

SIGN IN

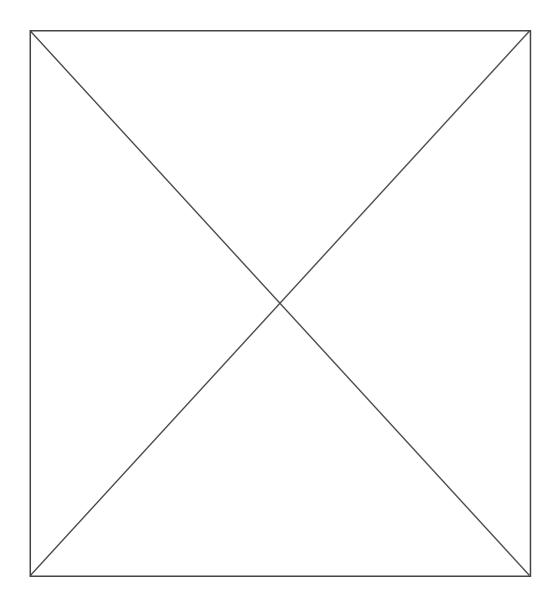
Email/Mobile*

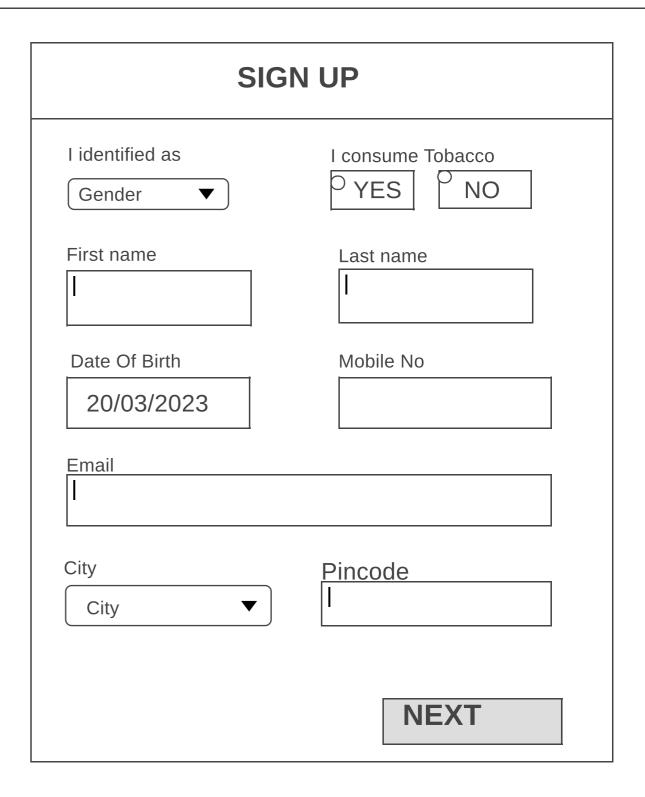
Password

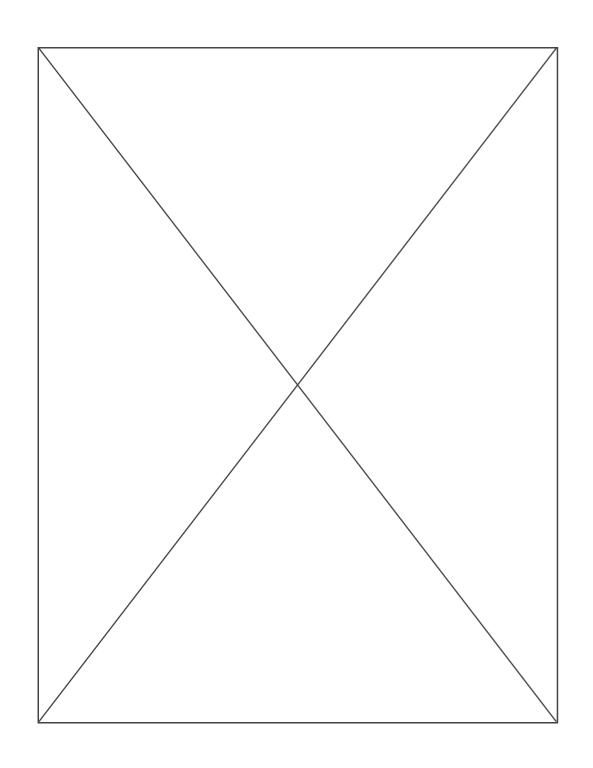
SIGN IN

Don't have an account yet

Create Account?







SIGN UP
Address
GOVT ID I
Do you have any existing illness or medicial history ?
O Diabetes
O High Blood Pressure
O None Of These
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