



## REGISTRATION FORM

Name

Phone number

Email Id

Address

Date of birth

Password

Submit

# LOGIN

Name

Password

Submit

# DASHBOARD



Profile

Notification: Patient details

ACCEPT

REJECT

## Prescription

Patient name

\_\_\_\_\_

Age

\_\_\_\_\_

Date

\_\_\_\_\_

Gender

\_\_\_\_\_

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Medical Description

\_\_\_\_\_

\_\_\_\_\_

Drug list

\_\_\_\_\_

Revisiting date

\_\_\_\_\_