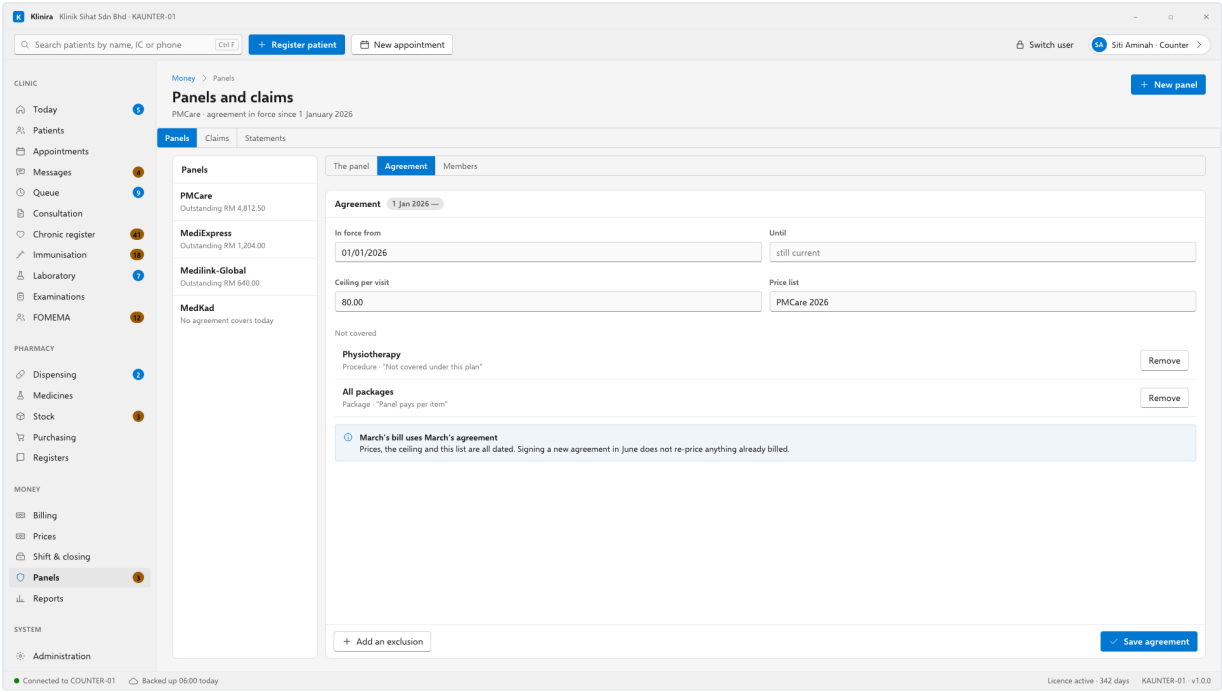
> The closing report is what an owner reads to know the day was handled honestly. It is worth printing even on a day when the variance is zero.

If the closing report jams in the printer or goes missing, Print the Z reading again reprints it, marked as a reprint. A till session with no paper behind it is the one thing an owner reconciling a day's takings cannot work around.

CHAPTER 23

Panels and claims

Klinira does not send anything to a panel — nobody's software can. What it does is tell you what each panel owes you right now, and find the claims their statement quietly left out.



Money, Panels. The panel on the left; its agreement, its exclusions and its members on the right.

> You will still key every claim into the panel's own portal. PMCare, MediExpress, Medilink-Global and the rest do not let outside software submit for you, and any product that says it can is not telling you the truth. What Klinira saves you is everything that happens after that.

Setting a panel up, once

1. Money, Panels, New panel. Name, your code with them, and the address of their portal.
2. Two numbers matter: how many days they take to pay, and how many days you have to answer a query. Both come off your agreement with them.
3. Then the Agreement tab: the date it starts, the ceiling for one visit, and the list of things they do not cover.

> When you sign a new agreement, close the old one the day before the new one starts and add a second. A bill from March then keeps March's ceiling and March's exclusions for ever, which is what you want when a claim is queried nine months later.

The patient's card

Record the member number exactly as it is printed. That is the number the panel will look for when your claim arrives. If the patient is a spouse or a child covered under somebody else's number, tick dependant and put the principal's number in too — a claim without it comes back queried.

Check eligibility on the panel's portal as you always have, then record what it said: the answer, the reference it gave you, and the figure it showed for how much of the limit is used. Klinira keeps all three with the date. That is what settles an argument three months later, and it is the part a clinic writing on a scrap of paper loses.

At the counter

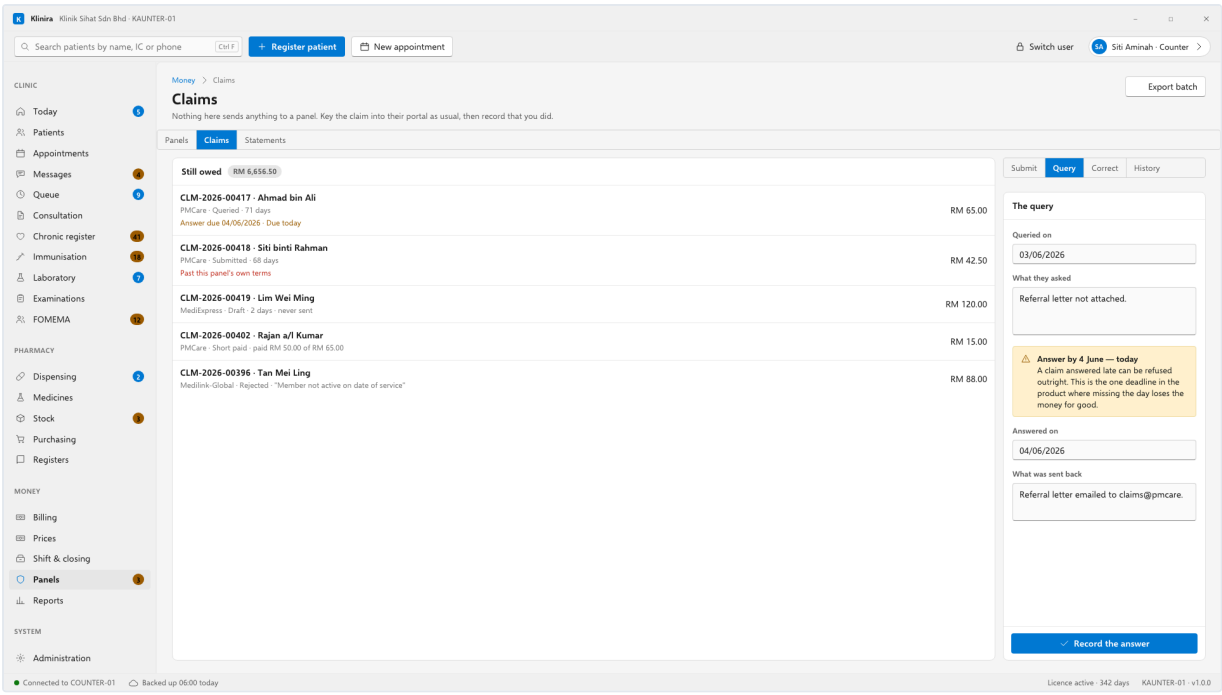
On the billing screen, choose the panel under "Panel cover". The strip underneath then shows the card number, the ceiling for this visit, anything on the bill the panel does not cover, and roughly how much of the member's yearly limit is left.

THE SCREEN SAYS	WHAT IT MEANS
Ceiling this visit	The most this panel pays for one visit. Anything above it goes on the patient's half of the bill, and the lines are marked.
Not covered	Something on this bill the agreement excludes. The patient pays for it in full — and it does not use up the ceiling.
Limit left	An estimate, and the screen says so. A limit is spent wherever the patient goes and Klinira can only see your own bills. If it looks close, check the portal.

> Neither number stops you treating anybody. If the visit goes above the ceiling and the doctor wants to treat anyway, somebody with permission to override it ticks the box — and Klinira records that they did, so the short payment three months later has an explanation on it.

Raising the claim

1. Finalise the bill and take whatever the patient owes.
2. Press "Raise the panel claim" on the same screen. It gets a number and sits as a draft.
3. Key it into the panel's portal as you always have.
4. Come back to Money, Panels, Claims and press "Mark submitted" with the reference the portal gave you.



Money, Panels, Claims. What is still owed, how old it is, and whether the panel is past its own terms.

The age on each row is counted from the day you submitted it, not from the day of the visit — a claim that sat in a drawer for a fortnight is not the panel being slow. "Past this panel's own terms" appears only when they really are late by their own contract. A panel with ninety-day terms is not late at day sixty, and telling them so is the fastest way to be ignored when a claim really is overdue.

