

## PATIENT

HOME		LOGIN	
ID			
Email			
Date		▽	
SUBMIT			

HOME		LOGIN	
DOCTOR		HOSPITAL	
Date	x/x/2018	12:30 - 13:00	□
Date	x/x/2018	13:00 - 13:30	□
Date	x/x/2018	15:30 - 16:00	□

# DOCTOR

		—	□	X
HOME	LOGIN			
<div>Email</div> <div>Password</div> <div>SUBMIT</div>				

		—	□	X
Calendar	Visits	LOGOUT		
<div>Date ▾</div>				
13:30 - 14:00		Patient x		
14:30 - 15:00		Patient y		
16:00 - 16:30		Patient z		

		-	<input type="checkbox"/>	x
Calendar	Visits	Logout		
Patient				
Visit time:	13:30 - 14:00			
Results	Forward			

(RESULTS)

		-	<input type="checkbox"/>	x
SYMPTOMS				
RECIPE				

(FORWARD)

		-	<input type="checkbox"/>	x
HOSPITAL ▾				
DOCTOR	DEPARTMENT			
DATE		TIME		
REASON (Send here)			SUBMIT	

# ADMIN

		[-][+][x]			
PATIENT					
<table border="1"><tr><td>Name</td></tr><tr><td>Surname</td></tr><tr><td>Medical ID</td></tr></table>			Name	Surname	Medical ID
Name					
Surname					
Medical ID					
		<input type="button" value="SUBMIT"/>			

		[-][+][x]				
DOCTOR						
<table border="1"><tr><td>NAME</td></tr><tr><td>SURNAME</td></tr><tr><td>DEPARTMENT</td></tr><tr><td>WORKPLACE</td></tr></table>			NAME	SURNAME	DEPARTMENT	WORKPLACE
NAME						
SURNAME						
DEPARTMENT						
WORKPLACE						
		<input type="button" value="SUBMIT"/>				

		[-][+][x]			
HOSPITAL					
<table border="1"><tr><td>NAME</td></tr><tr><td>ADDRESS</td></tr><tr><td>LEVEL</td></tr></table>			NAME	ADDRESS	LEVEL
NAME					
ADDRESS					
LEVEL					