

```
<!DOCTYPE html>
```

```
<html>
```

```
<head>
```

```
  <title>medi+ore</title>
```

```
  <link 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">
```

```
  <link rel="stylesheet" type="text/css" href="resources/bootstrap/bootstrap.css">
```

```
  <link rel="stylesheet" type="text/css" href="resources/css/services_style.css">
```

```
  <link 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">
```

```
            
```

```
          </div>
```

```
        <div class="col-md-6 ">
```

```
          <ul class="menu-bar">
```

```
            <li><a href="index.html">HOME</a></li>
```

```
            <li><a href="services.html">SERVICES</a></li>
```

```
            <li><a href="login-sign-up.html">LOGIN</a></li>
```

```
            <li><a href="services.html">EMERGENCY</a></li>
```

```
          </ul>
```

```
        </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>
```

```

<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>

      <option>Dentist</option>

      <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
```


All rights reserved.
 For permission requests, write to the publisher, addressed "Attention: Permissions Coordinator," at the address below.

</div>

</div>

</div>

</div>

</footer>

<script src="resources/bootstrap/bootstrap.js"></script>

<script src="resources/bootstrap/jquery-3.4.1.js"></script>

<script src="https://unpkg.com/ionicons@5.0.0/dist/ionicons.js"></script>

</body>

</html>