When a panel queries a claim

> This is the one deadline in the whole product where missing the day loses the money for good. Most agreements give you a day by telephone or seven days in writing, and a claim answered late can be refused outright with no appeal.

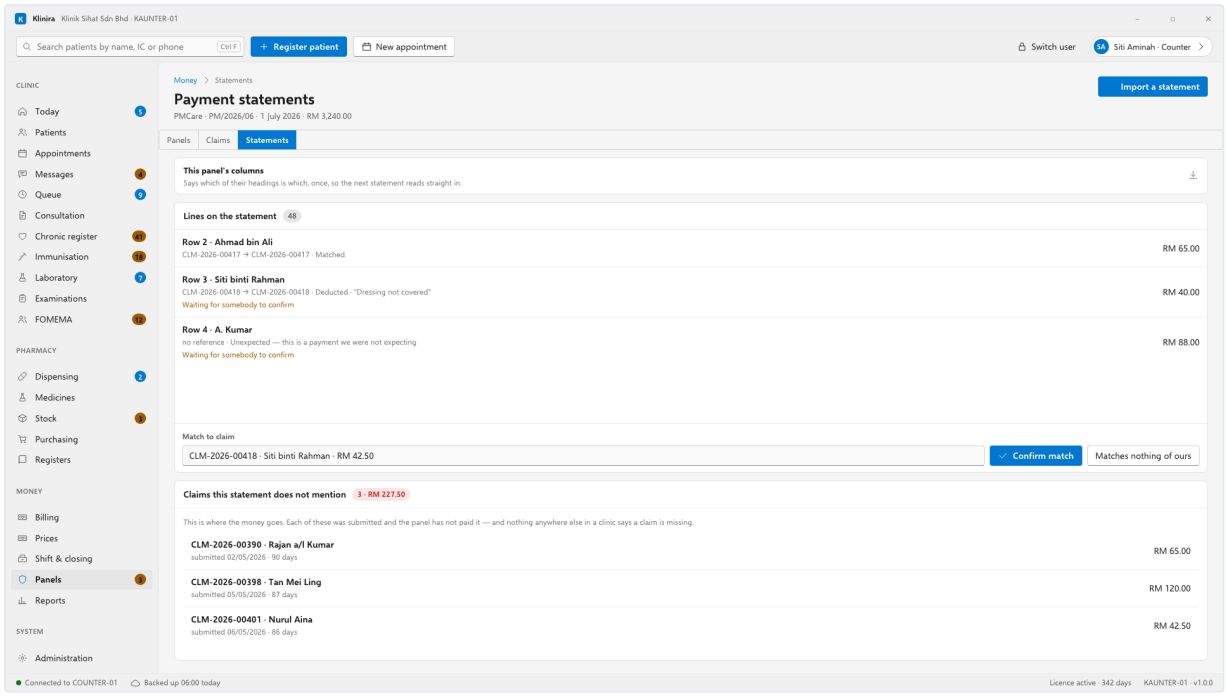
1. Record the query the day it arrives, with the date and what they asked.
2. Klinira works out when the answer is due from your agreement with that panel, and moves the claim up the list as the day gets closer.
3. When you have answered, record that too, with what you sent.

A deadline that has already gone stays on the screen marked Missed. It does not disappear, because the money has not disappeared — somebody still has to decide whether to appeal it or write it off.

Correcting a claim you have already sent

Never edited. Press Amend and Klinira raises a second claim linked to the first; the first stays exactly as the panel received it, because that is the only version anybody can argue about. The old one drops off the "still owed" list so the same treatment is never counted twice.

The monthly statement — the part that finds money



Money, Panels, Statements. Every line matched, and underneath, the claims the statement never mentioned.

1. When the statement arrives, save it as a CSV and choose the file.
2. The first time for a panel, open This panel's columns and pair their headings with ours. Press Suggest from the file and Klinira reads their own headings and proposes a pairing — then check every one before saving.
3. Import. Klinira lines every row up against what you claimed and sorts them into five piles.
4. Rows that matched exactly — same reference, same amount to the sen — are closed for you. Everything else waits for you to press Confirm, and who confirmed it is recorded.

> Check the suggestion rather than trusting it. A heading that reads like ours and means something else puts money in the wrong column, and the mapping is saved and used for every statement that panel sends afterwards.

PILE	WHAT TO DO
Paid in full	Nothing. Closed already.
Paid short	Telephone them. There is no reason on the statement, so somebody has to ask.
Deducted	They gave a reason. Read it and decide whether it is worth appealing.
A payment you were not expecting	Match it to a claim by hand, or say it matches nothing of yours.
Not on the statement at all	This is the important one. Read on.

> The list at the bottom — claims this statement does not mention — is where clinics lose money. Each of those was submitted and the panel has simply not paid it, and nothing anywhere else in a clinic ever says a claim is missing. It does not bounce, it does not appear on any report, it just quietly stays unpaid. Work down that list every month and you will find money you would otherwise have written off without knowing.

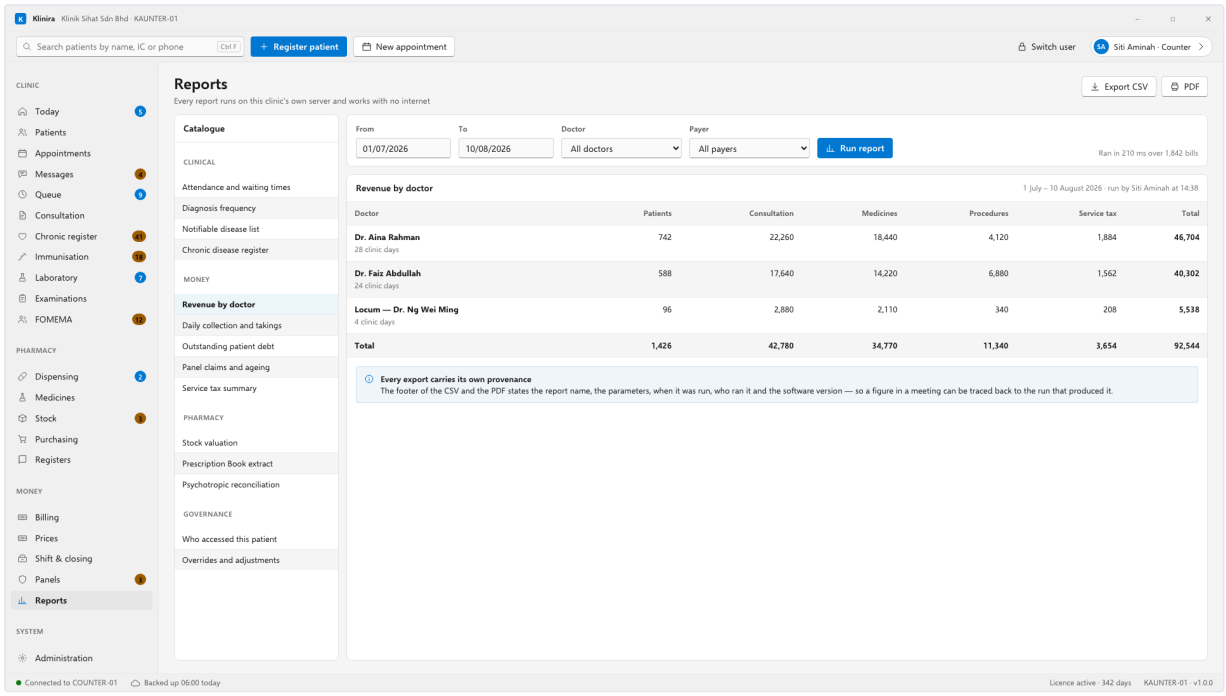
The seven reports

- Claim aging by panel — how much each one owes you right now, and which of them are past their own terms.
- Claims not yet submitted — the ones nobody sent. Empty this list.
- Queries outstanding, with deadlines — sorted by what has to go out today.
- Short payment analysis — one short payment is an argument; the same deduction on forty claims is a clause somebody has misread.
- Revenue by panel against cash — how much of your work is panel work.
- Panel profitability — what each panel is worth against what its medicines cost you.
- Rejected claims by reason — forty refusals for one missing field is one thing to change at the counter.

CHAPTER 24

Reports

Twenty-six reports, grouped by what they answer. Every one runs on the clinic's own data, prints, and exports to CSV.



Reports. Choose one, set the dates, run it. Totals are over the whole report, not the page you are looking at.

What they cover

GROUP	ANSWERS
Money	Daily takings, by method. Outstanding balances. Refunds and voids.
Panel	What has not been submitted, what is submitted and unpaid, what was underpaid.
Pharmacy	What was dispensed, stock movement, what is expiring.
Clinical	Diagnoses seen, patients on the chronic register, visits by doctor.
Operational	Visits by day and hour, waiting times, appointments not attended.
Audit	Who opened which patient record, and when.

