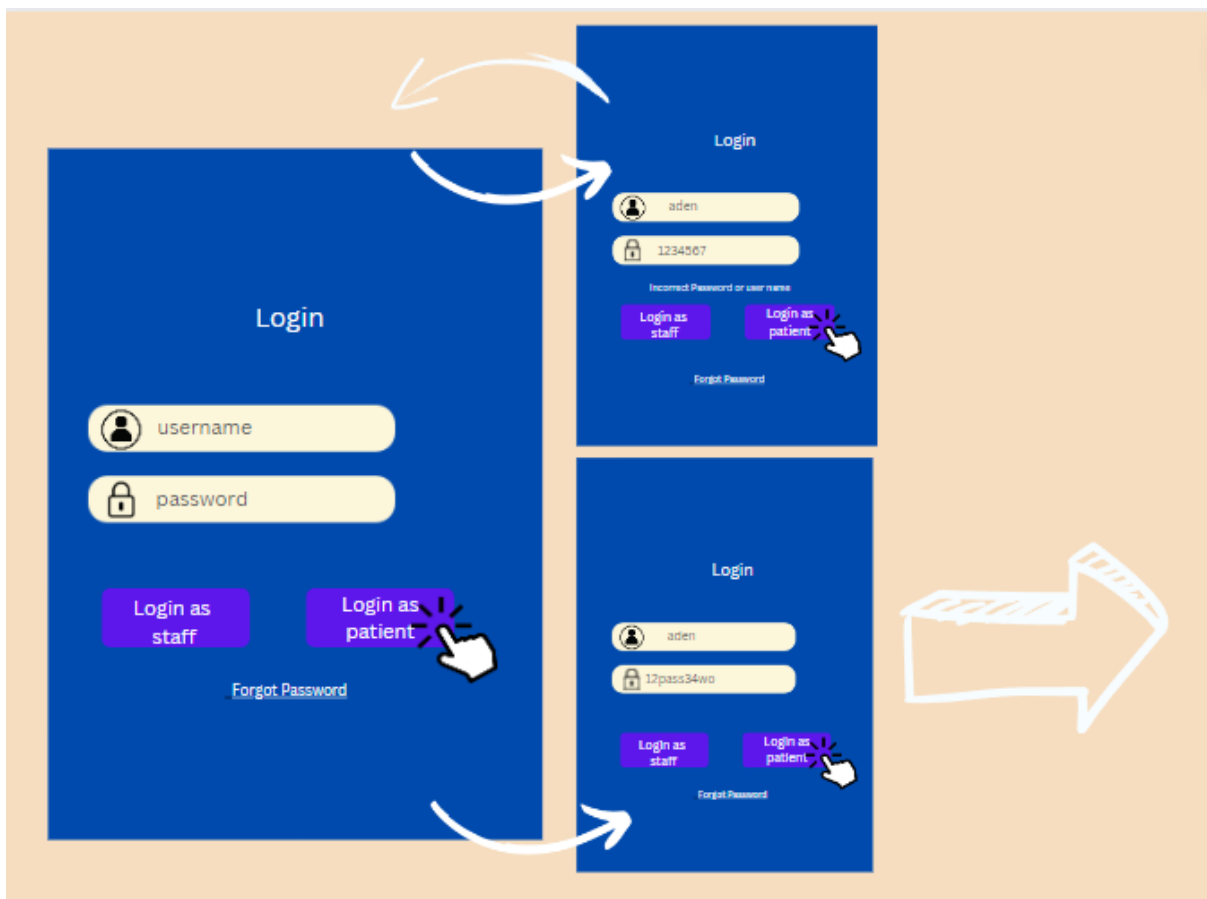
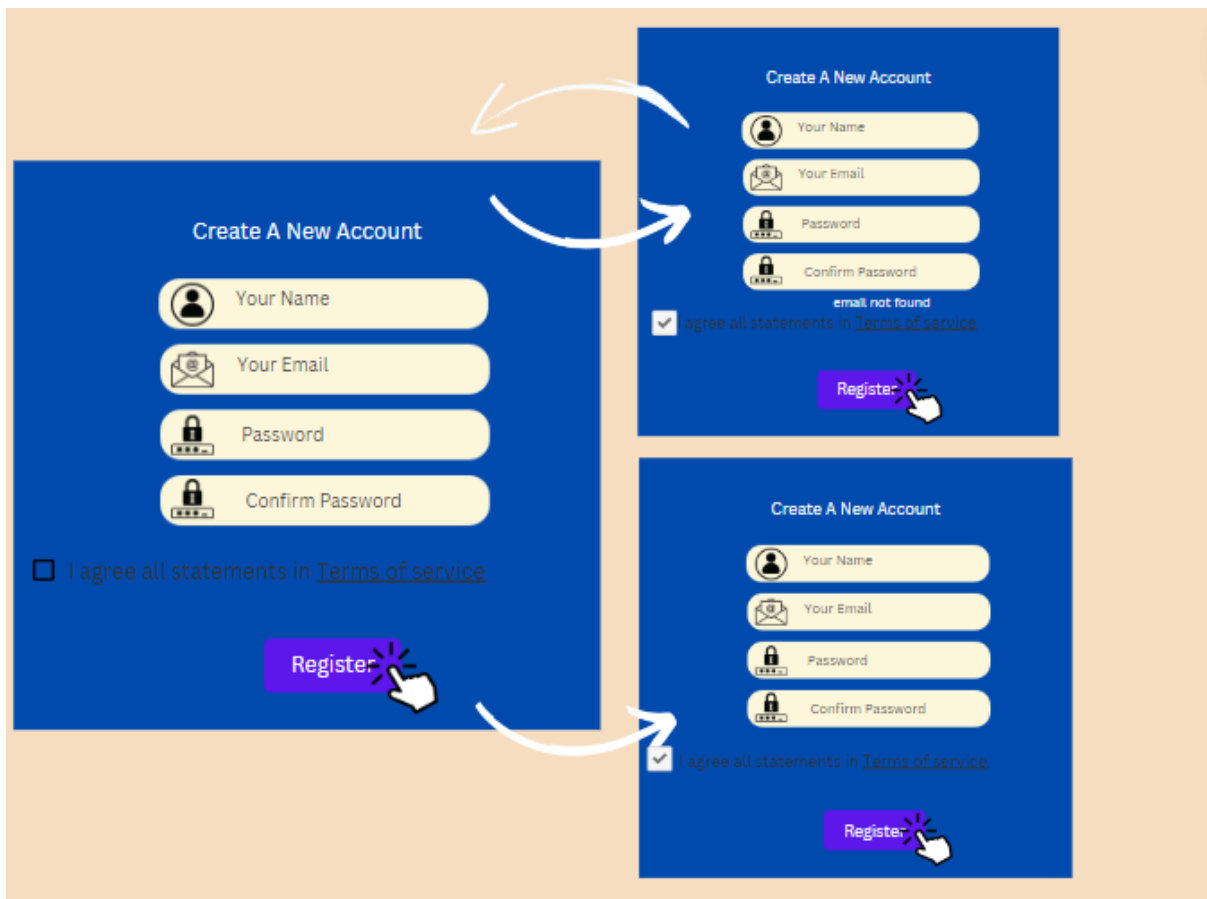


