



DENTAL CLINIC SYSTEM

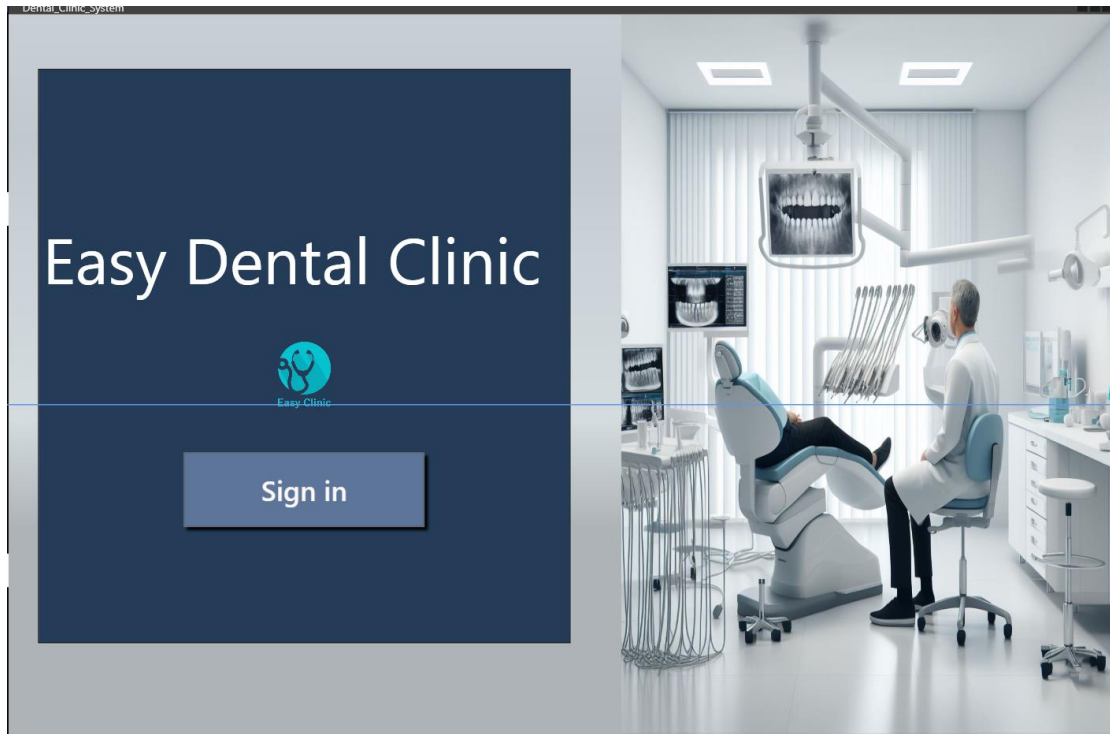
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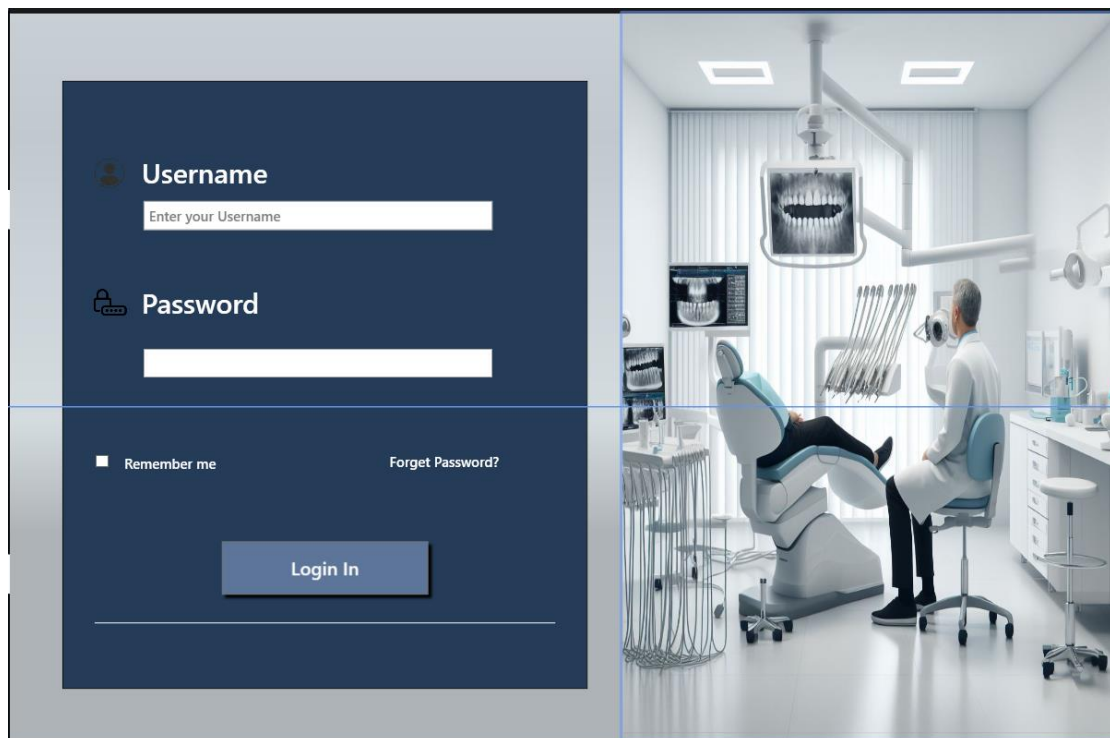
[DATE]