Running one

1. Pick the report. You only see the ones your role allows.
2. Set the dates, and any other filter it offers.

3. Run it. Read it on screen, print it, or export it to CSV.

> The total under a report is the total for the whole report, not for the page in front of you. A figure that changed when somebody clicked Next is a figure that ends up in a bank reconciliation.

Two things worth knowing

- A visit that was never billed shows as unbilled, not as zero. Zero would read as free treatment; blank reads as a bill nobody raised, which is what it is.
- Some rows are shown but not counted — money applied from a deposit, for instance. The row says so.

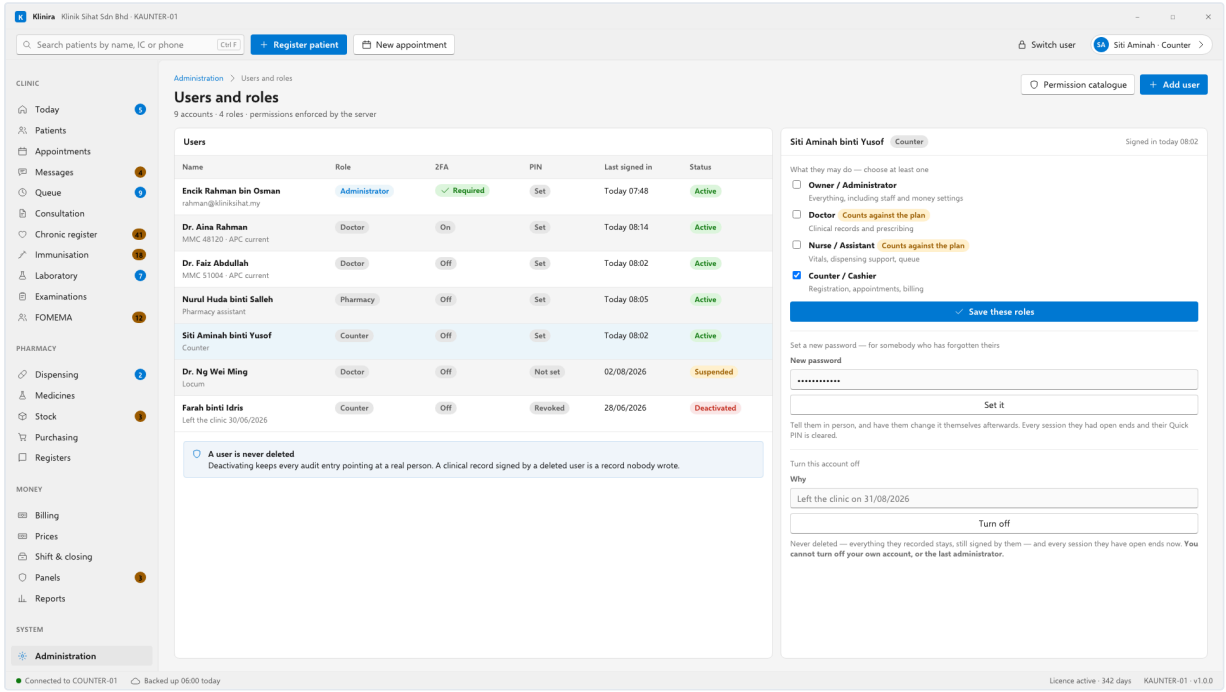
The owner's remote view

An owner can see the clinic's summary numbers from outside the clinic. Only aggregate figures leave the building — no patient name, no record, nothing that identifies a person.

CHAPTER 25

Staff accounts and clinic settings

Everybody who works in the clinic gets their own login. That is what makes the audit trail mean anything, and it is what a shared account destroys.



Administration, Staff. Everybody who can sign in, what roles they hold, and when they last did.

Adding somebody

1. Open Administration, Staff, and press Add.
2. Give them a username, their full name, and a starting password.
3. Choose at least one role. An account with no role can sign in and do nothing.
4. For a doctor or dentist, enter the MMC or MDC number. It prints on prescriptions and medical certificates.
5. Hand them the password and let them change it.

Somebody has forgotten their password

It happens on a Monday morning, in front of a queue. Click the person in the list, and under Set a new password, type one and press Set it. Tell them in person, and have them change it themselves afterwards.

- Setting a new password ends every session they had open and clears their Quick PIN, so nothing carries on running under the old one.
- Somebody who has typed the wrong password too many times is locked out rather than forgotten. Let them try again clears that without changing the password.
- Never solve this by making them a second account. One person with two logins is one person whose history is in two places.

When somebody leaves

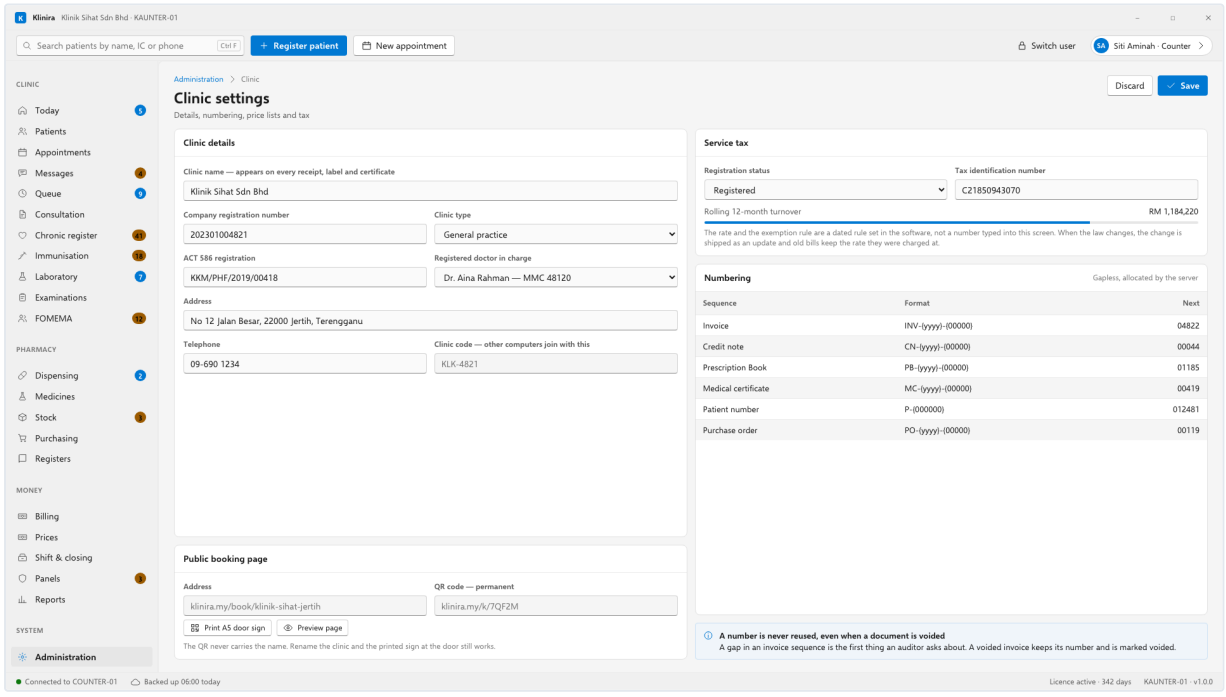
Turn the account off, with a reason. It is never deleted: every note, every dispensing entry and every payment points at it, and a note signed by a deleted user is a note nobody wrote. Turning it off ends every session they have open immediately.

> A locum who comes back every school holiday is turned back on rather than created again. Creating them again splits one person's history across two accounts.

Two things Klinira will not let you do

- Turn off your own account. Ask another administrator.
- Leave the clinic with no account that can manage staff. Give somebody else the administrator role first.

