INTEGRATIVE PROGRAMMING AND TECHNOLOGIES

ACCOMPLISHMENT AND PROGRESS REPORT

<< DATE COVERED >>

TEAM NAME:	Carexus	**DATE:**	11/22/2024
TEAM MEMBERS:	AR-JAY STEPHENBEL P. SAN JOSE KEANU LEO N. NEDRUDA JHON LLOYD TURQUEZA JEFFRY OLAES CHARLES ROY SIGUANCIA		

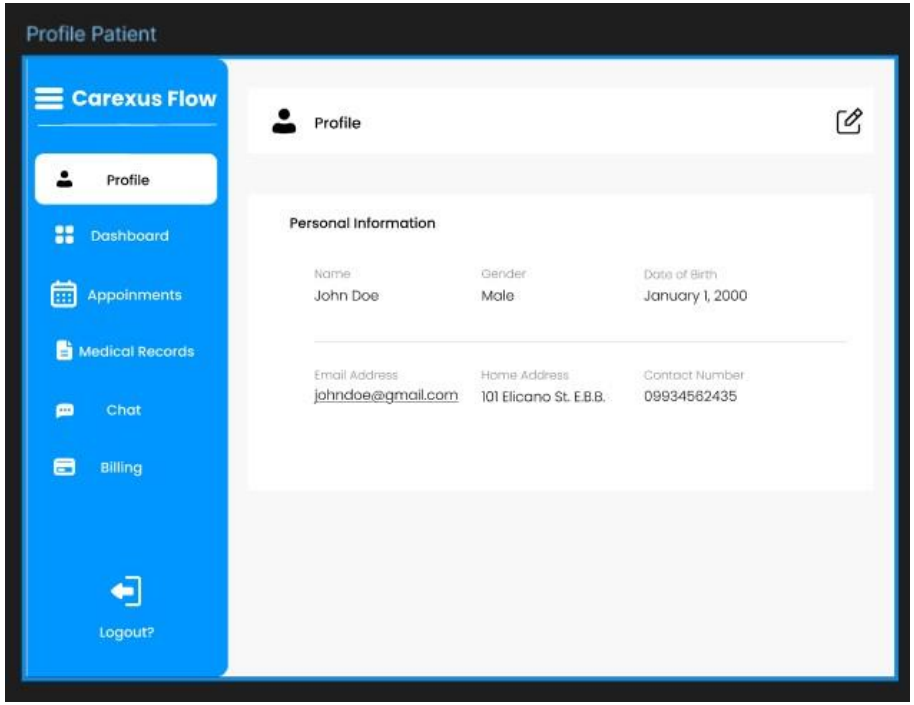
SYSTEM A:	Doctor Consultation Appointment Scheduling and Patient Registration System
SYSTEM B:	Customer Relationship Management System

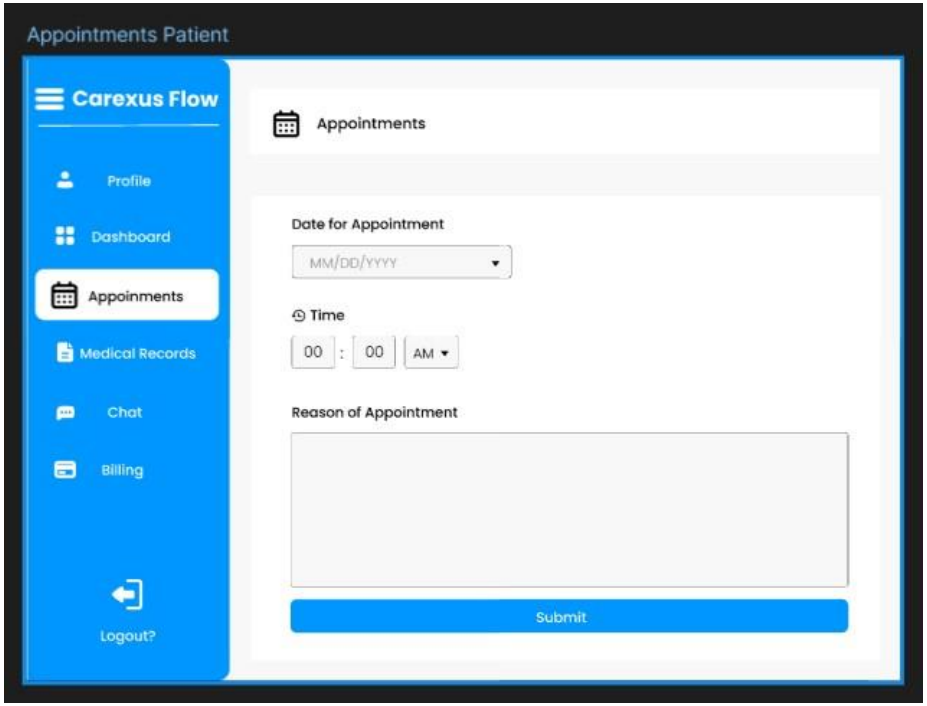
NO.	ACTIVITY/TASK	DETAILED ACCOMPLISHMENT	PROGRESS (%)	REMARKS
1	WIREFRAME	This is the list of what I created in Figma (Profile Patient, Appointment Patient, Chat Patient, Medical Record Receipts, Messaging, Billing for Patient, Billing and Invoicing).	70%	In Progress
2				
3				
4				
5				
6				
7				
8				
9				
10				

