

Login window

Login form

Registration form

OIB: text

Password: \*\*\*\*\*

Login

Name: text

Surname: text

Date of birth: text

OIB: text

Email address: text

Password: text

Gender: ☒ Male ☐ Female

Disease: Headache

Confirm

Cancel

Exit

Appointment Frame

Menu

Book a meeting

Current date

Monday

10:00

Patient details

Confirm

Exit

Order medication frame

Menu

Order medication

Gastal

Order

Exit

Option window

Please choose what do you want to do

Visit doctor

Order medication