Clinic settings

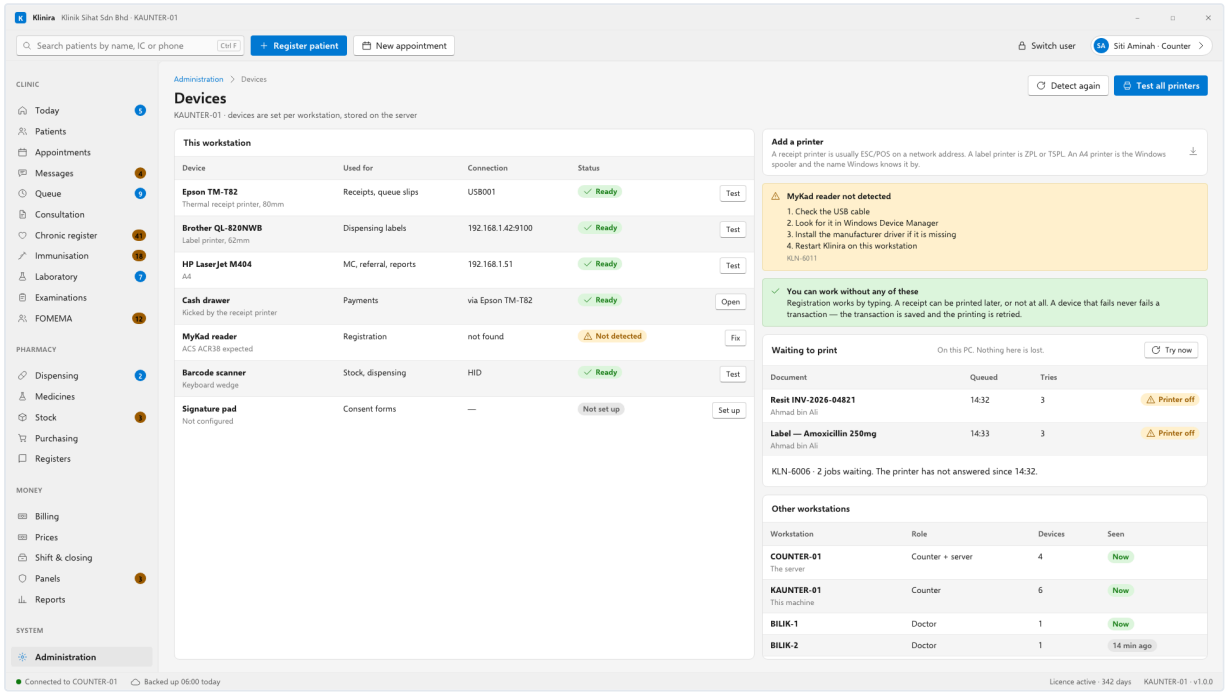


Clinic settings. Details, numbering, price lists and tax.

- Clinic name, address and registration numbers. These print on everything.

- Price lists: the standard one, one per panel, and any staff or family rate.
- Service tax registration, once turnover reaches the threshold. Klinira watches the rolling twelve months and puts a line on the status bar as you approach it — at 80% unless you change that — so you are told before you cross it, not after. Only accounts and the owner see the line.
- Opening hours, which is also what the public booking page publishes.

Devices



Devices. What is connected to this computer and whether it answers. Everybody can open this screen.

When you telephone support and say a printer is not working, this is the first screen you will be asked to open. Every member of staff can open it and print a test page — a screen only the owner can open is a screen that cannot be opened on a Tuesday morning when the owner is not in, which is when printers fail.

> Reading this screen needs no special permission. Setting a printer up does.

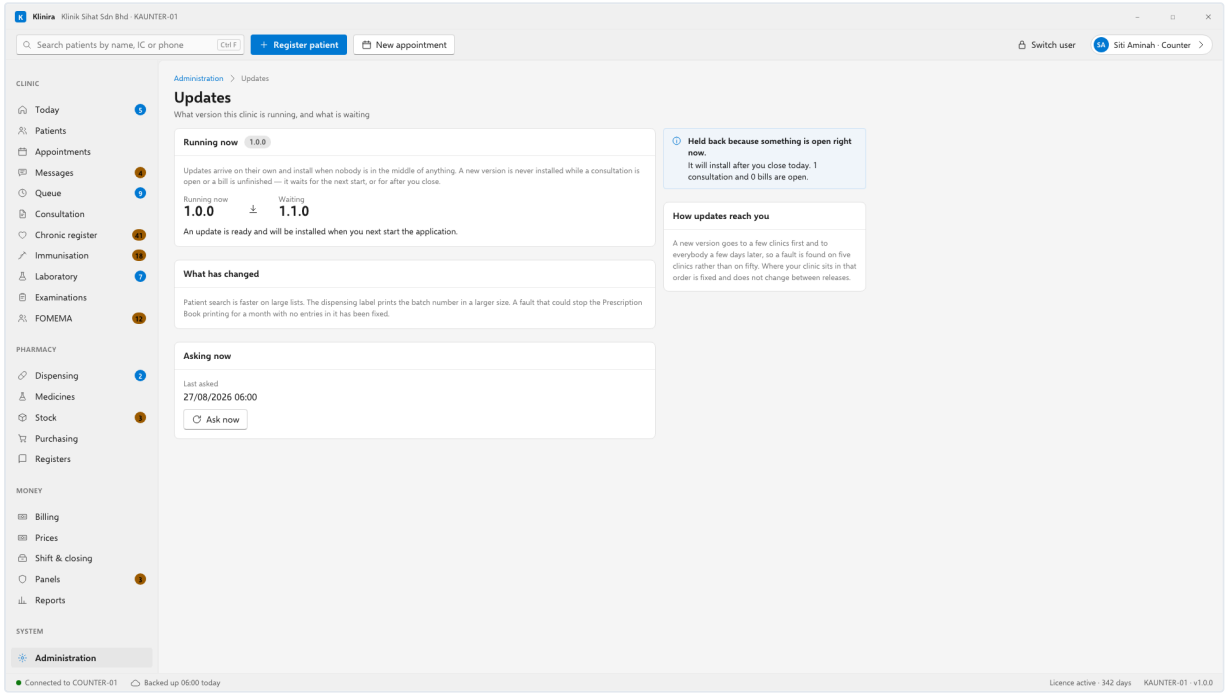
Adding a printer

Add a printer is the strip beside the list. Give it what the printer is for — receipts, dispensing labels or A4 documents — the driver, and where it is.

WHAT IT IS FOR	WHAT TO PUT IN
Receipts	ESC/POS, and the address on the clinic network — usually something like 192.168.1.42:9100, or a USB port.
Dispensing labels	ZPL or TSPL, whichever the label printer speaks, and its address.
A4 documents	The Windows spooler, and the name Windows knows the printer by.

> Printers are set per computer, so this is done on each workstation. A document you cannot print is never lost — it waits in the queue and prints when a printer answers.

Updates

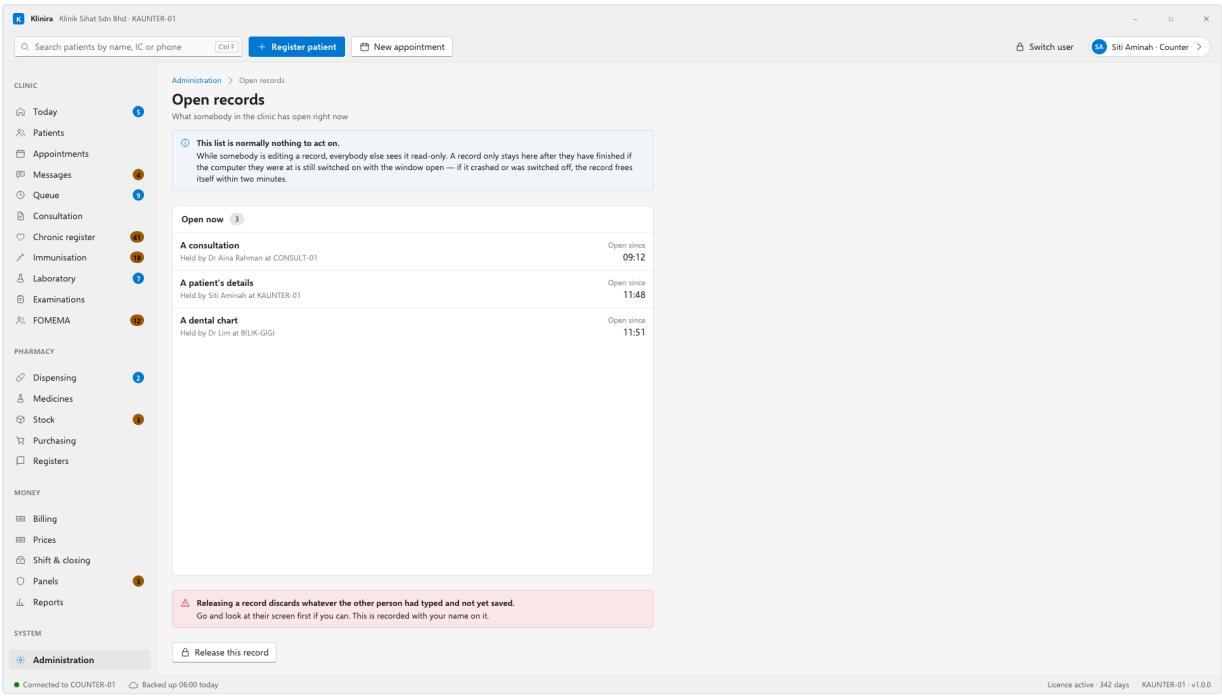


Administration, Updates. What version you are running, what is waiting, and why it has not installed yet.