For Patient





Dashboarded

☒ Personal Information

☐ Ordered Test

☐ Payment

☐ Results

Personal Information

Full Name	Adam Black
Gender	M
Age	21
Email	adamblack91@gmail.com
phone	0921345665

Dashboarded

☐ Personal Information

☒ Ordered Test

☐ Payment

☐ Results

Ordered Tests

ID	Full Test Name	Units	Cost	Update	Payment	Delete
003	BMP	C6H12O6, HCl	50.0		unpaid	
002	Metabolic Panel		60.0		paid	

☒ Payment

☐ Results

Payment

ID	Full Test Name	Units	Patient Name	Cost	Payment
003	BMP	C6H12O6,HCl	Nahom	50.0	pay now
002	Metabolic Panal	C6H12O6,HCl	Hillina	60.0	paid

☒ Payment

☐ Results

Payment

settled payment !

Report

Dashboarded

Personal Informations

Ordered tests

Payment

Results

Laboratory Results record Form

Patient name.....

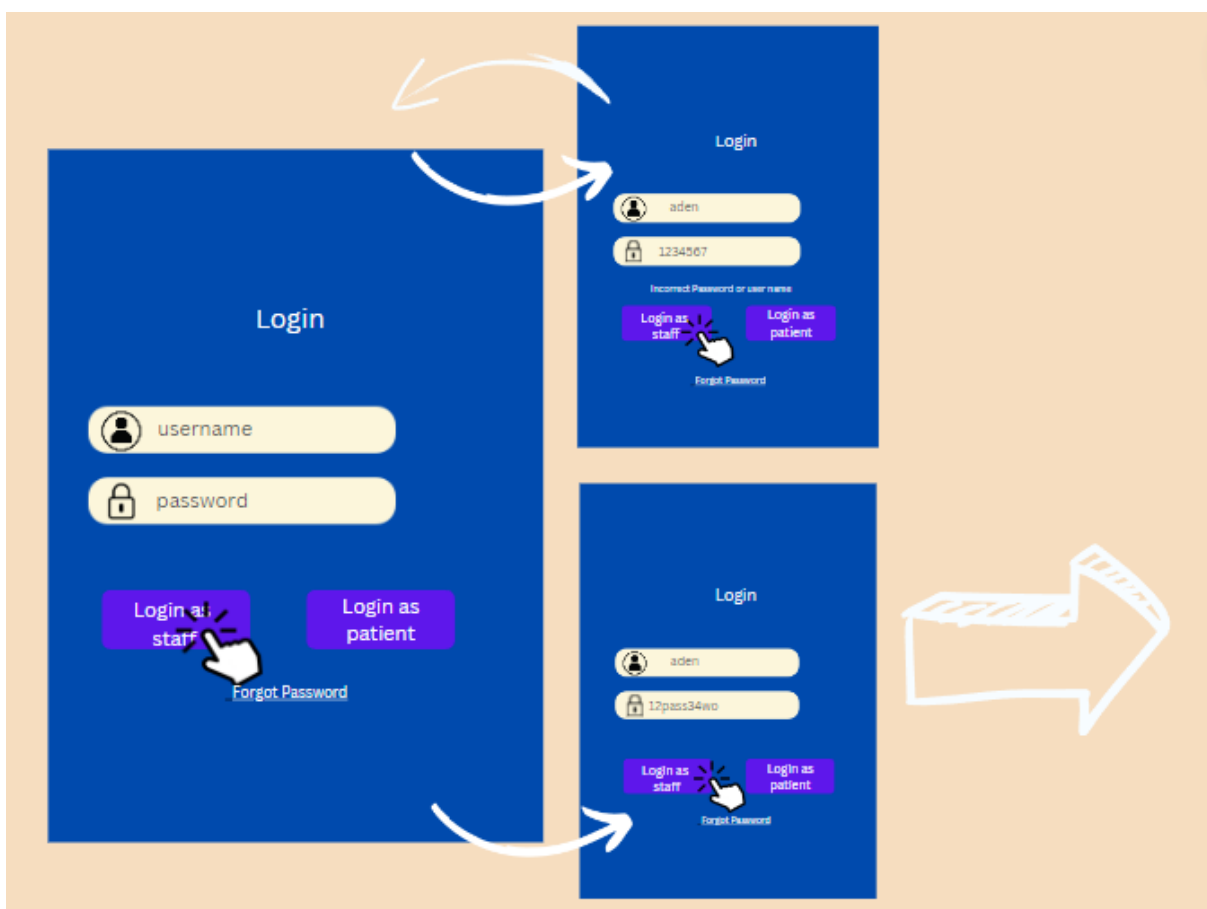
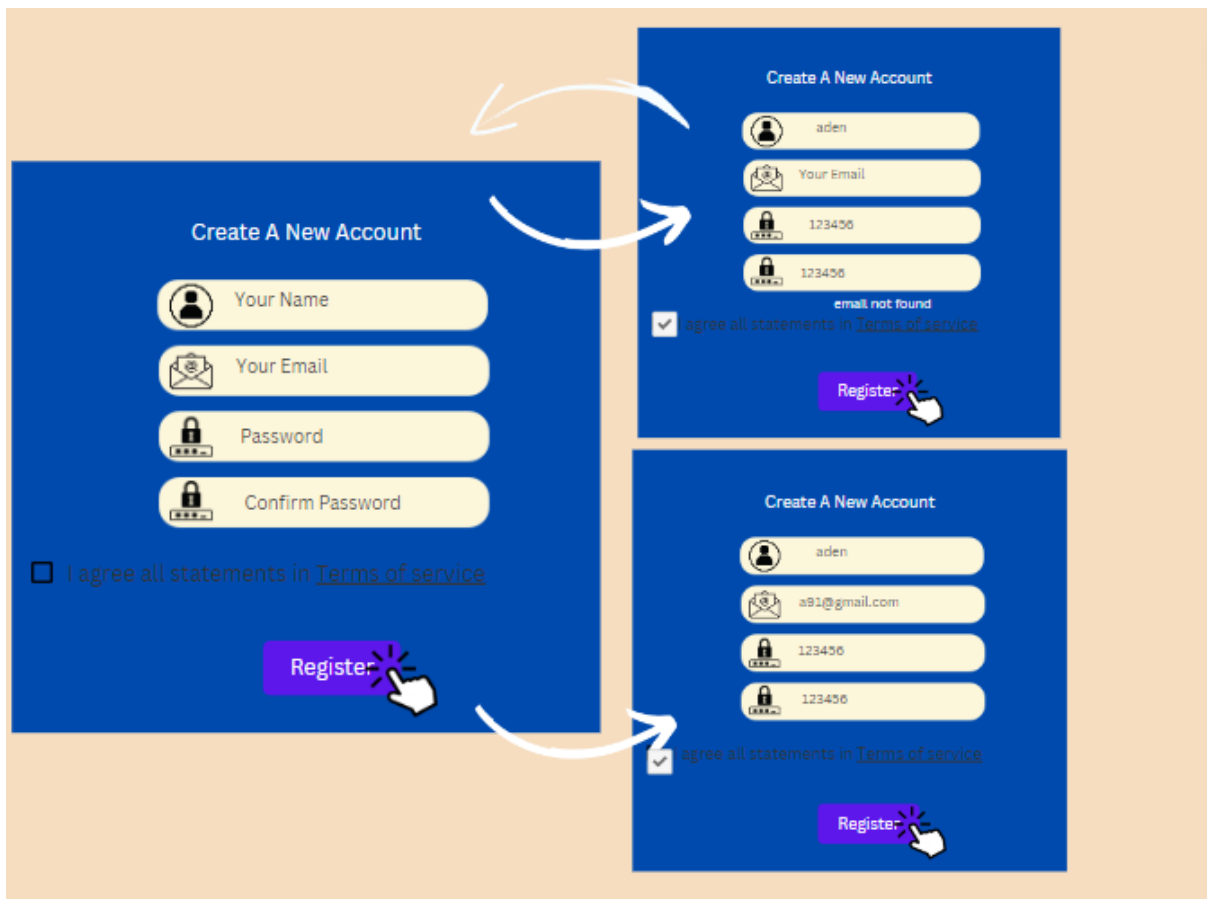
Contact/phone.....

