Patient Registry

Patient Name Choose...

DOB

Sex

Gender

Race

Hispanic Origin

Weight

Height

Reason for Visit

Drivers License

Primary Physician

Proof of Insurance

Secondary Proof of Insurance (optional)

Medical History [Add/Edit Entries]

Past Medication [Add/Edit Entries]

Current Medication [Add/Edit Entries]

[Show Edit History]

+ Add as New Patient

If used, then redirect to here

Facial Verification Page

If verified, then fill out boxes

If clicked, then send to here

Medical History Table

If clicked, then send to here

Past Medication Table

If clicked, then send to here

Current Medication Table

Redirect to here

Edit History Table