Updates arrive on their own. A new version goes to a few clinics first and to everybody a few days later, so a fault is found on five clinics rather than on fifty — where your clinic sits in that order is fixed and does not change between releases. When one is waiting, a line appears at the bottom of the window saying so, for everybody, not only the owner.

> A new version is never installed while a consultation is open or a bill is unfinished. It waits for the next time somebody starts the application, or for after you close. If it is being held back, the screen says which — a consultation in progress and a draft bill left open on Friday are two different things to go and deal with. There is no install button, on purpose: the waiting is the safety, not an inconvenience.

Records somebody has open



Administration, Open records. Who has what open, at which computer, and since when.

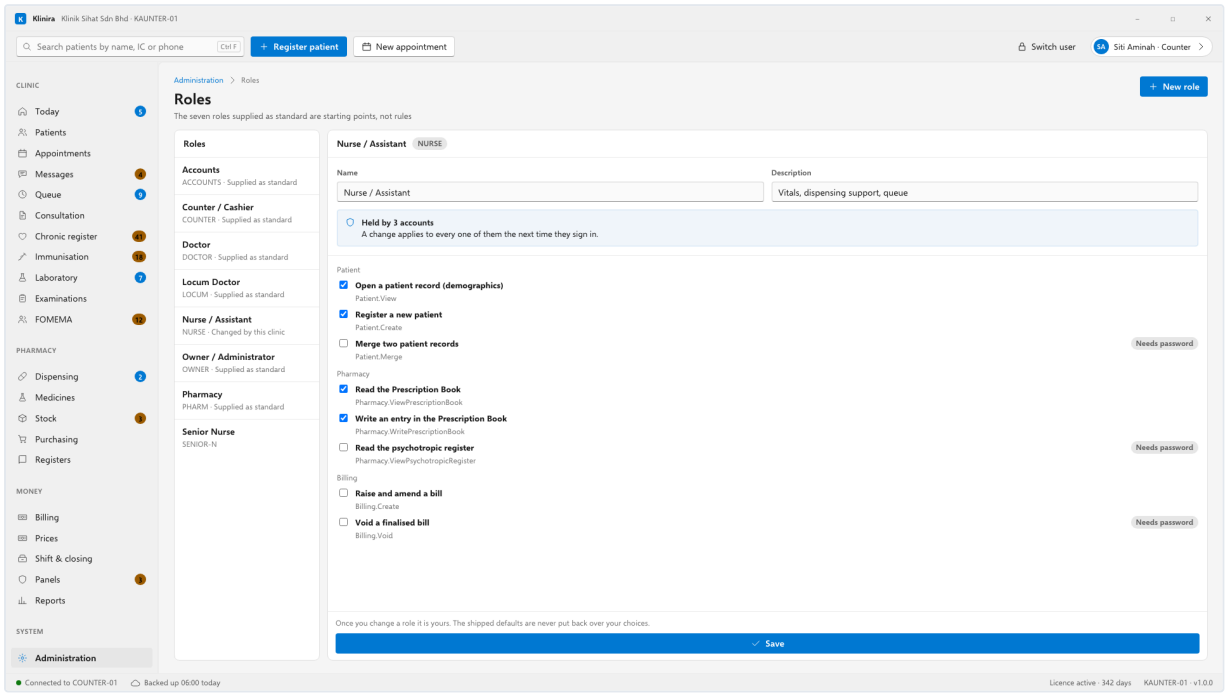
While somebody is editing a record, everybody else sees it read-only with a line saying who has it. That is normal and needs nothing done to it. A record only stays open after they have finished if the computer they were at is still switched on with the window up — if it crashed or was switched off, the record frees itself within two minutes.

> Releasing a record discards whatever the other person had typed and not yet saved. Go and look at their screen first if you can — the list says which computer they are at for exactly that reason. Releasing is recorded with your name on it. Only an administrator can do it.

CHAPTER 26

Roles and permissions

The seven roles Klinira supplies are starting points, not rules. Change what any of them may do, or make one that fits a job in your clinic.



Administration, Roles. Pick a role on the left; tick and untick on the right; save.

The seven supplied as standard

ROLE	MEANT FOR
Owner / Administrator	Everything, including staff and money settings
Doctor	Clinical records, prescribing, own reports
Nurse / Assistant	Vitals, dispensing support, queue
Counter / Cashier	Registration, appointments, billing, payments
Pharmacy	Dispensing, stock, the statutory registers
Accounts	Financial reports and panel reconciliation, no clinical access
Locum Doctor	As Doctor, minus anything that changes settings or money

Changing what a role may do

1. Open Administration, Roles.

2. Pick the role on the left.
3. Tick and untick on the right. Every permission is shown by what it does, with its code beneath.
4. Save. It applies to everybody holding that role the next time they sign in.

> If your senior nurse should run the Prescription Book, tick that permission on the Nurse role and she can. You do not need to ask us, and you do not need to give her a pharmacist's login — which is how a clinic ends up with an audit trail naming the wrong person.

Making a new role

1. Press New role.
2. Give it a short code in capitals. That code appears in the log afterwards and cannot be changed later, so choose something like SENIOR-N rather than a name that might be re-used.
3. Name it, and tick what it may do.
4. Create.

Three refusals

- You cannot leave the clinic with nobody able to manage staff or roles. That would lock you out of your own system with no way back.
- You cannot delete a role somebody still holds. Move those people first.
- You cannot delete one of the seven supplied as standard, though you may change everything about what it does.

> Once you change a role it is yours. The supplied defaults are never put back over your choices — not on an update and not on a restart.

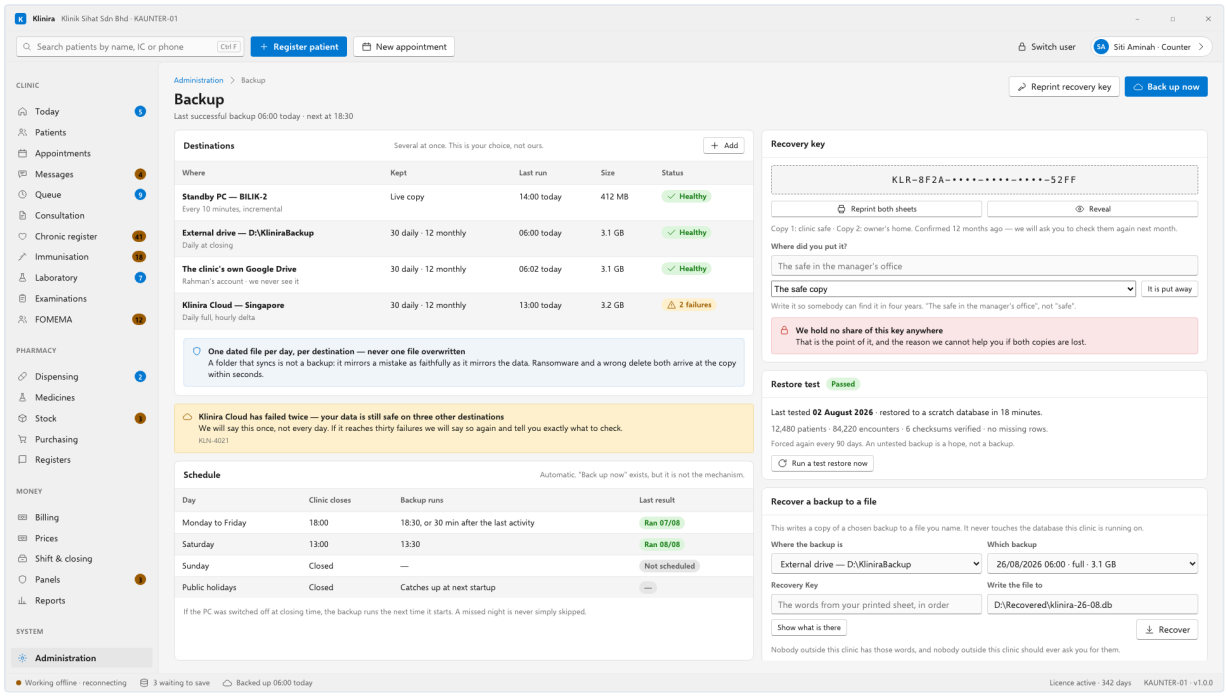
Permissions marked "needs password"

Some permissions carry a label beside them saying they need a password. A Quick PIN can never exercise those, whoever holds them and however you set the role. Voiding a bill, adjusting stock, exporting data, merging patients and changing permissions are all marked this way.

CHAPTER 27

Backup, restore and getting your data out

Backups run by themselves. The part that needs a person is proving one works, and it is the only item on the getting-started list that really matters.