Jana Amer -211001627 Kareem Aldabaa 211001733- NADA ABDELAAL 202003119 -
AKRAM AHMED EKRAM 211001736 - MARIAM OSAMA MOHAMED 211000189- AHMED
ELTAYEB 211001898

- The First Page in the system



- Login Page



- Admin Page to Add Doctor

Hi, Manager

ADD

DELETE

EDIT

SEARCH

First Name:

Last Name:

Email:

SessionPrice:

Birthday:

Gender:

National ID:

Password:

PhoneNumber:

SSN:

SIGN UP

- Admin Page to Add Reception:

Hi, Manager

ADD

DELETE

EDIT

SEARCH

First Name:

Last Name:

Email:

Salary:

Birthday:

Gender:

National ID:

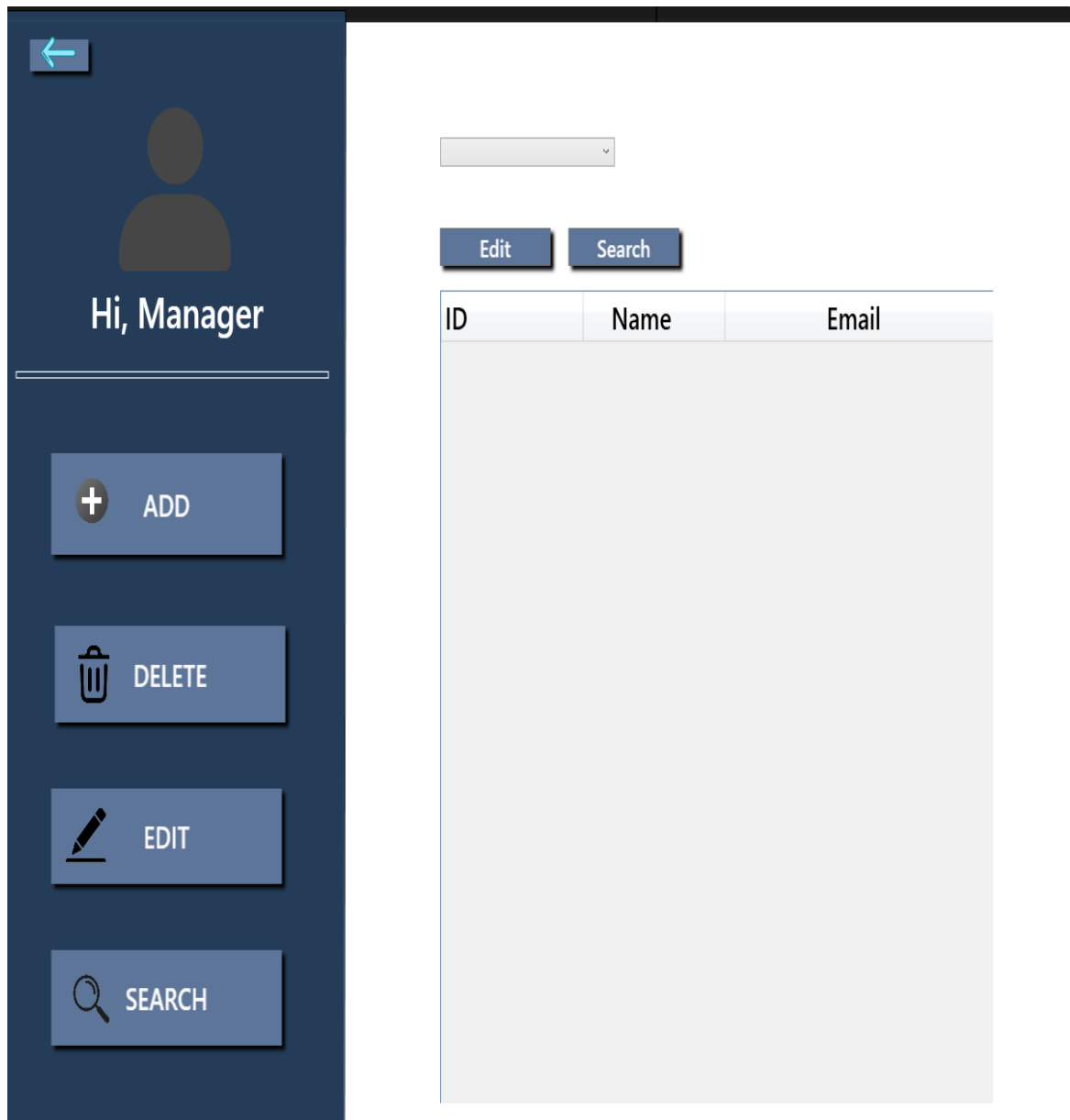
Password:

PhoneNumber:

SSN:

SIGN UP

- Admin Page that edit reception or Doctor Information



After Select it and click on edit it will give me this page if I choose Doctor Information:

Hi, Manager

ADD

DELETE

EDIT

SEARCH

First Name:

Last Name:

Email:

SessionPrice:

Birthday:

Gender:

National ID:

Password:

PhoneNumber:

SSN:

Save

After Select it and click on edit it will give me this page if I choose Reception Information:

Hi, Manager

ADD

DELETE

EDIT

SEARCH

First Name:

Last Name:

Email:

Salary:

Birthday:

Gender:

National ID:

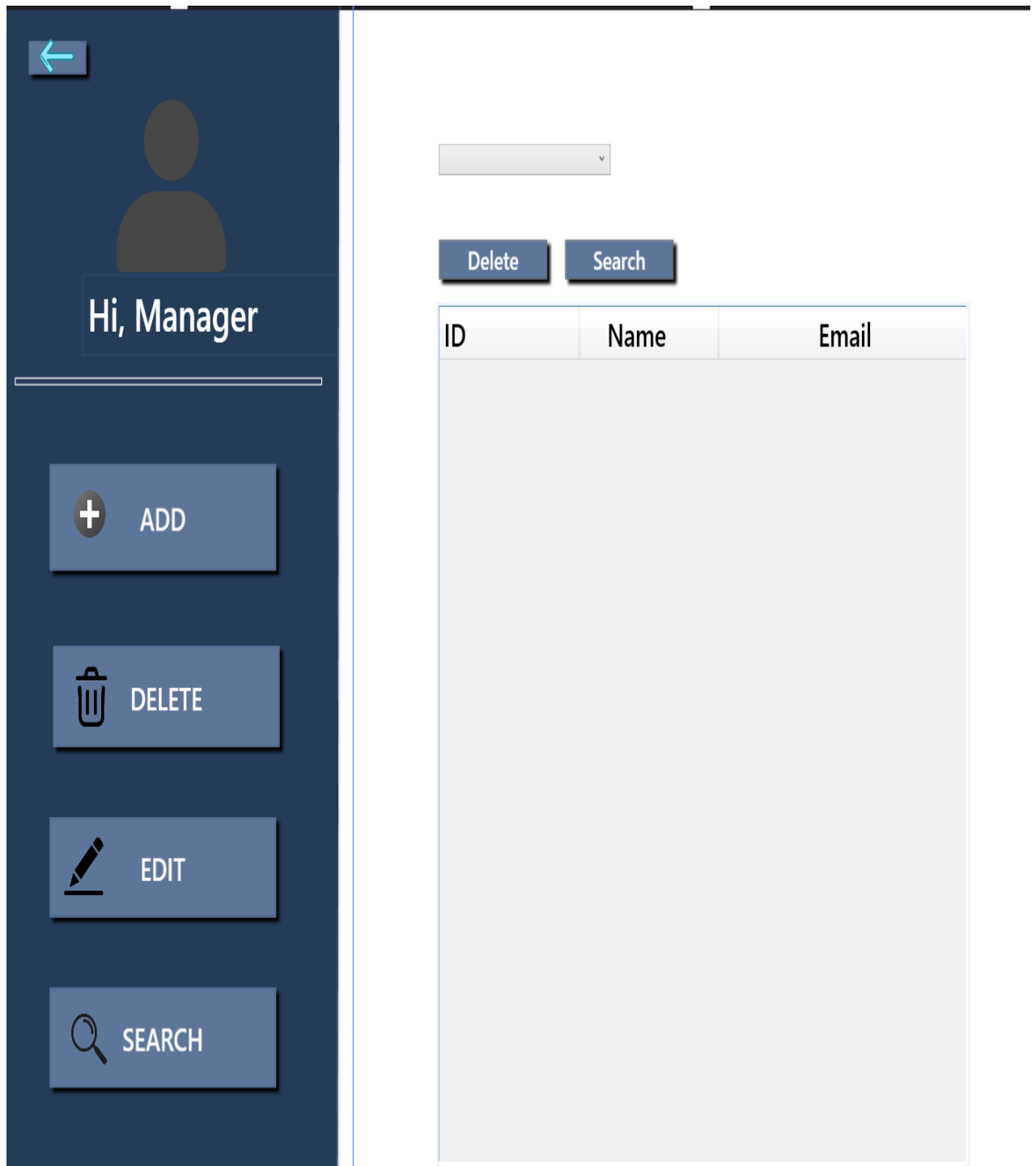
Password:

PhoneNumber:

SSN:

Save

- Admin Page delete reception or Doctor Information



- **Admin View Search Page for Reception:**

Hi, Manager

ADD

DELETE

EDIT

SEARCH

search

First Name:

Last Name:

Email:

Gender:

Salary:


PhoneNumber:


SSN:

Birthday:


Password:

- Admin View Search Page for Doctor:







Hi, Manager




ADD



DELETE



EDIT



SEARCH

search

First Name:

Last Name:

Email:

Gender:

SessionPrice:

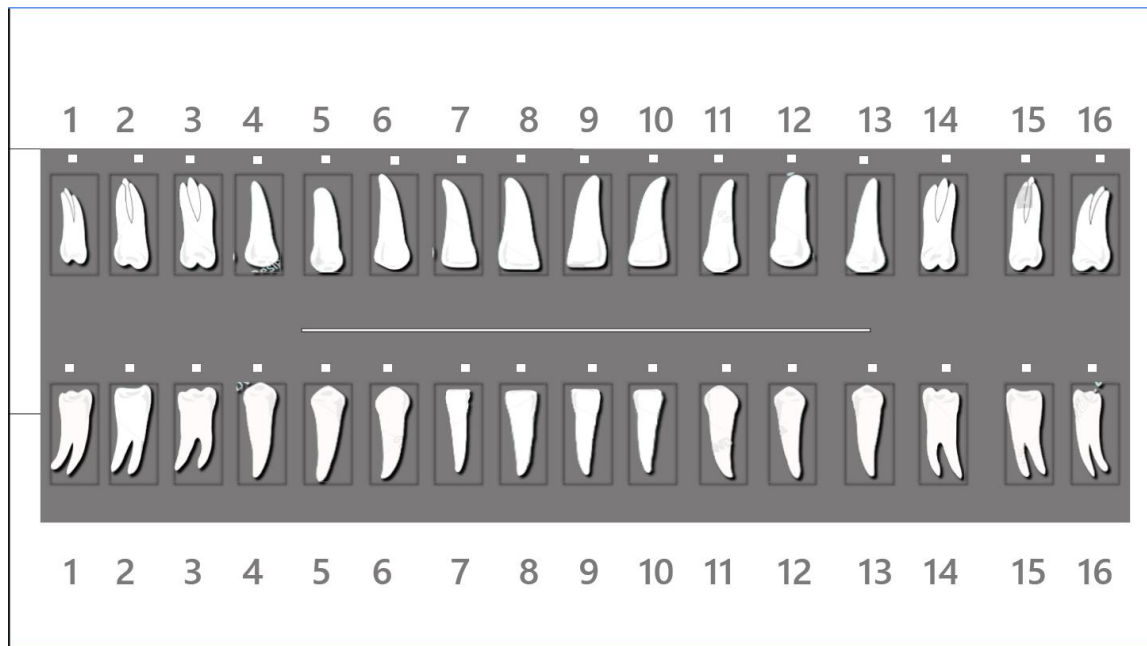
PhoneNumber:

SSN:

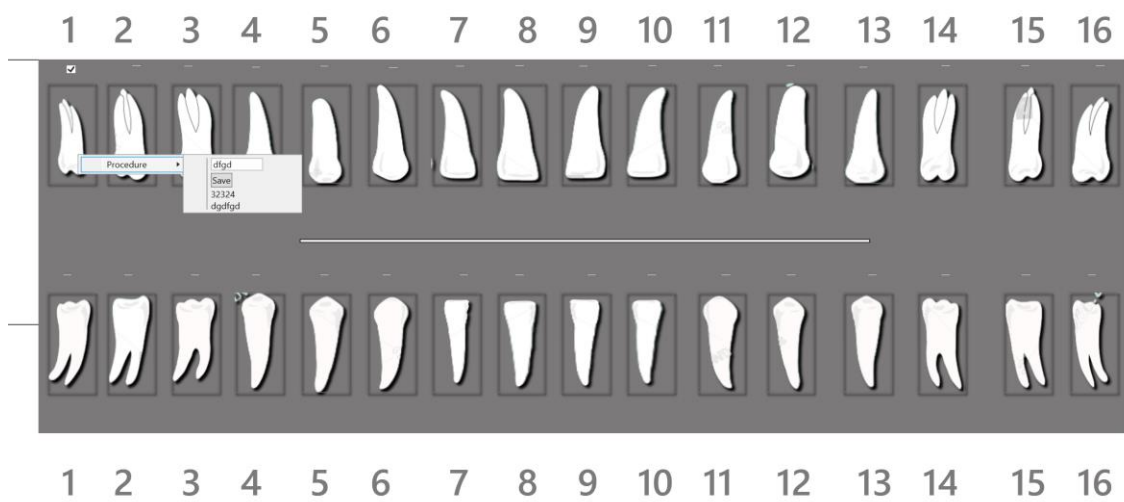
Birthday:

Password:

- Dental Chart



When Run it:



- **Medical History Form Filled By reception to the Patient:**

MEDICAL HISTORY FORM

Recommended by: ☐ Facebook ☐ Friend ☐ Website ☐ Insurance Company ☐ Sign
☐ Other socail Media ☐ Doctor

Name:

Gender:

Addresse:

Date Of Birth:

Email:

Job:

Phone:

Tel/Home

Preffered way of contact: ☐ Phone ☐ SmS

☐ What's App

How Long Since Last Received Dental Treatment:

Next 

ARE YOU: Attending or receiving treatment from doctor, hospital, clinic, or specialist:	<input type="radio"/> YES <input type="radio"/> NO
Taking any medicines from your doctor? (Tableta, creams, injections, other):	<input type="radio"/> YES <input type="radio"/> NO
Allergic to any medicines, food, or materials?	<input type="radio"/> YES <input type="radio"/> NO
Have you: had Rheumatic fever or Chorea (St.Vitus Dance):	<input type="radio"/> YES <input type="radio"/> NO
Had jaundice, liver, kidney disease or hepatitis ?	<input type="radio"/> YES <input type="radio"/> NO
Ever been told you have heart problems< angina, blood pressure, heart attack?	<input type="radio"/> YES <input type="radio"/> NO
Had a bad reaction to a general or local anaesthetic? been hospitalised?	<input type="radio"/> YES <input type="radio"/> NO
Has a pacemaker, or have you had any form of heart surgery?	<input type="radio"/> YES <input type="radio"/> NO
Suffer from bronchitis , asthma or any other chest condition ?	<input type="radio"/> YES <input type="radio"/> NO
have fainting attack, giddiness, blackouts, or epilepsy ?	<input type="radio"/> YES <input type="radio"/> NO
Do you or any member of your family suffer from diabetes:	<input type="radio"/> YES <input type="radio"/> NO
Bruise easily or following a tooth extraction. surgery, or injury?	<input type="radio"/> YES <input type="radio"/> NO
Do you smoke any tobacco products now (did you in the past?)	<input type="radio"/> YES <input type="radio"/> NO
	<input type="button" value="Submit"/>

