

# **AN ONLINE APPOINTMENT SYSTEM FOR DENTHUB DENTAL CLINIC**

## **INTERVIEW TRANSCRIPT**

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## INTERVIEW INFORMATION

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Questions	Answers	Transcript
1. How did Denthub Dental Clinic start, and what inspired you to open it?	Initially, kaya naman nakita niyo sa lisensya ko, una akong naging nurse, nag teacher. E syempre, ayaw ko mag abroad, malayo, matagal. Nag hanap ako ng kurso na mas malaki ang kitaan, so dental medicine, kasi may mga kamag-anak din akong dentista. Ayon, inutuo lang nila akong mag dentista ako, ayon nag dentista ako, nag work, tas eventually, same lang din naman yung pagod ko. So why not mag put up ng sariling clinic? So originally, yung first clinic, yung sa Tondo Velasquez, then eventually, medyo nakakaluwag-luwag na ng konti, nag branch out na ng isa. So yon, so far, ito yung ano, bread and butter ng	Initially, as you saw on my license, I first became a nurse, then a teacher. And of course, I didn't want to work abroad—it's far and you're away for a long time. I looked for a course with better income, so I chose dental medicine, especially since I also have relatives who are dentists. They basically convinced me to take dentistry, so I did. I worked, and eventually, I realized the workload was the same anyway. So why not put up my own clinic?  Originally, the first clinic was in Tondo, Velasquez. Then eventually, when things got a bit better financially, I opened another branch. So far, this is

	<p>family, especially wala naman akong family, single. Parents sila nakikinabang, so yon lang naman.</p>	<p>the bread and butter of the family—especially since I don't have my own family yet, I'm single. My parents are the ones benefiting, so that's pretty much it.</p>
2. How has the clinic grown or changed since it first opened?	<p>Siguro, syempre at first nung nag put up ako ng sariling clinic, one on one lang, one assistant, isang doctor, one dental chair lang per clinic. Then eventually nag double chair, branch out. Tapos syempre, from one person na staff, naging sampa. So yon, so far may apat na doctor, limang assistant, and hopefully madagdagan.</p>	<p>Maybe... of course, at first when I put up my own clinic, it was just one-on-one—one assistant, one doctor, and one dental chair per clinic. Then eventually, we added a second chair and opened another branch. And from having just one staff member, it became ten. So now, we have four doctors, five assistants, and hopefully, we'll add more.</p>
3. How does a patient proceed through the steps from booking an appointment to completing their treatment?	<p>Sa patients kasi, usually, uhm, nakuha ko yung mga patient originally not by means of social media. Una sa lahat, hindi ako magaling sa computer, bobo ako sa computer. So basically, more of ano lang to siya e, uhm, word of mouth. So patients, referral, kaya lumaki yung clinic. So doing good job, of course, sa patient, basta mabuilt mo yung trust ng patient, si patient ang</p>	<p>When it comes to patients, usually, uhm, I got my patients originally not through social media. First of all, I'm not good with computers—I'm bad at computers. So basically, this is more of, uhm, word of mouth. So patients come through referrals, which is why the clinic grew. If you do a good job, of course, with the patient—once you build the patient's trust, the patient will talk to other people and</p>

	<p>chichismis sa ibang tao na magaling ka, whatsoever. So yung nangyari, yung referral lumaki na siya, so kaya yung patients, especially sa Tondo, yun yung as in everyday maraming tao, most of them are talagang referral lang. Lately lang ako nag online-online, yung mga tawag don, yung sa Facebook page. Hindi ako nag gaganun e. So ayun lang, ganun lang yun siya, word of mouth lang talaga.</p>	<p>say you're good, or whatever. So what happened was, the referrals grew, and that's why the patients, especially in Tondo, that's where there are a lot of people every day. Most of them are really just referrals. I only started doing online things recently, whatever you call that—like the Facebook page. I don't really do that. So that's it, that's really how it is—just word of mouth.</p>
4. How do you manage walk-in patients compared to scheduled patients?	<p>I don't actually, ano, yung mag-entertain ng mga scheduled-scheduled, pero still, patients na mga walk-in yung mauuna, so kung sino andyan, siya unang gagawin ko. So wala, wala talaga akong schedule talaga. So if you're going to ask for the schedule, so let's say for example ikaw, "Doc, we're going to remove, ano po, ahm, extraction nalang ng ngipin po at 2 PM." "Sige, bahala ka 2 PM, magsabi ka 2 PM, as long as open ang clinic gagawin natin yan." Pero once dumating ka, nang either 2 PM or before 2 PM, pag may nauna dyan, kung sino yun,</p>	<p>I don't actually, you know, entertain those scheduled-scheduled things, but still, walk-in patients are the ones who will be prioritized. So whoever is there first, that's who I will attend to first. So none, I really don't have an actual schedule. So if you're going to ask about scheduling, let's say for example you say, "Doc, we're going to do, uhm, just a tooth extraction at 2 PM." "Okay, fine, 2 PM, just tell me 2 PM. As long as the clinic is open, we'll do it." But once you arrive, either at 2 PM or before 2 PM, if someone came earlier, whoever that is, that's who I will do first. But</p>

