

Sign In

Email address

Password

Sign in

Sign up

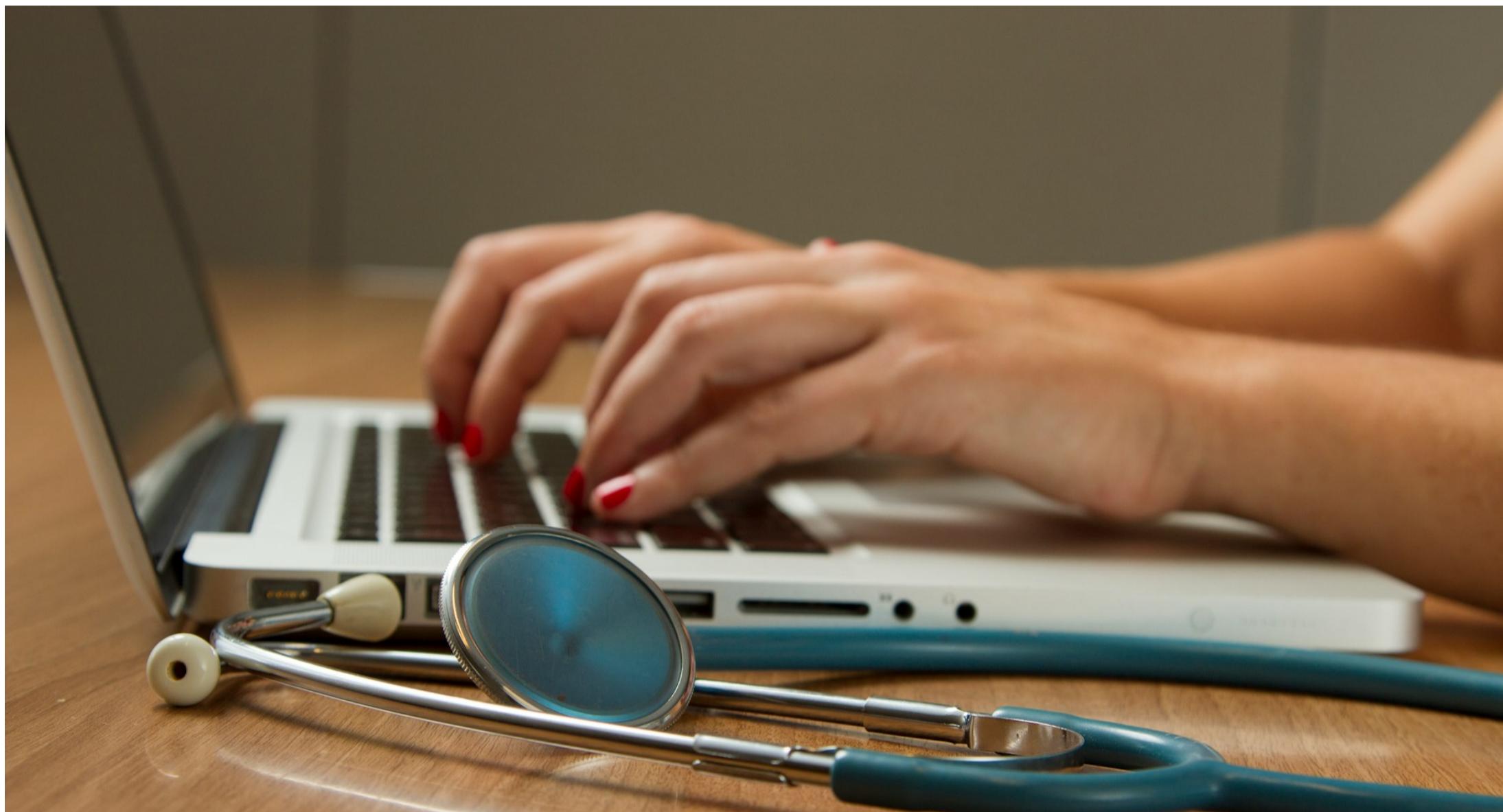
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Welcome to patient jakarta !



Main page

Search

First name	Last name	Birth date		
Test	Example	21/05/1985		Details

Sign In

Email address

Password

Sign in

Sign up

Sign Up

Name

Email address

Password

Sign up

Sign in

Sign Up

Name

Email address

Password

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[Search](#)

First name	Last name	Birth date		
Test	Example	21/05/1985		Details
Bob	Brown	05/06/1988		Details

[Add a patient](#)

First name	Last name	Birth date		
Test	Example	21/05/1985		Details

[Add a patient](#)



Test Example

21/05/1985

Consultations

Consultation's date

Doctor's name

[Add a consultation](#)[Delete patient](#)

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First name	Last name	Birth date		
Test	Example	21/05/1985		Details
Bob	Brown	05/06/1988		Details

[Add a patient](#)

Add a patient

First name

Last name

Birth date

[Submit](#)



Bob Brown

06/05/1988

Consultations

Consultation's date

Doctor's name

[Add a consultation](#)[Delete patient](#)

[Clean](#)

First name	Last name	Birth date		
Bob	Brown	05/06/1988		Details

[Add a patient](#)

Add a patient

First name

Last name

Birth date

Consultation's formular

Doctor

First Name

Last Name

Consultation's date

 jj/mm/aaaa

Medical Form

Care type

Duration

days

months

years

days

Prescription

pills type

Duration

days

months

years

days

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First name	Last name	Birth date		
Test	Example	21/05/1985		Details
Bob	Brown	05/06/1988		Details

[Add a patient](#)

First name	Last name	Birth date		
Bob	Brown	05/06/1988		Details

[Add a patient](#)

Consultation's formular

Doctor

First Name

Last Name

Consultation's date

Medical Form

Care type

Duration

Prescription

pills type

Duration

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**Bob Brown**

06/05/1988

Consultations

Consultation's date**Doctor's name**

22/05/2010

Henri Test

[Details](#)[Add a consultation](#)[Delete patient](#)

Consultation dating from the 2010-05-22



Patient Details

First name : Bob

Last Name : Brown

Birth date : 06/05/1988

Doctor

Henri Test

Medical Form

Care type : test

Duration : 15 days

Prescription

Pills type : test pill

Duration : 25 days

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[Delete consultation](#)

Consultation's formular

Doctor

First Name

Last Name

Consultation's date

Medical Form

Care type

Duration

Prescription

pills type

Duration

[Back to patient details](#)[Submit](#)

Consultation's formular

Doctor

First Name

waa

Last Name

testee

Consultation's date

22/05/2010

Medical Form

Care type

test

Duration

15

days

Prescription

pills type

test pill

Duration

25

days

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Consultation dating from the 2010-05-22



Patient Details

First name : Bob

Last Name : Brown

Birth date : 06/05/1988

Doctor

waa testee

Medical Form

Care type : test

Duration : 15 days

Prescription

Pills type : test pill

Duration : 25 days

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[Update consultation](#)

[Delete consultation](#)



Bob Brown

06/05/1988

Consultations

Consultation's date

Doctor's name

[Add a consultation](#)[Delete patient](#)