Administration, Backup. Where copies go, when the last one ran, and the button that proves one can actually be restored.

Where backups go

- An external drive, or a folder in your own cloud storage. Never the same physical disk as the database.
- Klinira Cloud, encrypted before it leaves the building, if your plan includes it.
- More than one destination is better than one, and Klinira will use all of them.

> What we receive is already unreadable. The key that opens it is yours alone, on the two Recovery Key sheets printed on installation day.

Proving a backup works

Press the button that restores a backup into a scratch copy and checks it opens and is complete. Do it on your first week, and let Klinira repeat it every ninety days.

> An untested backup is a belief, not a backup. This is the one item on the getting-started checklist Klinira will not let you tick without doing.

When a backup fails

- Almost always the drive is unplugged, full, or the folder has been renamed.
- Klinira tells you once per failure, not every morning. A clinic told daily that its drive is unplugged stops reading the message by Thursday, and the message after that is the one they needed.
- The bottom strip of every screen carries the days since the last successful backup anywhere.

Recording where each Recovery Key sheet went

The wizard asked on installation day. This is where you answer it again — after reprinting a sheet, after moving a safe, or after an owner takes the second copy home to a different house. Choose which sheet, write where it is, and press It is put away.

> Write it so somebody can find it in four years. "The safe in the manager's office", not "safe". No query can see whether a piece of paper is where you say it is — all Klinira can record is that a person said so, and when.

Recovering a backup to a file

This is the one to reach for when somebody needs yesterday's records back — a patient's record that was deleted in error, a figure somebody wants to check against last month. It writes a copy of a chosen backup to a file you name, and it never touches the database the clinic is running on.

1. Choose where the backup is, then Show what is there — Klinira lists every restore point that destination holds, with its date and size.
2. Pick which backup, and type the Recovery Key words from your printed sheet, in order.
3. Say where to write the file, and press Recover. Klinira counts every record that came back.

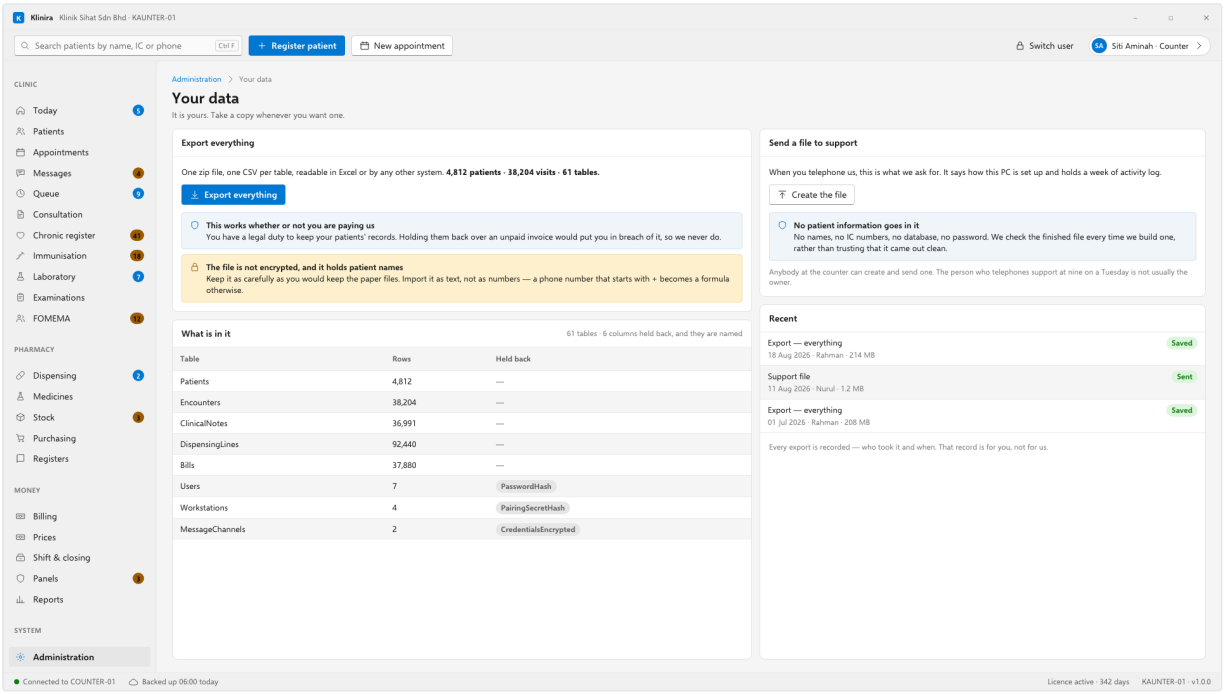
> If it says the restore finished but not everything the backup promised came back, do not use that file. Try an earlier restore point and telephone support.

> Nobody outside this clinic has those words, and nobody outside this clinic should ever ask you for them. We cannot and will not.

Replacing the database itself

Putting a backup back in place of the database a clinic is running on is a different job, and it is not done from a workstation while the clinic is open. It is done on the main PC with the Klinira service stopped, usually on a fresh installation. Telephone support and keep your Recovery Key to hand.

Getting your data out



Administration, Your data. A full export of everything the clinic holds, and the diagnostic file support asks for.

Export works in every licence state — trial, active, expired, read-only, locked. Your clinic has a statutory duty to maintain patient records, and holding your data would put you in breach of the law. We lock features; we never lock data.

- The export is a zip of CSV files, one per table, with a README explaining what each is.
- Values are exactly what the database holds. Import it as text — a Malaysian mobile number written +60123456789 is something Excel will otherwise treat as a formula.
- Passwords, keys and credentials are not in it.

The diagnostic file

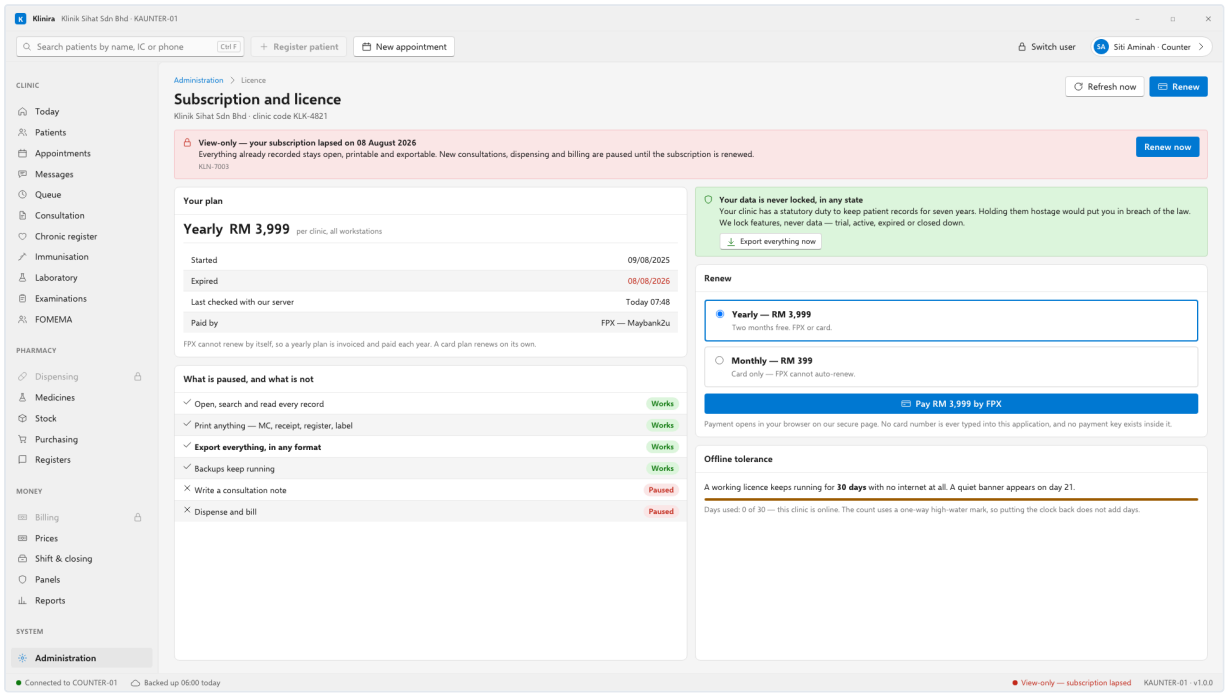
When you telephone support, they may ask for a diagnostic file. Anybody in the clinic can make one — the person who telephones support at nine on a Tuesday is the counter clerk, and a file only the owner can produce is a file that arrives on Thursday.

It carries no patient name, no medical record, no database, no licence and no Recovery Key. That is why anybody may send it.