	<p>yung gagawin ko. Pero guaranteed naman yan na within that day, magagawa ka at magagawa ka, kasi mahirap ng konti yung ano, yung scheduling, yung ano, scheduling appointments kasi madaming late, minsan may mga maraming cancellations, so naano, naaapektuhan din yung flow ng walk-in patients. So I don't mind scheduled or walk-in, basta pumunta ka, gagawin natin; kung sino nauna, nandyan, yun ang uunahin natin. Ganon lang.</p>	<p>it's guaranteed that within that day, you will still be accommodated, because scheduling is a bit difficult—scheduling appointments—since a lot of people are late, and sometimes there are many cancellations, so it affects the flow of walk-in patients. So I don't mind scheduled or walk-in, as long as you come, we'll do it; whoever arrived first, that's who we prioritize. That's all.</p>
5. Do you experience delays caused by miscommunication between dentists and staff?	<p>Oo naman, syempre e, tawag dito, di maiwasan yung mga ganung pagkakataon, especially kung na-over na yung workload nung staff, na-overlook yung ibang mga details. Tapos yung relay ng details dun sa, tawag dito sa doctors or even the other staff. Kaya yun lang naman yung problema don. So if ever, wala, walang magagawa e. Edi anuhan mo nalang, gawin mo nalang, gawin mo nalang kung ano yung pwedeng magawa dun sa naging ano, misunderstanding, yung</p>	<p>Of course, naturally, these things can't be avoided, especially if the staff's workload has already been overloaded and some details get overlooked. Then the relay of details to, you know, the doctors or even the other staff. That's really the only problem there. So if ever, there's nothing you can do. You just deal with it, just do whatever you can do regarding any misunderstandings, shortcomings, or delays. That's it.</p>

	shortcoming, yung delays. Yun lang.	
6. What feedback do patients commonly give regarding your clinic's services?	<p>Actually, gaya ng nabanggit ko sa inyo, good service na yung mga comments, whatsoever, hindi dapat manggagaling sakin. Sa ano yon, sa ibang tao yon, so sila dapat tinatanong mo, hindi ako. So yon, ganon lang naman yun siya. So if you do want, you can check naman the online, yung mga comments-comments something don, although hindi naman ako yung nag-highlight nun, nag-popost, hipag ko. So ayon, I can't speak for that unit e. So let the patients speak for the clinic. If are the services good, kung ano, kung gaano kagaling ang doctor, the service, the quality of service, ayun, sila dapat magsabi non, hindi ako dapat magsabi non. Lolokohin ko lang sarili ko, sabihin ko, "magaling ako!" Hindi, joke lang. Pero so far, ano naman, maganda naman yung feedback from them. So ayun, again, by means of word of mouth, sila naman din nagkukwento sa iba, kaya naman dumadami yung</p>	<p>Actually, as I mentioned to you, the comments about good service, whatsoever, shouldn't come from me. That's from other people, so they're the ones you should ask, not me. That's it, that's really how it is. So if you want, you can check online, the comments or something there, although I'm not the one who highlighted or posted them—my sister-in-law did. So, I can't speak for that unit. Let the patients speak for the clinic. If the services are good, if the doctor is skilled, the service, the quality of service—that's what they should say, not me. I'd just be fooling myself if I said, "I'm great!" No, just joking. But so far, well, the feedback from them is good. So there, again, by means of word of mouth, they also tell others, which is why the patients keep increasing. That's it. I guess it's okay because they keep coming. Not unless ghosts are involved.</p>

