

USER NAME

PASSWORD

LOGIN

Don't have an account?NEW USER





FIRST NAME	
LAST NAME	
USER TYPE	
USER NAME	
PASSWORD	
EMAIL ID	
DOB	
GENDER	

REGISTER



DOCTOR APPOINTMENT

MEDICATION DETAILS

SCHEDULE REMAINDER





SCHEDULE APPOINTMENT

SELECT HOSPITAL

SELECT DEPARTMENT

SELECT DOCTOR

NEXT





SCHEDULE DAY

AVAILABLE SLOTS:

9:00	9:15	9:30	9:40
10:00	10:15	10:30	10:40
11:00	11:15	11:30	11:40
12:00	12:15	12:30	12:40

SUBMIT





SCHEDULE REMAINDER

MEDICATION NAME

FREQUENCY

SCHEDULE TIME

SELECT UNIT

ENTER DOSE

SUBMIT