



Healthcare at Your Doorstep

Anytime, Anywhere

Login

Register



Email ID:

Password:

Login



I am a

Patient

Doctor

Please fill up this form for registration

First name:	
Last name:	
Date of Birth:	
Email:	
Password:	

Register

Please fill up this form for registration

First name:	
Last name:	
Date of Birth:	
Email:	
Password:	
BMDC Registration No:	
Education Level:	
Contact no:	
Charge:	

Register



Healthcare at Your Doorstep

Anytime, Anywhere

Set Your Appointment Now!



My Appointment(s)

Date:	Time:		Doctor:	
	Charge:			
	Cancel Appointment		nt	

Set an Appointment Now!



Doctors Appointment

Log Out

Name: Charge:	Specialization:
Name:	Specialization:
Charge:	

Name:

Specialization:

Charge:



Doctors

Appointment

Log Out



Date:		
Time:		
Specialization:		
Doctor:		
Charge (BDT)		
Set M	y Appointment	



Are you sure you want to cancel your appointment?

No

Yes

Please re-enter your password

Confirm Cancellation



Are you sure you want to logout?

No

Yes