	<p>pasyente. So ganun lang. I guess, okay kasi dumadami sila. Not unless multo.</p>	
7. What are the main problems that Denthub is currently facing, and which of these require a solution through a system or application?	<p>Uhm siguro, maliban sa cracked na yung understaff kasi kulang kami ng assistant, ayon, maliban sa appointment, siguro yung ano, yung mga ibang pending cases, let's say for example. Diko alam kung magegets nyo ng konti yung prosthesis, yung mga laboratory works namin, na-overlook dahil nga wala namang listahan talaga na "oy itong—" let's say for example, uhm, ano ba, yung pustiso, "oh, yung pustiso nasukat to ng gantong araw, dapat napadala sa laboratory to in this day, na dapat na-pick-up ng laboratory, dapat bumalik to after 2 to 3 days, nasaan na? Na-follow up na ba? Dumating na ba?" So yung mga ganong bagay na hindi na-jo-down lahat ng information, kaya minsan yung doctor, "asan na yung pustiso na to, bat hindi pa dumarating? Anong petsa na, late na?" Ganyan ganyan, or "dumating na ba yung pustiso?" "Ay doc, dumating</p>	<p>Uhm, maybe, aside from the fact that we're understaffed because we lack assistants, aside from appointments, maybe other pending cases, for example. I don't know if you'll understand a bit about prostheses—our laboratory works sometimes get overlooked because there really isn't a proper list saying, "Hey, this—" let's say, for example, uhm, the denture: "Oh, this denture was measured on this day, it should have been sent to the laboratory on this day, picked up by the laboratory, and returned after 2 to 3 days. Where is it? Has it been followed up? Has it arrived?" So those kinds of things, when all the information isn't properly written down, sometimes the doctor will say, "Where is this denture? Why hasn't it arrived yet? What's the date, it's already late?" Something like that, or, "Has the denture arrived?" "Oh doc, it actually arrived yesterday."</p>

	<p>na po nung kahapon pa po.” Oh, bat di sinabi? Di ko rin hinanap, di nyo ma-aano.” So yung mga ganong ano, mga ganong bagay. It’s more of ano talaga, yun lang naman sa tawag dito, yung mga gawain dapat na matapos na ano sa clinic, pero sa patients, delayed sa patients na ano, wala naman so far kasi nga, nabanggit ko sa inyo kung ano yung nandyan, gagawin ko, mamadaliin ko, tatapusin ko, yun lang.</p>	<p>Oh, why wasn’t that told to me? I didn’t check, you know.” So those are the kinds of things, those kinds of issues. It’s more of, really, that’s what we call it here—the tasks that should be finished in the clinic, but for the patients, they get delayed. But so far, there’s nothing major, because, as I mentioned to you, whatever is there, I’ll take care of it, I’ll expedite it, I’ll finish it—that’s it.</p>
8. What primary challenges do you face in managing patient records and ensuring data security?	<p>Una, syempre, traditional, more of ano lang, sulat-sulat tapos filing-filing. E andaming pasyente, so sa dami ng pasyente, minsan nagkakaroon ng factor yung assistant or yung nag-file ng mga documents, especially yung ano din yung tawag don, pag sulat, mga surname, yung iba, nauuna yung name. So pag file mo non, naghahanapan ng apilyido, kunwari, apilyido nya is “Estrada kaba?” (to Jasmin) “Solidum” ay solidum ka nga pala. So solidum, kunwari, “Jasmin Solidum” nakalagay sa file, Jasmin Solidum</p>	<p>First, of course, it’s traditional, more of just writing things down and filing. And there are so many patients, so with that many patients, sometimes mistakes happen with the assistant or whoever is filing the documents, especially when it comes to, you know, writing surnames—sometimes the first name comes first. So when you file it, you look for the last name. For example, their last name is “Estrada?” (to Jasmin) “Solidum.” Oh, you mean Solidum. So Solidum, for example, “Jasmin Solidum” is written in</p>