All of these questions based on the sheet that the clinic give us.

- Patient Feedback

Patient Feedback Form

Please take a few moments to complete this form

Gender

Please Select

Birth Date

Month

Day

Year

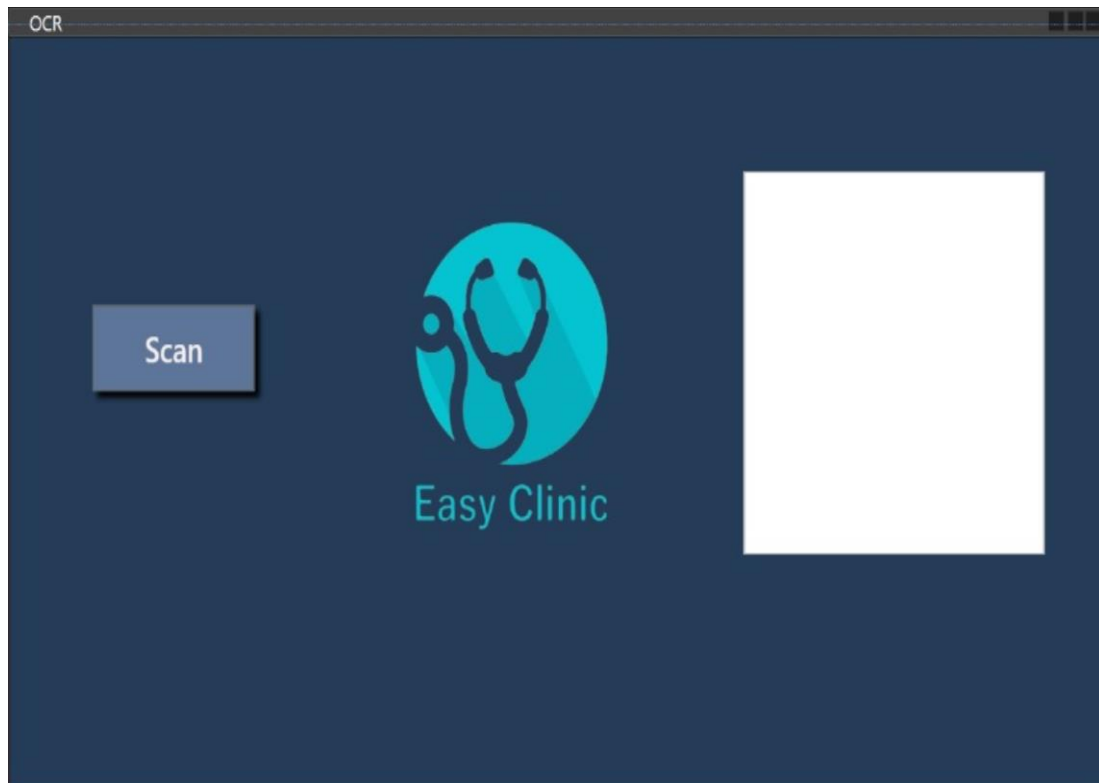
Overall Satisfaction

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Satisfied
Doctor Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor Kindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