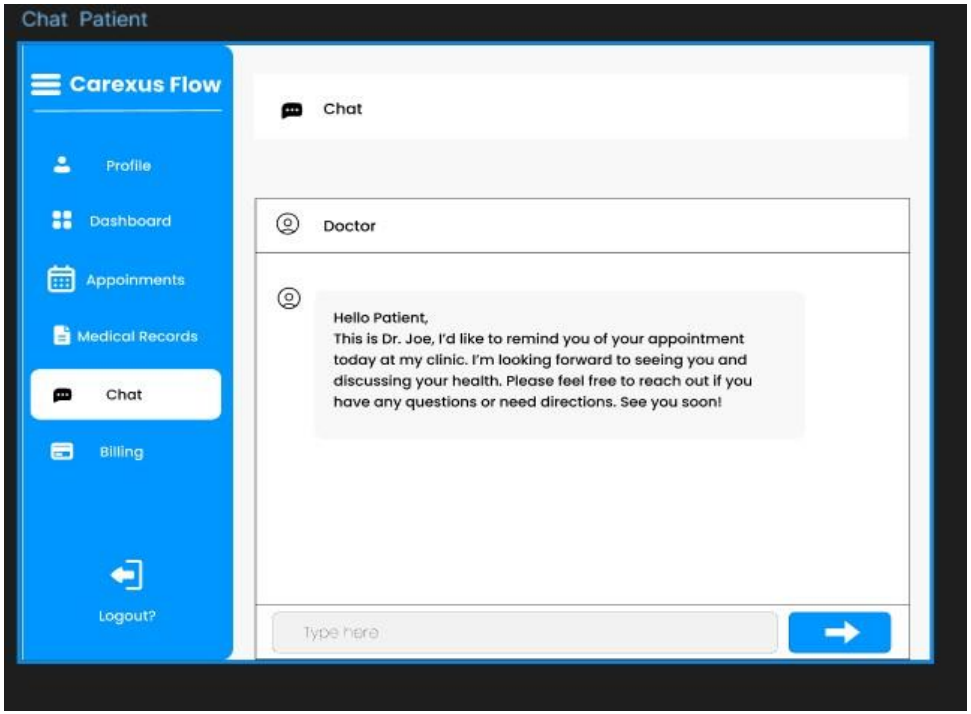
VALIDATED BY:

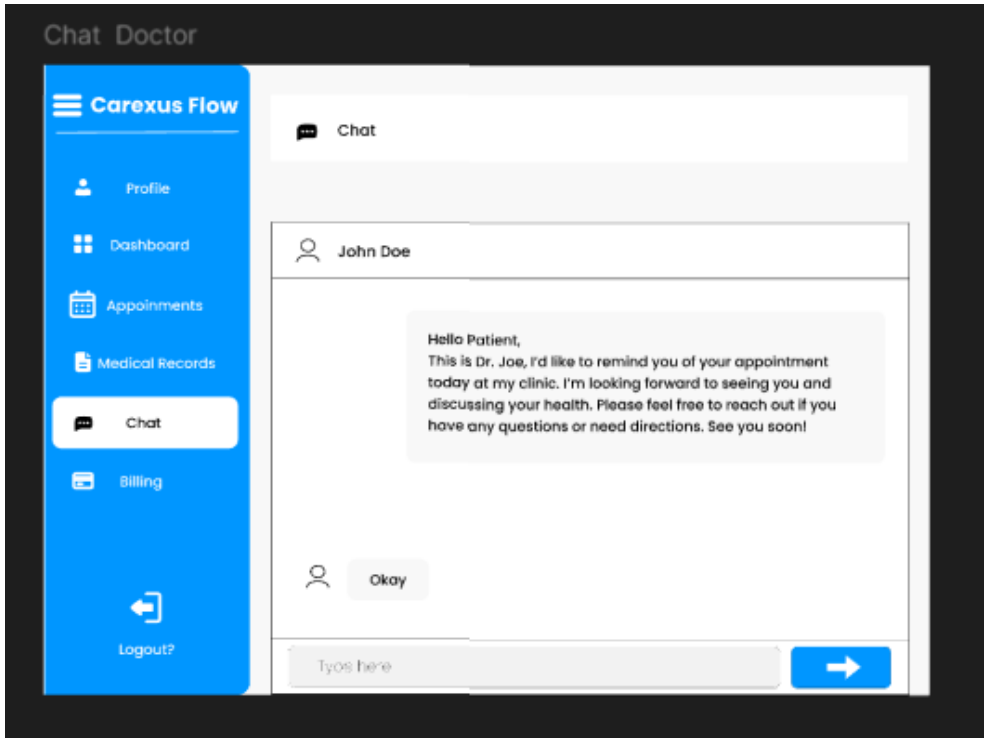
JUAN DELA CRUZ JUAN DELA CRUZ JUAN DELA CRUZ JUAN DELA CRUZ Team Leader Team Member Team Member Team Member *Note: Attach proof/evidence for the mentioned accomplishment. Make sure to submit and create proper documentation.*