CHAPTER 28

The licence

What you are entitled to, how long it runs, and what happens if it lapses. Nothing here ever takes your records away from you.



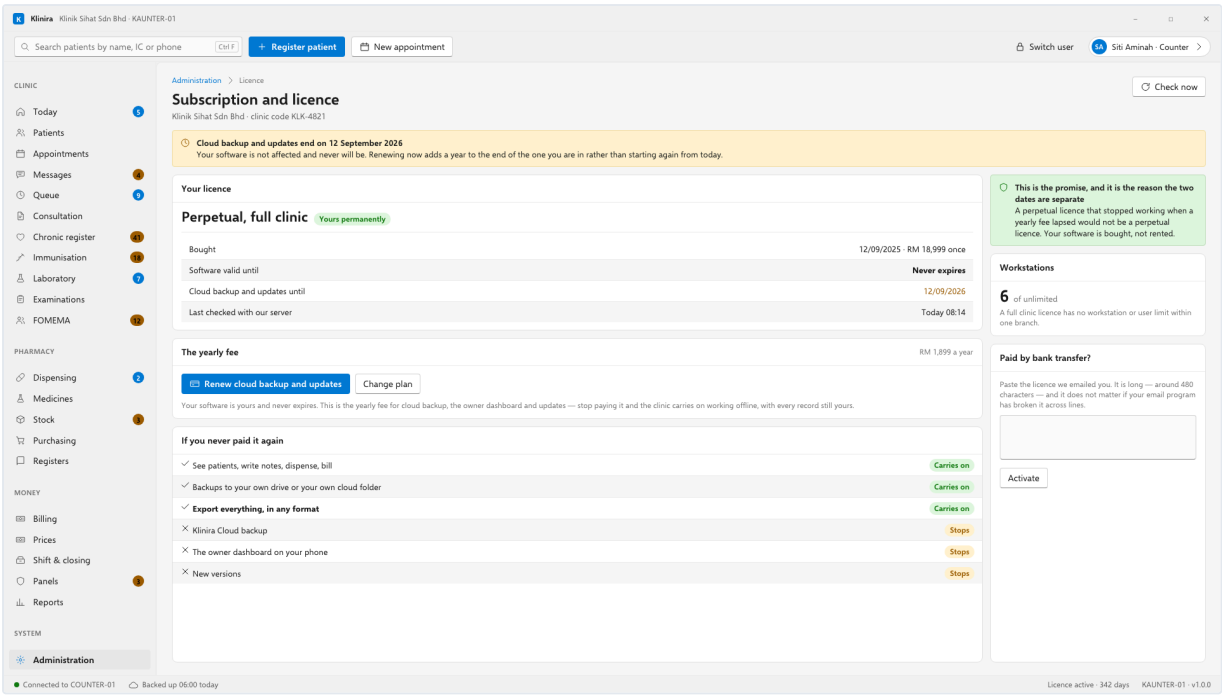
Administration, Licence. The plan, the dates, the workstation count, and the buttons to renew or activate.

Activating

1. Open Administration, Licence.
2. Choose Buy or renew. It opens a Stripe payment page in your browser.
3. Pay by card, or by FPX from your bank.
4. The licence updates by itself the next time the clinic checks. No key to type.

- Card payments recur. FPX cannot take a recurring payment, so an annual plan paid by FPX is one transaction and we invoice you before it expires.
- A perpetual licence can also be paid by bank transfer against an invoice. Most clinics prefer that for an amount that size.
- We never hold your card number. The payment page is Stripe's.

If you bought a perpetual licence



The licence screen on a perpetual licence. Two dates, and only one of them ever runs out: the software never expires, and the yearly service fee is renewed.

You own the software outright and it never expires. What renews each year is the service fee — RM1,299 for solo, RM1,899 for a full clinic. The button charges that, not the licence price again. In this version the fee buys updates and support: the button is labelled Renew cloud backup and updates, and cloud backup is not in this release, so that wording is due to change on the screen rather than in what you get.

- Stop paying it and the clinic carries on working, offline, with every record still yours. What stops is new versions and support — and, once they ship, cloud backup and the owner dashboard. Backup to your own drives never stops.
- Renewing early does not waste the months you have left — the new year is added to the end of the one you are in.
- Change plan sits beside it, for a solo clinic that has grown and wants the full clinic licence.

> On a monthly or yearly plan there is no separate fee. Updates are already inside what you pay, and Klinira says so rather than selling you the same thing twice.

Activating without internet

If the clinic has no connection, we can send an activation string that you paste into the licence screen. It is the same signed licence, compacted, and it is bound to your clinic so it is worthless anywhere else. It is long, and it is meant to be pasted rather than typed.

Offline, and what happens if it lapses

SITUATION	WHAT HAPPENS
Subscription, offline under 30 days	Everything works normally
Subscription, offline over 30 days	Read-only until it can check again
Subscription lapsed	Seven days of grace, then read-only
Perpetual licence, offline for a year	Everything works. A perpetual licence never expires.
Perpetual, service period lapsed	The clinic keeps working. Klinira Cloud backup stops.

What read-only means

- You can open every record, print anything, run every report and export all your data.
- You cannot write a new note, dispense, or raise a bill.
- Backing up to your own drive still works. That is you taking custody of your own records.

> The licence state is on the bottom strip of every screen, on every computer, so a counter clerk with no administrative rights can still see it.

CHAPTER 29

Working when the internet is down

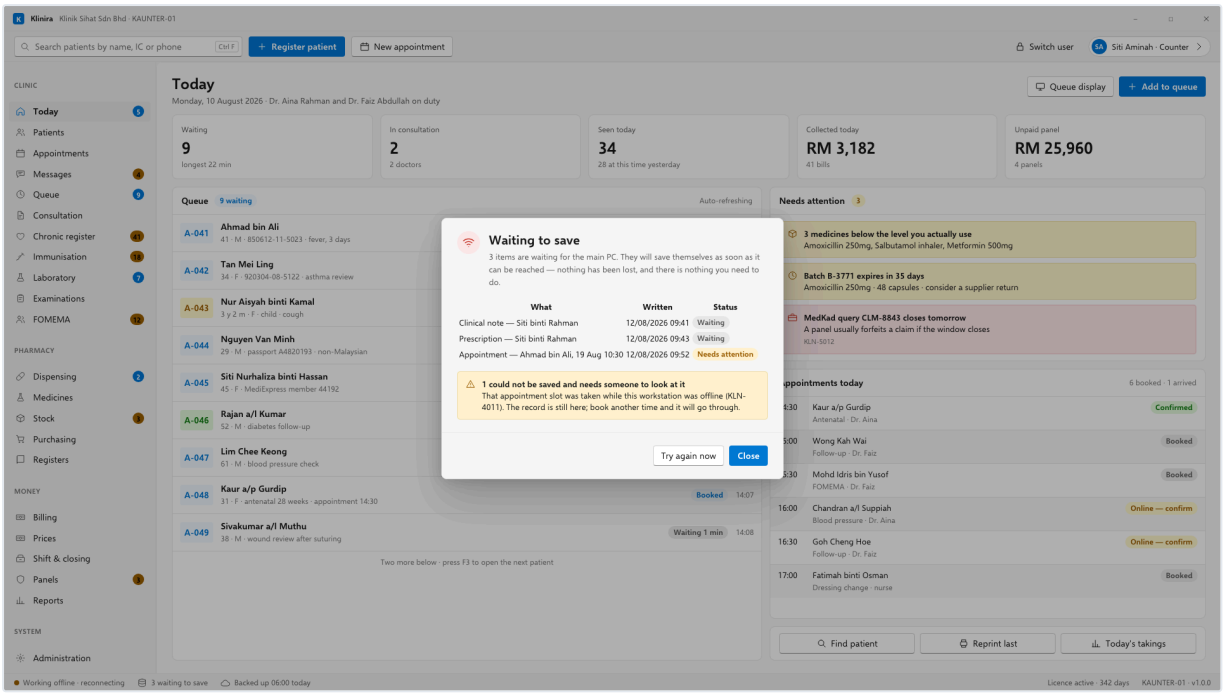
Almost everything carries on. The exceptions are two, they are deliberate, and Klinira says which one you have hit rather than showing a general failure.

Two different outages

WHAT IS DOWN	WHAT STOPS
The internet	Nothing inside the clinic. Cloud backup and the patient's booking page pause.
The clinic network, or the main PC	The other computers lose the records. Notes still save locally.

What keeps working

- Writing a consultation note. It saves on your computer and goes to the main PC when the connection returns.
- Registering a patient, and changing their details.
- Booking, moving and cancelling appointments.
- Reading any record you have opened recently on this computer, marked with when it was last true.
- The waiting room screen, because it reads from the clinic's own server.



