

Screen Layout and Report Layout

Email

Password

LOGIN

REGISTER

Welcome Marshal



Name 1

Age

Blood Group














Child Name 1

Age

Blood Group



	Nanny Name Age Contact Number
	Nanny Name Age Contact Number
	Nanny Name Age Contact Number
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	Nanny Name Age Contact Number
	Nanny Name Age Contact Number
	Nanny Name Age Contact Number



Full Name

Age

Blood Group

Vaccines

☐ Vaccine1

☐ Vaccine2

☐ Vaccine3

☐ Vaccine4

Allergies

In case of emergency family doctors number


ADD

11:00




THANK YOU FOR CHOOSING OUR SERVICE !

APPOINTEMENT INFORMATION

 10h00 at 31/05/2020

 David

 Consultation

 0629123612

CONFIRM