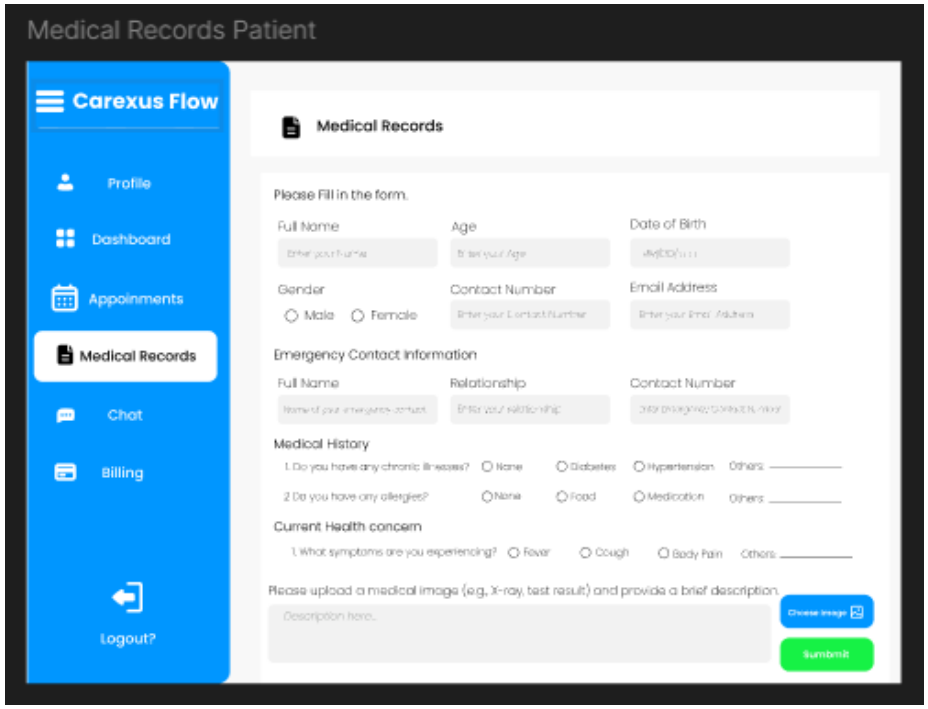
Here are the screenshots.



