GREY'S ER COMPANION	Fill the following details	Home.
SINC 10 CK COMPANION	Name:	Profile
(Username)	DOB :	
Password.	Age: ————————————————————————————————————	User registration
	Blood gloup:	User consent
forgot password?	Aadhaar no:	guest registration
	Contanct ro:	
(20G1N)	Address:	guest consent
	Parent/Gardian:	Hospitals near by
	Insurence:	first ord.
Login as guest. New user? Create one.	Medical history Part illness:	
	Allergles:	
login page and guest login in an emergency situation.	User details filling form for futuruse.	Home page.

Profile		ER Registration John	ER consent form
		Reason to visit	The undersigned consent
			to use of medical
		Date:	information to hopearch
Name: Ago:		Aadhar number:	purpose or for insurance
Name: Age:		(2104)	The undersigned also
Blood Group:		(Submit.)	a secont do the nospital
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Address:	-		and follow-up needs
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Allergies:			Date:
, tees egis			(Submit,)
		0 0 1 1 0 50 001	ER consent form
Your plotile		Regester for a ER with	CK CONSTRU

List of hospitals near your locality for you.

Hospital 1: Distance Address (map) ER wou't time.

Hospital 2: Distance Address(map) ER wait Jime

Hospital 3: Distence Address (map) ER want Time

Hospital address including ER waiting time in an emergency situation. Please click on the appropriate symptoms

ALLERGIES

BLEEDING

BURNS

SHOCK

BROCKENI BONE

HEAD INJURIES

ASTHMA ATTACK

HEART ATTACK

POISONNING

First aid for your symptoms.

call for ambulance

Click here to Call 108

Hospital 1 Contant number

Hospital 2 Contact number

Hospital 3 Contact number

Hospital 4 Contact number.

Contact information of different hospitals for ambulance.