



Tampa Care Hospital Bay Area - Tampa

14233 Shiloh Woods Tampa FL 33613

813-894-1270







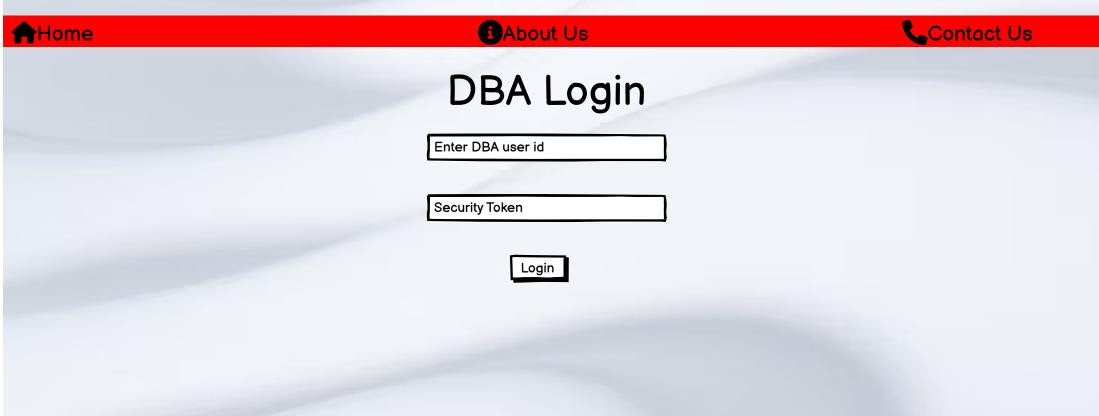
Contact Us

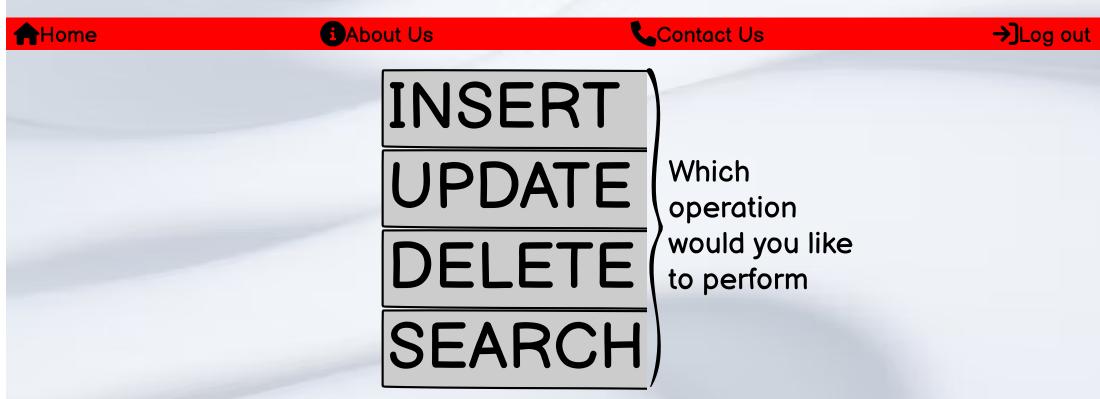


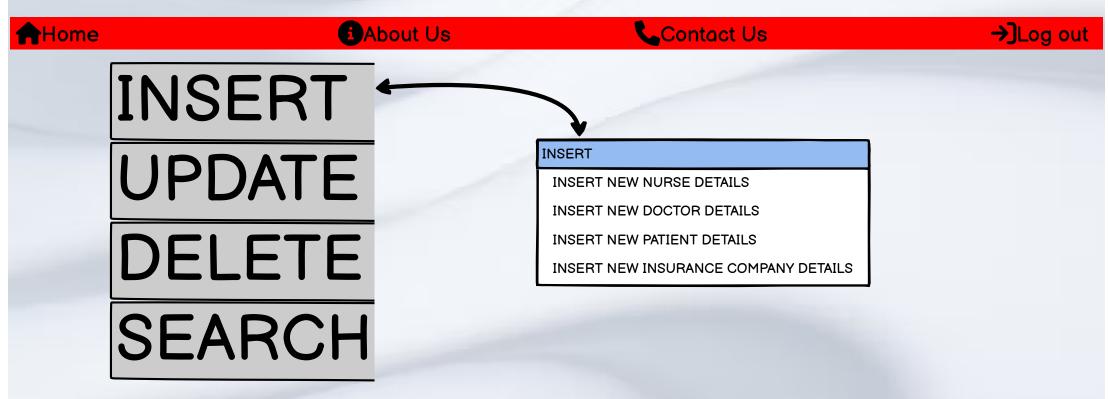


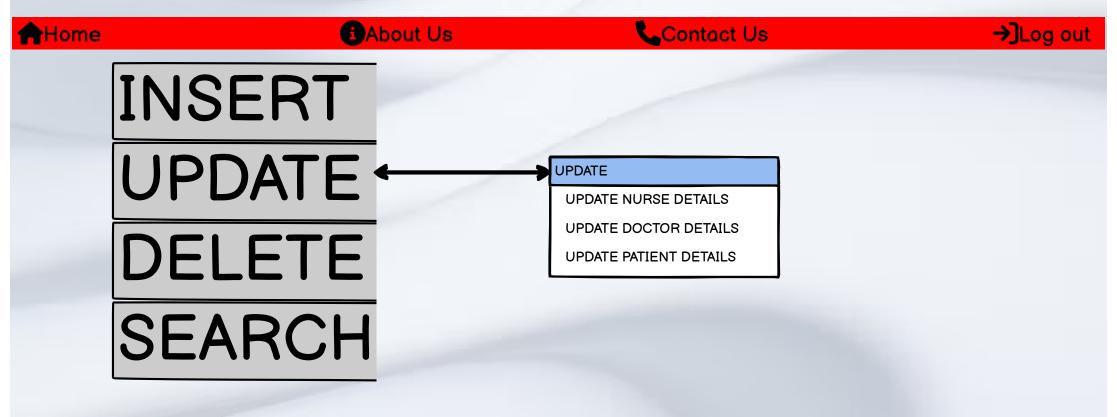
**DBA** Login

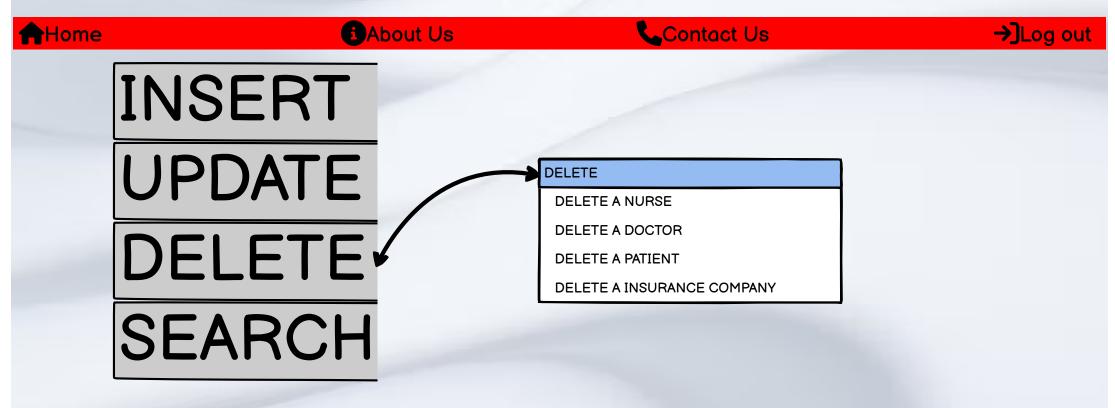


