

the pictures are not organized in order.

these are the categories we have

The screenshot shows the MEDICOMEMORY website. The header features a heart-shaped stethoscope logo and the tagline "We digitalize your Medical Records to keep it Smart & Safe!". Below the header is a navigation bar with tabs: "In Emergency" (highlighted with a red circle), "Personal", "Medical", "Family", "My Tips", and "My Documents". The main content area is divided into two panels: "Residential Address" (page 7) and "Business Address" (page 8). Both panels contain form fields for Address1, Address2, City, State/Region, ZIP, PO Box, Country, Cell Phone, Home Phone, Email, and Alternate Email. The "Residential Address" panel also includes fields for Skype, Facebook, Twitter, and Location. A red arrow points from the text "the pictures are not organized in order." to the "In Emergency" tab. Another red arrow points from the text "these are the categories we have" to the navigation bar.



this is all in the medical category



In Emergency Personal Medical Family Useful Tips My Documents

Medical Info 3

Height Cm
Weight Kg
BMI [Click To BMI Range](#)
Blood Group
Blood Transfusion
Blood Donation
Organ Donation

Medical Illness 4

Allergies to Drug

Allergies to Food and Others

Alert

Alcohol
Smoking

Edit

PERSONAL category



In Emergency Personal Medical Family Useful Tips My Documents

Passport 5

Passport Number
Image of Passport
Other ID

Insurance 6

Insurance Card Number
Insurance Provider
Insurance Certificate
Other Insurance Details

Edit

PERSONAL category



In Emergency Personal Medical Family Useful Tips My Documents

Personal Physician - 1		11
Name	Dr. <input type="text"/>	Cell Phone <input type="text"/>
Speciality	<input type="text"/>	Home Phone <input type="text"/>
Address1	<input type="text"/>	Skype <input type="text"/>
Address2	<input type="text"/>	Facebook <input type="text"/>
City	<input type="text"/>	Twitter <input type="text"/>
State/Region	<input type="text"/>	Doctor's Response <input type="text"/>
ZIP	<input type="text"/>	Click To Add Audio/Video
PO Box	<input type="text"/>	Click To View
Country	<input type="text"/>	Click To Delete
Email	<input type="text"/>	
Alternate Email	<input type="text"/>	
<p>Note : Please obtain the physician's consent for communication in case of your medical emergency</p>		

PERSONAL category

Personal Physician - 2		12
Name	Dr. <input type="text"/>	Cell Phone <input type="text"/>
Speciality	<input type="text"/>	Home Phone <input type="text"/>
Address1	<input type="text"/>	Skype <input type="text"/>
Address2	<input type="text"/>	Facebook <input type="text"/>
City	<input type="text"/>	Twitter <input type="text"/>
State/Region	<input type="text"/>	Doctor's Response <input type="text"/>
ZIP	<input type="text"/>	Click To Add Audio/Video
PO Box	<input type="text"/>	Click To Delete
Country	<input type="text"/>	
Email	<input type="text"/>	
Alternate Email	<input type="text"/>	
<p>Note : Please obtain the physician's consent for communication in case of your medical emergency</p>		

Edit



In Emergency Personal Medical Family Useful Tips My Documents

Will		13
<p>Will</p> <div><input type="text"/></div>		
Document	<input type="text"/>	Add File Click To View
Audio/Video1	<input type="text"/>	Add File Click To View
Audio/Video2	<input type="text"/>	Add File Click To View
Audio/Video3	<input type="text"/>	Add File Click To View

PERSONAL category

Disclaimer		14
<p>Medicomemory Disclaimer</p> <p>Disclaimer</p> <p>The content of the electronic card is meant to provide general medical information of the owner only and is not a substitute for professional medical advice.</p> <p>Please do not use the information in this card for diagnosis/treatment purposes. If you suffer or suspected to have a medical problem please promptly contact your professional healthcare provider.</p> <p>-medicomemory</p>		

Edit

Self Details

1

Name

DOB

Age

Gender

Marital Status

Nationality

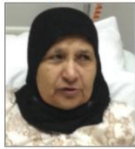
Residential Status

Occupation

Religion

Identifications

2

Photo 

ID Card

ID Card Back Side

Signature

Finger Print

Edit

PERSONAL category

Maternity

Pregnancy Conditions Medical Condition


Number of Pregnancies

Number of Normal Delivery

Number of Abortion

Number of cesarean

Number of Kids



medical category>systematic profile

New



In Emergency Personal Medical Family Useful Tips My Documents

Radiology

- X - Ray
- Contrast X - Ray
- Ultrasound
- CT Scan
- MRI Scan
- Isotopic Scan
- Dexa Scan
- Others

X-Ray

Date	Investigation Procedure	Image	Video	Report
14/02/2014	X-Ray of chest, LS spine, MRI images in power point			
14/02/2014				
14/02/2014				
14/02/2014				
14/02/2014				

medical category>radiology

Edit



In Emergency Personal Medical Family Useful Tips My Documents

Integumentary System (Skin)

medical category>systematic profile



Medical Conditions Previous Surgery

Problem
Medication
Treatment
Report

Date	Investigational Procedure	Image	Video	Report
21/09/2023				
21/09/2023				
21/09/2023				
21/09/2023				

New

information can be added for each organ or body system.