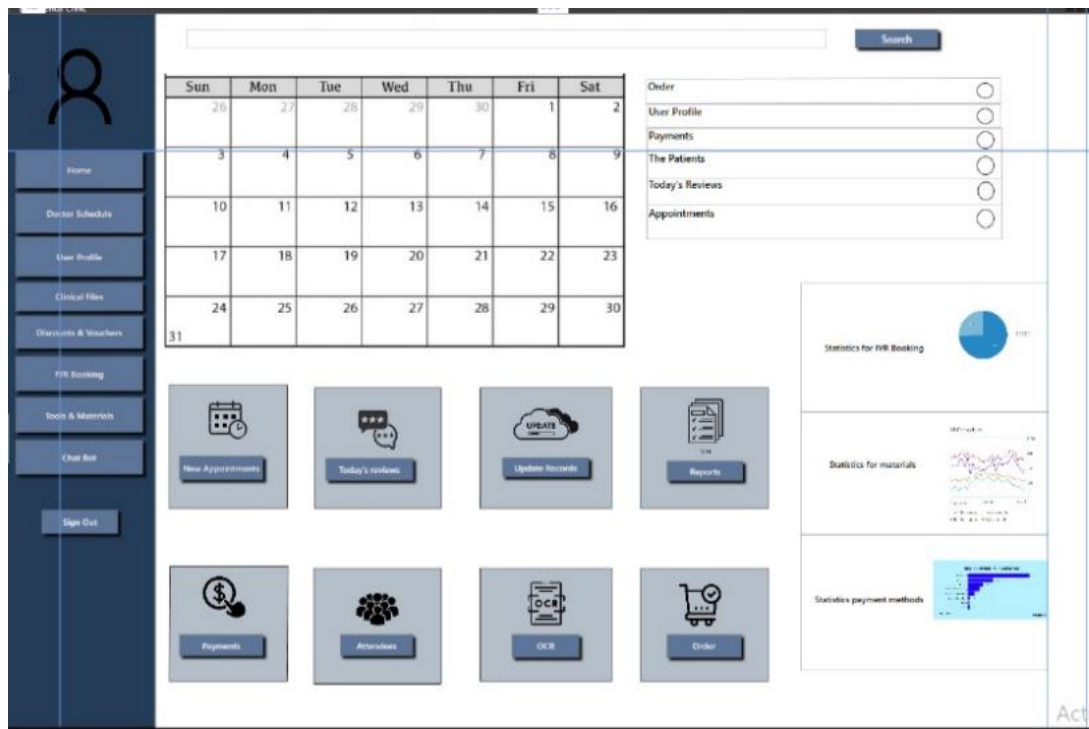
How can we improve our services ?

Submit

- OCR



- **Reception View DashBoard:**



- **Booking Appointment (New Appointment)**

Book Appointment

Reason for Visit

Name

EHR (Electronic Medical Number)

country code: Phone Number

MON	TUE	WED	THU
9:45 AM	9:45 AM	9:45 AM	9:45 AM
10:30 AM	10:30 AM	10:30 AM	10:30 AM
	10:45 AM		10:45 AM
	11:00 AM	11:00 AM	11:00 AM
More..	More..	More..	More..

Cancel

Book Now

- **Procedure of Payment:**

Procedure

Payment Info

Payment ID:

Date:

Patient Info

Patient ID:

Patient Name:

New

Save

Delete

Get Data

Close

Product Details

Staff Name:

Procedure Type:

Description:

Tooth Involved:

Deposit Amount:


Charge:

Grand Total:

Total Paid:

Payment Due:

- **Prescription for Patient in the Patient View When Click on Add Prescription:**



Prescription

Doctor Name:

Patient Name:

Date:

Diagnosis:

Drug:

Notes:

Please Provide Some Notes To Patient

Clinic Provide This Drug

Submit

- **Doctor Scheduals in Reception View**



Hi,Manger

Dashboard

Doctor Schedule

Doctors/clinician

Help & Support

User Profile

Get Booking

Link Materials

Sign out


Search



Search

Sunday	Monday	Tuesda	Wednesday	Thursday	Friday	Saturday
October 29	October 30	October 31	November 1	November 2	November 3	November 4
			09:00 AM	09:00 AM		09:00AM Patient1
			10:00AM Patient1	10:00 AM		10:00AM Patient 2
			11:00AM Patient 2	11:00 AM		11:00AM Patient 3
			12:00 PM	12:00 PM Cancel		12:00 PM
			01:00 PM	01:00 PM		01:00PM
			02:00 PM	02:00AM Patient1		02:00 PM
November 5	November 6	November 7	November 8	November 9	November 10	November 11
09:00 AM			09:00 AM	09:00AM Patient 1		09:00 AM
10:00 AM			10:00 AM Cancel	10:00AM Patient 2		10:00 AM
11:00 AM			11:00 AM Cancel	11:00 AM		11:00 AM Patient1
12:00 PM			12:00 PM Patient1	12:00 PM Patient 3		12:00 PM Patient 2
01:00 PM			01:00 PM	01:00 PM Patient 4		01:00 PM Cancel
02:00 PM			02:00 PM Patient2	02:00 PM		02:00 PM
03:00 PM Patient1			03:00 PM	03:00 PM		03:00 PM