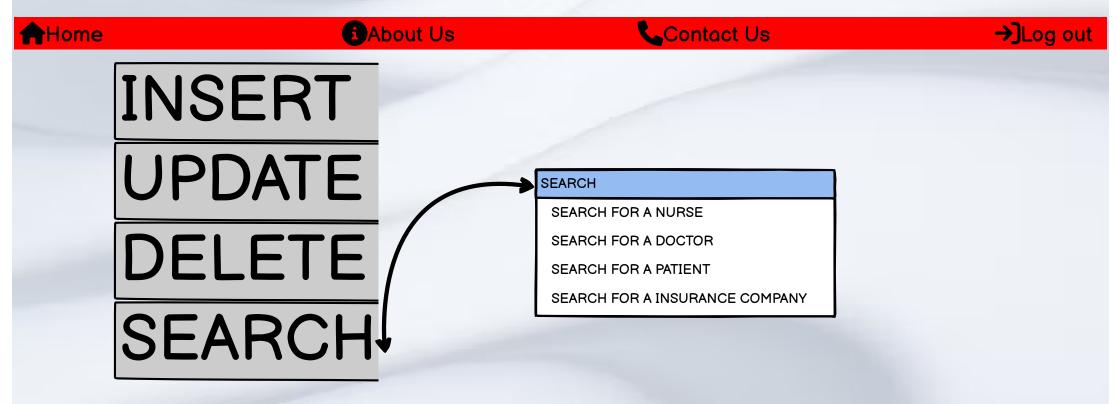














1 About Us

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#### **Insert New Nurse Details**

Enter Department Number \*

Enter Nurse Number \*

Enter Nurse First Name

Enter Nurse Last Name

Certification \*

Year Hired

Supervisor Number \*

(\* indicates mandatory fields)



1 About Us