	<p>supposedly, apilyido mauuna ngayon dahil si Jasmin Solidum nakasulat don sa chart, ay nasa may envelope. Pag pinasok mo yon sa filing, nasa Jasmin sya, wala sa Solidum, so nagkakalituhan, minsan nagkamali ng suksok kasi nga file ng mga envelope, mga folders, nasusucksok sa isang folders, nagkakawalaan. Pero again, hindi ako, nga, ako magaling sa computer system kaya mas ano ako sa ano, sa manual na data ng mga patient. Pero yon.</p>	<p>the file. Supposedly, the last name should come first, but because Jasmin Solidum is written on the chart and is in the envelope, when you put it in filing, it ends up under Jasmin, not Solidum. So it causes confusion. Sometimes the filing is done incorrectly because envelopes and folders are placed inside other folders and things get lost. But again, I'm not really good at computer systems, so I'm more comfortable with the manual data of the patients. But that's it.</p>
9. How do you track follow-up appointments, and what challenges arise when patients forget or miss their scheduled visit?	<p>Wala, sila. Assistant ang magre-rely ako lahat sa assistant. So magkakaroon lang ng problema nyan kapag hindi natandaan ng assistant yung supposedly na scheduled na pasyente. So for example, ngayong oras na to, dapat may appointment si Jasmin na surgery, tapos hindi mo ako na-inform, e nag-SM nga ako, san nya ako hahgilapin ngayon? Or nag-appointment sya, gusto nya si Dr. Cinco, e si Dr. Almendra yung ngayong duty, so either papasok si Doctor Cinco para</p>	<p>Nothing, it's them. I rely entirely on the assistants. So the only time a problem arises is when the assistant forgets about a supposedly scheduled patient. For example, at this time, Jasmin is supposed to have a surgery appointment, but you didn't inform me. I'm at SM—where is she going to find me now? Or she made an appointment wanting Dr. Cinco, but Dr. Almendra is on duty. So either Dr. Cinco has to come in to attend to Jasmin, or Jasmin gets frustrated because a different doctor is</p>

	<p>gawan si Jasmin, or mabwisisit si Jasmin kasi nga ibang doctor ang duty. Yun ang problema don. So syempre, kaya again ang sinasabi ko sa inyo, pagdating sa clinic, medyo madaming— yung workload kasi nagkakasabay-sabay, kaya yung mga ibang detalye nakakalimutan.</p>	<p>on duty. That's the problem there. So of course, that's why I'm telling you again—when it comes to the clinic, the workload is quite heavy and overlapping, so some details get forgotten.</p>
10. What digital technologies or tools are currently being used in your clinic?	<p>Uhm, ayon lang, text message, phone calls, telephone calls, Facebook, Messenger. Ayun, pag Messenger, limited sa Facebook Messenger sa patients, mag-aask for appointment, or not necessarily appointment na, “Open na po yung clinic? Pwede na po magpa-adjust?” Ayon lang. Magmemessage lang sila, rereplyan lang nila. Pero again, sometimes, pag understaff yung clinic, marereplyan lang yan siya after makakilos or magkakaroon ng ample time o makapagrest yung ano, mahawakan yung cellphone kasi nga naggagawa siya ng procedure. So again, understaffing is one of the problem din talaga. Tapos yun, may ginagawa, kaya</p>	<p>Uhm, it's just through text messages, phone calls, telephone calls, Facebook, or Messenger. For Messenger, it's limited to Facebook Messenger with patients, asking for appointments, or not necessarily an appointment, like, “Is the clinic open? Can I schedule now?” That's it. They just send messages, and they're replied to. But again, sometimes, when the clinic is understaffed, the reply only happens after the staff can move or have enough time or take a break to handle the cellphone, because they're busy doing procedures. So again, understaffing is really one of the problems. And then, since they're busy, some things don't get proper</p>

