```
<!DOCTYPE html>
<html>
<head>
 <title>medi+ore</title>
 k href="https://fonts.googleapis.com/css?family=Lato:100,300,400,900&display=swap"
rel="stylesheet">
 <link href="https://fonts.googleapis.com/css?family=Viga&display=swap" rel="stylesheet">
 k rel="stylesheet" type="text/css" href="resources/bootstrap/bootstrap.css">
 k rel="stylesheet" type="text/css" href="resources/css/services_style.css">
 k rel="stylesheet" type="text/css" href="resources/css/032%20grid.css">
 <link rel="stylesheet" type="text/css" href="resources/css/normalize.css">
</head>
<body>
 <header>
    <div class="container-fluid">
     <div class="container">
       <div class="row">
         <div class="col-md-6 logo">
           <img src="resources/fonts/Free Sample By Wix.jfif" class="logo1" />
         </div>
         <div class="col-md-6">
           <a href="index.html">HOME</a>
             <a href="services.html">SERVICES</a>
             <a href="login-sign-up.html">LOGIN</a>
             <a href="services.html">EMERGENCY</a>
```

```
</div>
    </div>
  </div>
</div>
<div class="container">
  <div class="row">
    <h1>
      Book an Appointment now!
      <br> <small class="text-top">An apple a day keeps the doctor away...</small>
    </h1>
    <div class="container1">
      <form class="form1">
        <div class="form-row">
          <div class="form-group col-md-6">
            <label for="inputfirstname">First name</label>
            <input type="first name" class="form-control" >
          </div>
          <div class="form-group col-md-6">
            <label for="inputPassword4">Last name</label>
            <input type="last name" class="form-control" >
          </div>
        </div>
        <div class="form-row">
          <div class="form-group col-md-12">
            <label for="inputEmail4">Email</label>
            <input type="email" class="form-control" id="inputEmail4">
          </div>
        </div>
```

```
<div class="form-group">
              <label for="inputAddress">Address</label>
              <input type="text" class="form-control" id="inputAddress" placeholder="1234 Main
St">
            </div>
            <div class="form-group">
              <label for="inputillness">Description of illness</label>
              <input type="text" class="form-control" id="inputAddress2" placeholder="Fever,
headache, or dehydration etc">
            </div>
            <div class="form-row">
              <div class="form-group col-md-6">
                <label for="inputCity">Type of sickness</label>
                <input type="text" class="form-control" id="inputCity">
              </div>
              <div class="form-group col-md-6">
                <label for="inputState">Doctor</label>
                <select id="inputState" class="form-control">
                   <option selected>Choose...</option>
                   <option>OPD</option>
                   <option>Eye specialist
                   <option>Dentist
                   <option>Neuro</option>
                   <option>Orthopedic</option>
                </select>
              </div>
            </div>
            <button type="submit" class="btn btn-primary">Done</button>
          </form>
        </div>
      </div>
    </div>
```

```
</header>
  <section>
  <div class="container">
    <h2>Emergency!<br>
    <small class="text-top">Always there for you 24*7...</small></h2>
    <div class="row">
     <div class="container1">
          <form class="form2">
             <div class="form-row">
               <div class="form-group col-md-6">
                 <label for="inputfirstname">Name</label>
                 <input type="first name" class="form-control" >
               </div>
               <div class="form-group col-md-6">
                 <label for="inputPassword4">Phone no</label>
                 <input type="last name" class="form-control" >
               </div>
             </div>
             <div class="form-row">
               <div class="form-group col-md-12">
                 <label for="inputEmail4">Email</label>
                 <input type="email" class="form-control" id="inputEmail4">
               </div>
             </div>
             <div class="form-group">
               <label for="inputAddress">Address</label>
               <input type="text" class="form-control" id="inputAddress" placeholder="1234 Main
St">
             </div>
```

```
<div class="form-group">
               <label for="inputillness">Description of illness</label>
               <input type="text" class="form-control" id="inputAddress2" placeholder="Fever,
headache, or dehydration etc">
             </div>
             <button type="submit" class="btn btn-primary">Call Now</button>
          </form>
        </div>
    </div>
  </div>
  </section>
  <footer>
    <div class="container-fluid">
      <div class="container footer-text">Reach us</div>
      <div class="container">
        <div class="row">
          <div class="col-md-4">
             <div class="row iconsocial">
            <div class="col-3"> <ion-icon name="logo-linkedin"></ion-icon></div>
             <div class="col-3"> <ion-icon name="logo-instagram"></ion-icon></div>
          <div class="col-3"> <ion-icon name="logo-facebook"></ion-icon></div>
          <div class="col-3"> <ion-icon name="logo-twitter"></ion-icon></div>
          </div>
          </div>
```

<div class="col-md-5" offset-3 copyright-text ">Copyright © 2020 by MEDI+ORE

<script src="resources/bootstrap/bootstrap.js"></script>	
<pre><script src="resources/bootstrap/jquery-3.4.1.js"></script></pre>	
<pre><script src="https://unpkg.com/ionicons@5.0.0/dist/ionicons.js"></script></pre>	•

All rights reserved.
 For permission requests, write to the publisher, addressed "Attention:

Permissions Coordinator," at the address below.

</body>

</html>