- IVR Booking In Reception View



Hi, Manger

- Dashboard
- Doctor Schedule
- Doctors/Histories
- Help & Support
- User Profile
- IVR Booking
- Book Appointment
- Sign out

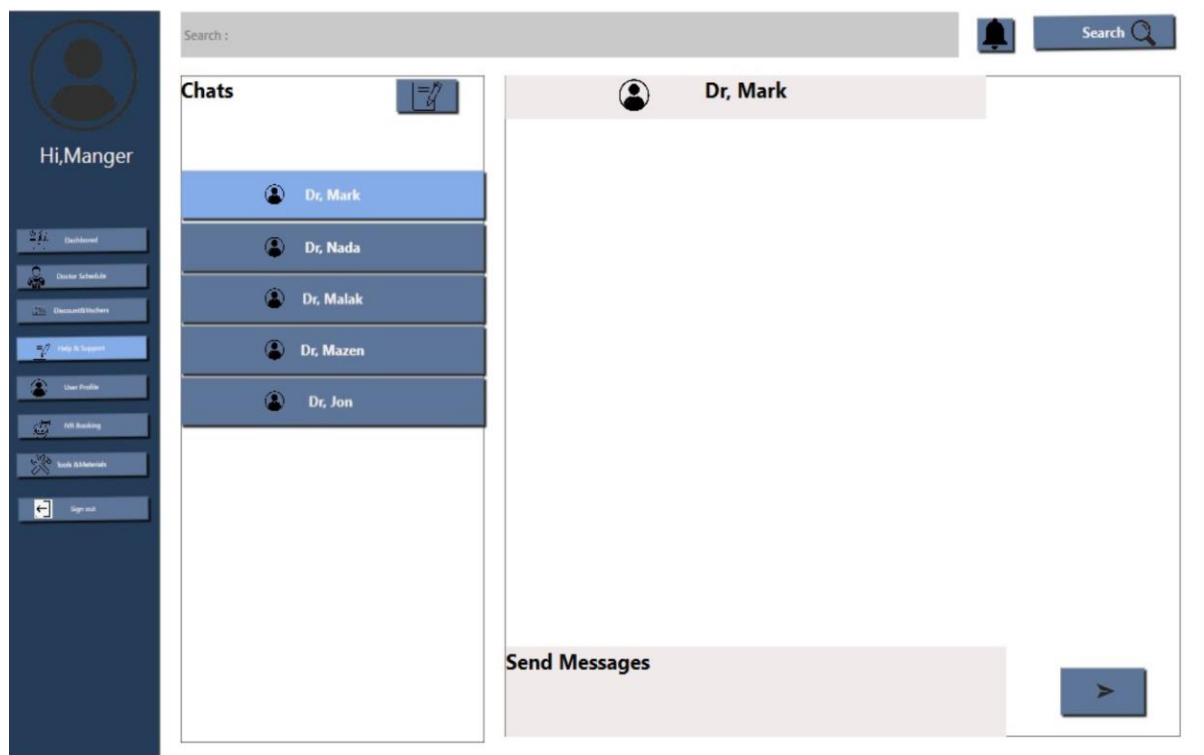
Search



Search

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
28 October	29 October	30 October	31 October	1 November 09:00 AM 10:00 AM 11:00 AM	2 November 09:00 AM 01:00 PM	3 November
4 November 09:00 AM 10:00 AM	5 November	6 November 01:00 PM	7 November 11:30 AM	8 November 12:30 PM	9 November 09:00 AM 11:00 AM	10 November
11 November 10:00 AM 12:00 PM	12 November 09:30 AM	13 November 09:00 AM 01:00 PM	14 November	15 November	16 November	17 November

- **Help & Support**



- **Discount & Voucher:**