	<p>hindi matuunan ng pansi yung ano. Unlike sa mga, sa mga digital, sa mga social, yata meron siya'ng auto-reply na details. So ang problema, nire-replyan ng auto-reply yon, pano naman mapuput up sa record yun na, "Ay, for appointment, tapos si ano, ano yung kailangan nya?" So ayun lang naman, yung medyo problema din don na hindi siya mailalagay sa record na ito yung kailangan, na tingin ko to yung kailangan nya, kaso auto-reply, hindi mababasa ng assistant. So magkakagulo-gulo lang tayo.</p>	<p>attention. Unlike digital or social systems, which may have an auto-reply with details. The problem is, when the auto-reply responds, how will that be recorded? Like, "Oh, for an appointment, then so-and-so, here's what they need." So that's the problem there too, that it can't be properly recorded, which I think the patient needs. But because it's an auto-reply, the assistant can't read it. So it just causes confusion.</p>
11. What software do you use for scheduling, patient records, or billing—and what features or tools do you feel are still missing or needed?	Wala.	None.
12. What type of system or features do you believe would help improve the clinic's daily operations?	<p>Pagdating sa ano, sa clinic operations, probably scheduling is one; scheduling system, data information system, storage ng data kasi more of, gaya ng nabanggit ko sayo, pen and pencil—ah, pen and paper—manual filing. So ayun, filing system, syempre kung ano, parang sa ano e, sa library. Sa library may mga</p>	<p>When it comes to clinic operations, probably one of the issues is scheduling—the scheduling system, the data information system, storage of data, because more of it is, as I mentioned to you, pen and pencil—ah, pen and paper—manual filing. So, the filing system, of course, is kind of like, you know, in a library. In</p>

	<p>code din yan siya, so if you're looking for a specific ano, book, on this o dito sa ganitong rack may number, tas don mo hahanapin. Not unlike sa ano, sa dental kasi kung A to Z tas yung Solidum supposedly hahanapin mo, nasa S lang yan siya. Ang problema, nami-misplace yan sila minsan. So tawag dito, sa filing, sa storage.</p> <p>Or ma-co-confirm mo ba na halimbawa, si patient, ito yung case. Most of the time ganito: nagpunta si Jasmin for consultation e hindi naman lahat ng doctor nagpaparecord ng ano kung consult lang naman; minsan nanlilibre pa. So pagbalik, hindi siya tapos ilang buwan: “Ma’am, nakapag ano na po ba kayo? May record na po ba kayo?” “Parang meron na e, ’di ko lang sure ha, pero nakapagpacheck up na ko rito before.” O e syempre si assistant hahanapin nang hahanapin yung Jasmin Solidum e wala naman talaga siyang chart sa umpsisa pa lang. So nagsayang lang ng pagod, sayang yung</p>	<p>a library, there are codes too, so if you're looking for a specific book, on this or that rack there's a number, and that's where you'll search. Unlike in dentistry, if it's A to Z and you're looking for “Solidum,” supposedly you'd look under S. The problem is, they sometimes misplace it. So that's what we call filing, or storage.</p> <p>Or, can you confirm, for example, a patient's case? Most of the time, it goes like this: Jasmin comes for a consultation, but not all doctors record things if it's just a consultation; sometimes it's even free. So when she comes back months later, “Ma’am, have you done anything yet? Do you have a record?” “I think I do, I’m not really sure, but I had a check-up here before.” And of course, the assistant will search and search for Jasmin Solidum, but there really isn’t a chart from the beginning. So it’s just wasted effort, wasted energy, time, and effort</p>
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	<p>power, yung time, yung effort na naghahanap ng wala naman talaga.</p> <p>So ang tendency, “Sige ma’am, gawa na lang po tayo ng panibagong record, ganyan ganyan, kasi po hindi po makita yung record ninyo.” Good thing kung wala naman talagang record umpsa pa lang. Pero pano kung may existing record na? ’Yun yung problema—dodoble yung record e. ’Di ba may serial number yung pasyente? So yun lang yung problema sa ano, sa manual talaga.</p> <p>So to check, minsan, sometimes, ’di ba, kung naka-input naman na yung ano, naka-input naman na yung sa system ng ano, nung clinic, if ever na na-input na yan siya, malalaman at malalaman natin na “Ay, nagawan na ’to ng record.” Kung na-misplace man sa ibang mga filing na manual, at least alam natin na may record talaga.</p> <p>So ang struggle naman ngayon ng assistant, hahanapin niya</p>	<p>looking for something that doesn’t exist.</p> <p>So the tendency is, “Okay ma’am, let’s just create a new record, etc., because we can’t find your record.” It’s a good thing if there really wasn’t a record from the start. But what if there’s an existing record? That’s the problem—duplicate records. Doesn’t the patient have a serial number? So that’s the problem with manual filing.</p> <p>So to check, sometimes, if it’s already input into the system of the clinic, if it has been entered, we’ll know, “Oh, a record has already been created for this.” If it’s misplaced in other manual filings, at least we know a record actually exists.</p> <p>So the struggle now for the assistant is they have to search everywhere, wherever it might have gone. If it’s lost, that’s the assistant’s fault because they’re the ones who always file the papers. That’s it.</p>
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	<p>lahat kung saan banda, don kung saan naligaw. Kung naligaw, fault naman ng assistant 'yon kasi sila yung nagfi-file lagi ng mga papel. Yun lang.</p>	
13. What patient information is most important for you to access quickly during consultations, and how can technology help with this?	<p>Syempre yung pangalan, pangalan lang naman. Mahirap tandaan yung ano, mahirap tandaan yung serial number or yung control number ng mga patient. Syempre yung name lang naman, technically name lang talaga e. Kahit sang anggulo mo tignan or sang departamento mo gawin 'yon, importante yung pangalan ng pasyente lang. Kahit gaano pa kadami yung data, kung san ano, mahanap mo yung sa system, kung san naka-group yung ano na 'yon, patient na 'yon, mas mabilis mo siyang ma-pu-pull out.</p> <p>Kasi once na ma-pull out mo na, although may mga system kasi na alam ko na halos pag in-access mo na siya, datasheet, lahat lalabas diyan e. Kasi 'yan na ngayon e, meron nang ano e—alam ko meron nang may dental chart</p>	<p>Of course, the name is just the name. It's hard to remember, you know, the serial number or the control number of the patients. Of course, it's just the name—technically, it really is just the name. No matter from which angle you look at it or which department handles it, what's important is the patient's name. No matter how much data there is, or where it is, you can find it in the system, wherever it's grouped, that's the patient, and you can pull it out faster.</p> <p>Because once you pull it out, although there are systems that I know, almost everything shows up when you access the datasheet. That's how it is now—there's something now—I know some clinics already have digital dental charts. So there are clinics that are using a specific OS, I think, for the patient</p>