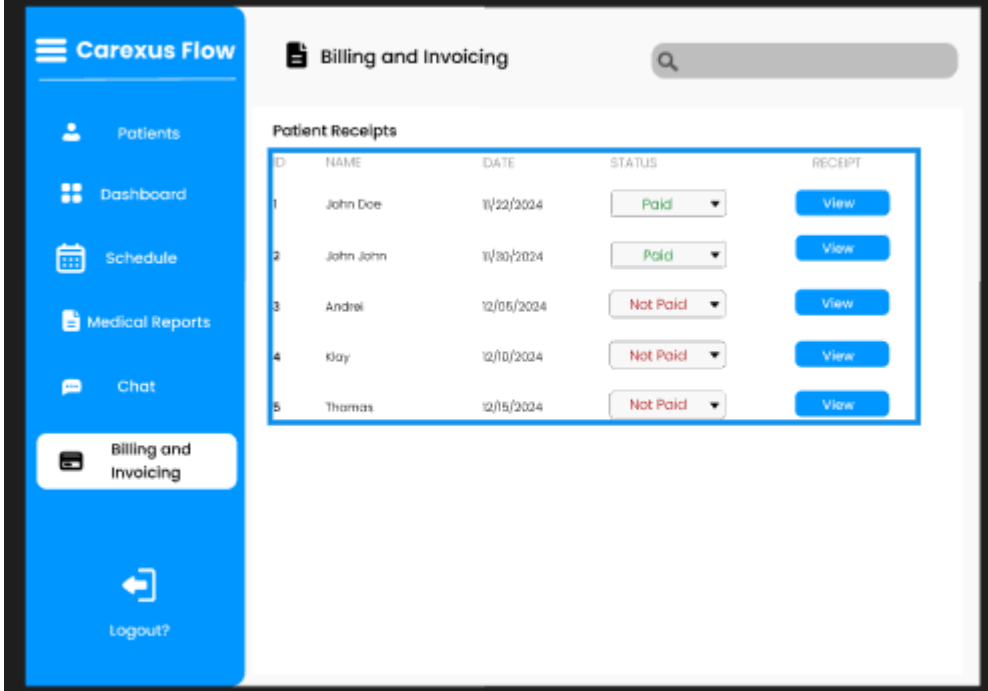
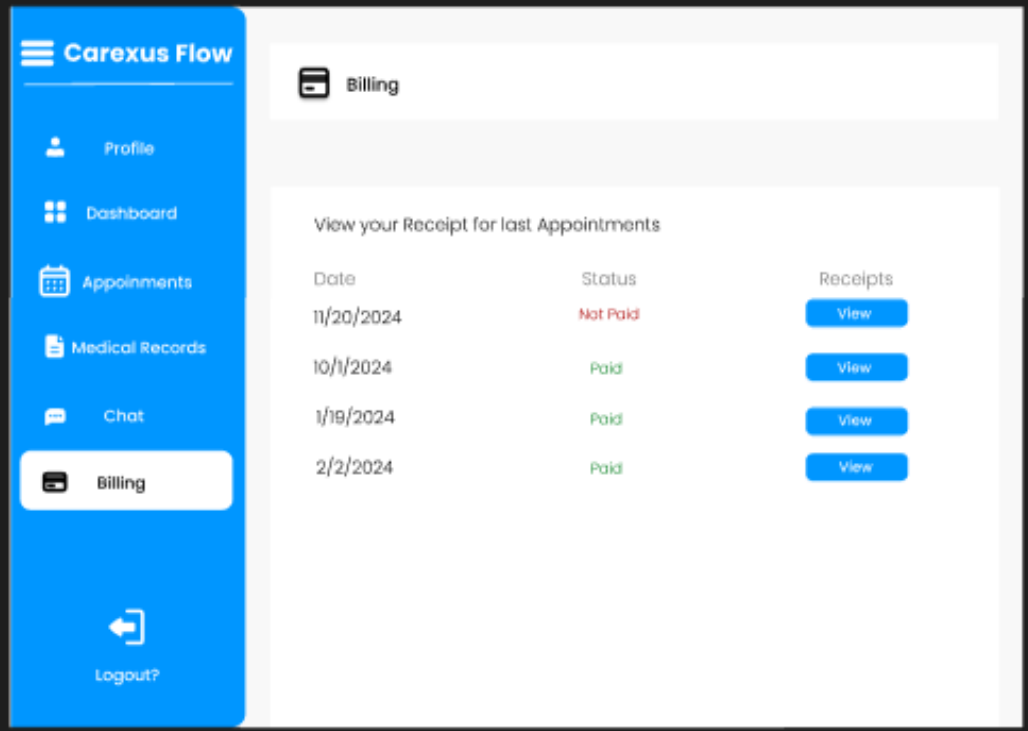



Chat Patient
Carexus Flow
Profile
Dashboard
Appoinments
Medical Records
Chat
Billing
Logout?
Chat
Doctor
Hello Patient,
This is Dr. Joe, I'd like to remind you of your appointment today at my clinic. I'm looking forward to seeing you and discussing your health. Please feel free to reach out if you have any questions or need directions. See you soon!
Type here


Chat Doctor
Carexus Flow
Profile
Dashboard
Appoinments
Medical Records
Chat
Billing
Logout?
Chat
John Doe
Hello Patient,
This is Dr. Joe, I'd like to remind you of your appointment today at my clinic. I'm looking forward to seeing you and discussing your health. Please feel free to reach out if you have any questions or need directions. See you soon!
Okay
Type here


Medical Records Patient
Carexus Flow
Profile
Dashboard
Appoinments
Medical Records
Chat
Billing
Logout?
Medical Records
Please Fill in the form.
Full Name
Age
Date of Birth
Gender
Male
Female
Contact Number
Email Address
Emergency Contact Information
Full Name
Relationship
Contact Number
Medical History
1. Do you have any chronic illnesses?
None
Diabetes
Hypertension
Others
2. Do you have any allergies?
None
Food
Medication
Others
Current Health concern
1. What symptoms are you experiencing?
Fever
Cough
Body Pain
Others
Please upload a medical image (e.g., X-ray, test result) and provide a brief description.
Description here...
Choose Image
Submit

Billing and Invoicing Doctor



Billing Patient