[In Emergency](#) [Personal](#) [Medical](#) [Family](#) [Useful Tips](#) [My Documents](#)



Vaccination

[Kids Vaccination](#) [General Vaccination](#) [Random](#)

Visit	Vaccination	Date	Location	Next Visit
AT BIRTH	BCG	<input type="text" value="14/05/1943"/>	<input type="text"/>	
	Hepatitis B		<input type="text"/>	
2 MONTHS	Oral Polo		<input type="text"/>	
	DTP		<input type="text"/>	
	Hib		<input type="text"/>	
	Hepatitis B		<input type="text"/>	
4 MONTHS	Oral Polo		<input type="text"/>	
	DTP		<input type="text"/>	
	Hib		<input type="text"/>	
6 MONTHS	Oral Polo		<input type="text"/>	
	DTP		<input type="text"/>	
	Hib		<input type="text"/>	
	Hepatitis B		<input type="text"/>	

Visit	Vaccination	Date	Location	Next Visit
12 MONTHS	MMR		<input type="text"/>	
18 MONTHS	Oral Polo		<input type="text"/>	
	DTP		<input type="text"/>	
	Hib		<input type="text"/>	
	Varicella		<input type="text"/>	
	Hepatitis B		<input type="text"/>	
24 MONTHS	Hepatitis A		<input type="text"/>	
4-6 YEARS	Oral Polo		<input type="text"/>	
	DTP		<input type="text"/>	
	MMR		<input type="text"/>	

medical category>vaccination



[In Emergency](#) [Personal](#) [Medical](#) [Family](#) [Useful Tips](#) [My Documents](#)



Hospital Visits

Date	Type Of Visit	Duration	Speciality	Diagnosis	Outcome	Follow-up	Doctor name	Hospital
<input type="text" value="23/09/2023"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Ok"/>								

Date	Visit	Duration	Speciality	Diagnosis	Outcome	Followup	Doctor	Hospital

medical category>hospital visits



List of Medication

Drug Name	Dosage	Drug Form	Frequency	Instruction	Started date	End Date	Duration of Treatment	Any Reaction?	Prescribed By	Medicine For?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="21/09/2023"/>	<input type="text" value="21/09/2023"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div>Ok</div>										

DrugName	Dosage	Drug Form	Frequency	Instruction	StartedDate	EndDate	DurationofTreatment	AnyReaction	PrescribedBy	MedicineFor
medical category>list of medications										



Non Radiology

Nervous System

Date	Tests And Procedures	Image	Video	Report
<input type="text" value="21/09/2023"/>	<input type="text"/>			
<input type="text" value="21/09/2023"/>	<input type="text"/>			
<input type="text" value="21/09/2023"/>	<input type="text"/>			
<input type="text" value="21/09/2023"/>	<input type="text"/>			
<input type="text" value="21/09/2023"/>	<input type="text"/>			

medical category>non-radiology

New



[In Emergency](#) [Personal](#) [Medical](#) [Family](#) [Useful Tips](#) [My Documents](#)



Laboratory Main Menu



Add



Upload

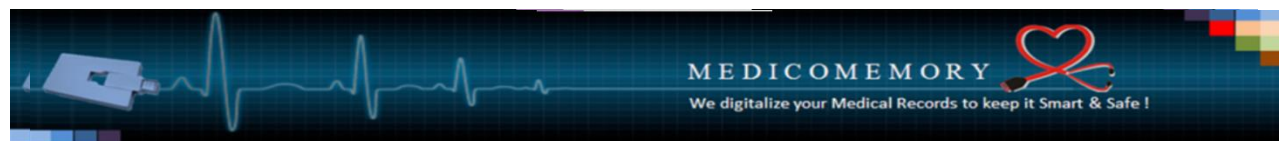


Search / View



Info

[medical category>laboratory](#)



[In Emergency](#) [Personal](#) [Medical](#) [Family](#) [Useful Tips](#) [My Documents](#)



Family Information

[Add New](#)

Relationship	<input type="text"/>	Name	<input type="text"/>
DOB	<input type="text" value="21/09/2023"/>	Gender	<input type="radio"/> M <input type="radio"/> F
Occupation	<input type="text"/>		
Health Condition1	<input type="text"/>		
Age of Onset	<input type="text"/>		
Health Condition2	<input type="text"/>		
Age of Onset	<input type="text"/>		
Health Condition3	<input type="text"/>		
Age of Onset	<input type="text"/>		
Hereditary Diseases	<input type="text"/>		
If Deceased, Cause of Death	<input type="text"/>	Age at time of death	<input type="text"/>
Edit			

[family category](#)



[In Emergency](#)
[Personal](#)
[Medical](#)
[Family](#)
[Useful Tips](#)
[My Documents](#)



Medical Reports

Date	Doctor Name	Institution/Hospital	Department	Type of Report	Validity		
21/09/2023						Ok	
Date	Doctor Name	Institution/Hospital	Department	Type Of Report	Validity	File	Upload

medical category>medical reports