	<p>na digital. So there are clinics na they're using a specific OS yata for patient information sheet, so ano, wala na si ano, si papel. More of ano na, iPad, iPad iPad na, tas nandoon na lahat tas mas mabilis na access basta may ano. Na-ano ko lang, binibenta kasi 'yon e.</p>	<p>information sheet. So, no more paper. More of it is on iPads, iPads, iPads, and everything is there, making access faster as long as you have it. I just mentioned it because it's something that's being sold.</p>
14. What device will you primarily use to access the proposed system?	<p>Kung system yung pag-uusapan natin, definitely we do have laptops naman sa mga clinics e, and minsan dalawang laptop sa isang clinic kasi we have also an Excel machine that requires a computer. So may computer, may laptop, available naman, device, mobile phone ng clinic—most of them naman puro ano, iOS, so mas mabilis sa'min. Ako especially ay personally ako puro iOS lang kasi medyo simple lang. Mahirap pag Android, andami lumalabas na data.</p>	<p>If we're talking about systems, we definitely do have laptops in the clinics, and sometimes two laptops per clinic because we also have an Excel machine that requires a computer. So there's a computer, there's a laptop, they're available. The clinic's devices—most of them are iOS, so it's faster for us. Personally, I only use iOS because it's simpler. It's harder with Android because a lot of data pops up.</p>
15. What is the expected number of users for the system?	<p>Uhm most of the time it's just the ano e, the doctor, the ano syempre yung owner, tapos yung receptionist. And most of the time sa isang clinic isa, dalawa ang receptionist lang naman e. 2? 3? 4? 5? 6</p>	<p>Uhm, most of the time it's just the, you know, the doctor, the, of course, the owner, and the receptionist. And most of the time, in one clinic, there's only one or two receptionists. Two? Three? Four? Five? Six,</p>

	actually kasi yung hipag ko sya yung taga gawa kong anek anek.	actually, because my sister-in- law is the one who helps me with various tasks.
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