Age/date of birth.....

Gender.....

Full Test Name	Date Test Conducted	Test Results	Test conductor	Diagnosis Summary

For Staff





Patients							
ID	patient Nme	Gender	Age	Email	phone	update	delete
002	Hilina	F	18	Hilina91@gmail.com	091122334	<div></div>	X



Dashboards

☒ Patients

☐ Orders

☐ Payment

☐ Results

Update Patient Data

Patient name

Gender

Age

Email

Phone

Send Record

Dashboards

☐ Patients

☒ Orders

☐ Payments

☐ Results

Orders					
ID	Full Test Name	Units	Patient Name	Cost	Delete
003	BMP	C6H12O6, HCl	Nahom	50.0	X
002	Metabolic Panel	C6H12O6, HCl	Hillina	60.0	X

Dashboarded

☐ Patients

☒ Orders

☐ Payment

☐ Results

Add Orders Data

full Test name

Price

units

Patient Name

Send Record

Payment Records					
ID	Full Test Name	Units	Patient Name	Cost	Payment
003	BMP	C6H12O6,HCl	Nahom	50.0	completed
002	Metabolic Panel	C6H12O6,HCl	Hillina	60.0	pending

Dashboared

☐ Patients

☐ Orders

☒ Payment

☐ Results

Reports



Dashboared



Patients



Orders



Payment



Results



Laboratory Results record Form

Patient name.....
Contact(phone).....
Age(date of birth).....
Gender.....

Full Test Name	Date Test Conducted	Test Results	Test conductor	Diagnosis Summary

Laboratory Results record Form

Patient name.....
Contact(phone).....
Age(date of birth).....
Gender.....

Full Test Name	Date Test Conducted	Test Results	Test conductor	Diagnosis Summary

Laboratory Results record Form

Patient name.....
Contact(phone).....
Age(date of birth).....
Gender.....

Full Test Name	Date Test Conducted	Test Results	Test conductor	Diagnosis Summary