Waiting to save. Everything written while the main PC was unreachable, with what it is and when it was written.

The strip at the bottom shows how many writes are waiting. Click it to see what they are. They send themselves when the connection returns; you do not have to do anything.

The two that will not work, and why

- Dispensing. A dispense takes a specific batch and dates a statutory serial to the day of supply. Replayed an hour later it takes stock somebody else has taken and dates the entry wrongly.
- Billing. An invoice number has to be allocated in sequence by one machine, and a bill raised twice is a bill the patient sees once.

> These are not failures Klinira is hiding from you. It says which one you have hit, in the words the situation deserves — a dentist told about dispensing is being told about a screen they are not on.

A record read from the cache says so

When you open a patient and the main PC cannot be reached, Klinira shows the last version this computer saw, with a line saying when that was. A cached patient shown as though it were live is worse than no cache at all, because a doctor cannot tell that the allergy list in front of them was written down yesterday.

CHAPTER 30

When something goes wrong

The things that actually happen in a clinic, and what to do about each one. Nothing here needs a technical person, and none of it needs us to be awake.

> Every message Klinira shows carries a code like KLN-2001. Type it into Help and you get the page for exactly that situation. Read it to us on the telephone and we know where you are without a description.

Somebody has forgotten their password

- An administrator sets a new one from Administration, Staff. Nobody needs to telephone us.
- Too many wrong attempts locks the account for a few minutes. An administrator can clear that immediately rather than waiting.
- A PIN is for coming back to a screen you locked, not for signing in the first time. If the PIN is locked, sign in with the password.

> Make sure there is more than one administrator before you need one. Klinira refuses to let the last one be removed, but a single administrator on holiday is still a clinic that cannot reset a password.

A computer says it cannot reach the main PC

1. Check the main PC is switched on and not asleep. That is the cause most of the time.
2. Check both machines are on the same network — the same cable or the same wireless, not a phone hotspot.
3. Carry on working. Notes, vitals and registration keep saving on this machine and go across when the connection returns.
4. Dispensing and billing wait for the connection, and say so. That is deliberate — see the chapter on working offline.

A new computer is waiting and never gets in

A computer that asks to join sits waiting until somebody says yes, and that yes is given at the main PC in Administration, Computers. Compare the identifier on the list with the one

showing on the new machine's own screen before you approve it.

Nothing is printing

- Nothing is lost. A job the printer did not take is held on that computer and prints when the printer answers, even after a restart.
- Open Devices. It tells you what this computer has, whether each one answered, and which document goes where.
- "No printer is set up for this document on this PC" means exactly that: a receipt printer cannot print an A4 invoice, and the counter PC may have no label printer.
- Anything already printed can be printed again from the record it belongs to. A reprint is marked as a copy.

The cash drawer will not open

The drawer is opened by the receipt printer, not by the computer. Check the cable from the drawer into the back of the receipt printer. Every opening is recorded either way, including one done with a key — which is exactly what the daily closing exists to surface.

The wrong patient was chosen

- Klinira never picks a patient for you, even when only one match looks likely. A shared household telephone number matches a mother and a son.
- A clinical note is never edited and never deleted. A correction is a new entry that supersedes the old one, and both stay readable. That is the law, not a preference.
- A medicine given to the wrong patient is reversed from the dispensing record, with a reason. The register entry stays and the reversal sits beside it.
- A finalised bill is voided, not edited, and the void is recorded with who did it and why.

The main computer has died

1. Take the most recent backup file — the external drive, or your cloud folder.
2. Install Klinira on another computer in the clinic and restore that file into it, using the Recovery Key from either printed sheet.
3. Point the other computers at the new main PC. They find it on the network by themselves.

> This is why the backup and the two Recovery Key sheets are on the first-week list, and why one sheet lives outside the building. Everything you can do on the worst day was decided on a quiet one.

The internet is down

- The clinic carries on. The records are on your own computer, not on the internet.
- QR check-ins stop arriving, and anybody who scans is told to come to the counter. Nobody is left waiting for a number that is not coming.
- Backups to a drive in the clinic keep running. Only the copy that goes to us waits.
- The licence keeps working for thirty days offline. A perpetual licence keeps working indefinitely.

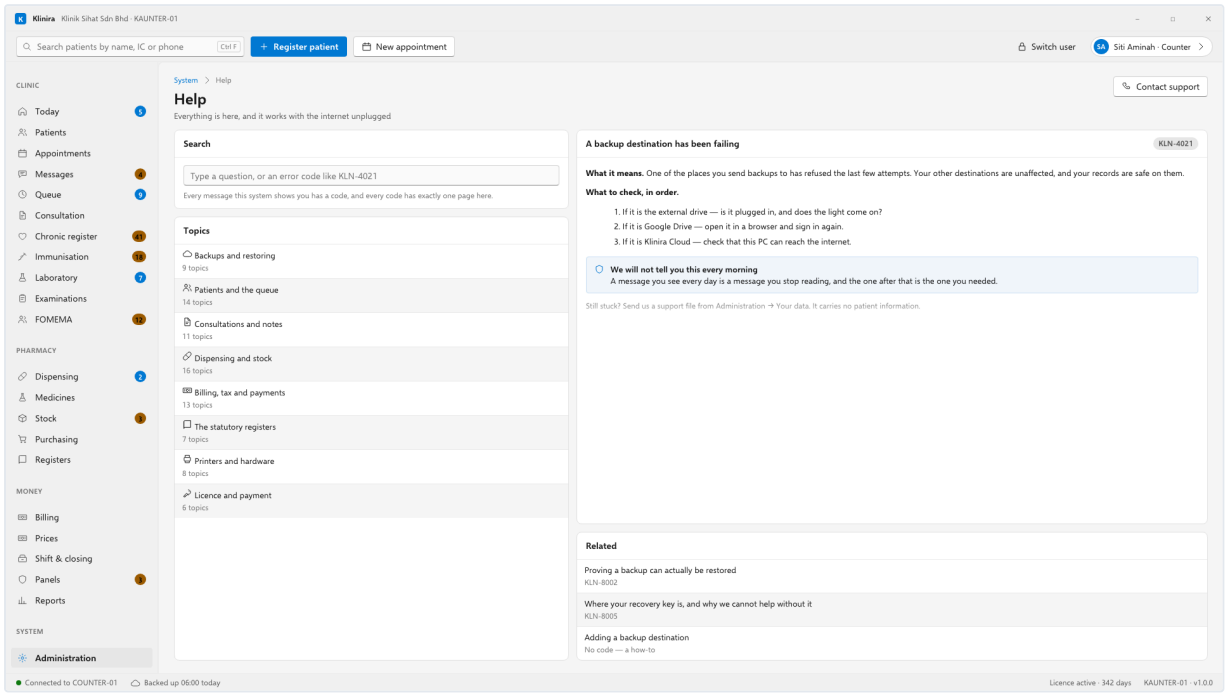
When to telephone us

1. Search Help for what you are seeing, or for the code in the message. Most things are answered there.
2. If it is a device, open Devices first and read what it says. That is the first thing we will ask.
3. Make a diagnostic file from Administration, Your data, and send it with your message. Anybody in the clinic may make one — it carries no patient information at all.

CHAPTER 31

Help inside the application

Every message Klinira shows carries a code, and every code has exactly one help topic explaining what happened and what to do about it.



Help. Search it, or arrive at a topic from the code in a message.

Codes

A message like KLN-2001 is not a technical detail you are meant to ignore. Type it into Help and you get the topic for exactly that situation. Read it to a support agent on the telephone and they know where you are without a description.

Getting help from us

1. Open Help and search what you are seeing. Most things are answered there.
2. If it is a device, open Devices and read what it says. That is the first thing support will ask.
3. If you still need us, make a diagnostic file from Your data and send it with your message.

> The diagnostic file carries no patient information. Every line in it is passed through a scrubber first, and it holds no database, no licence and no Recovery Key.

Keyboard shortcuts

All nine of them are listed at the foot of every Help topic as well, so you never have to remember where you read them. Four mean the same thing everywhere; the other five belong to whatever screen you are on, and on a screen with no answer they do nothing at all rather than complaining.

KEYS	DOES
Ctrl + F	Search for a patient, from anywhere
Ctrl + N	Register a new patient
F2	Put the patient in front of you into the queue
F3	Open the next patient in the queue
Ctrl + S	Save what this screen saves — the note on a consultation, the adjustment on Stock
Ctrl + P	Print the document this screen has open
F9	Finish the consultation and move the patient on
Ctrl + L	Lock the screen, keeping you signed in
Esc	Close the window you opened

Esc closes a window. It never cancels an appointment, withdraws a certificate or closes the till — those take a button and a reason, on purpose.