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#### **Insert New Doctor Details**

Enter Department Number \*

**Enter Doctor Number \*** 

**Enter Doctor First Name** 

Enter Doctor Last Name

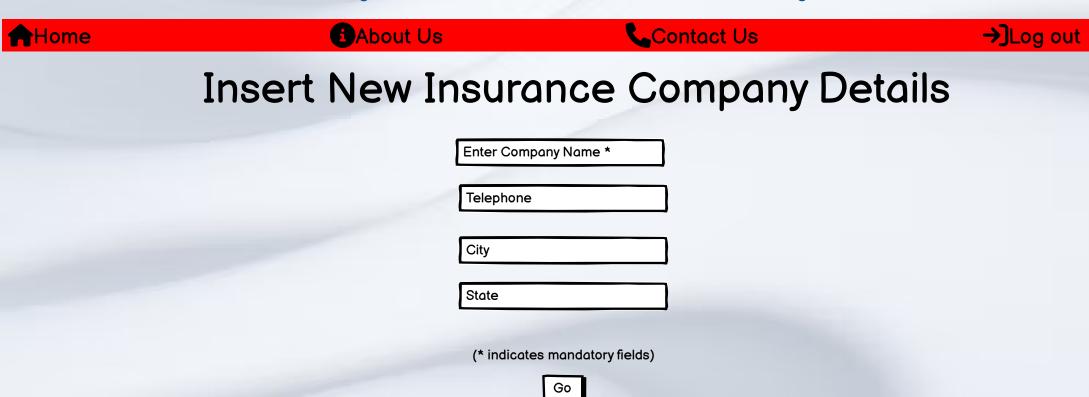
Office Number

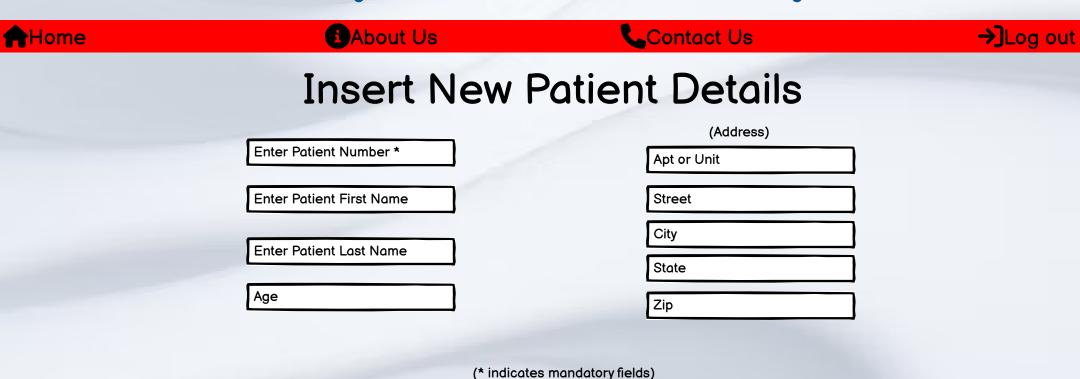
Telephone \*

**Backup Doctor Number** 

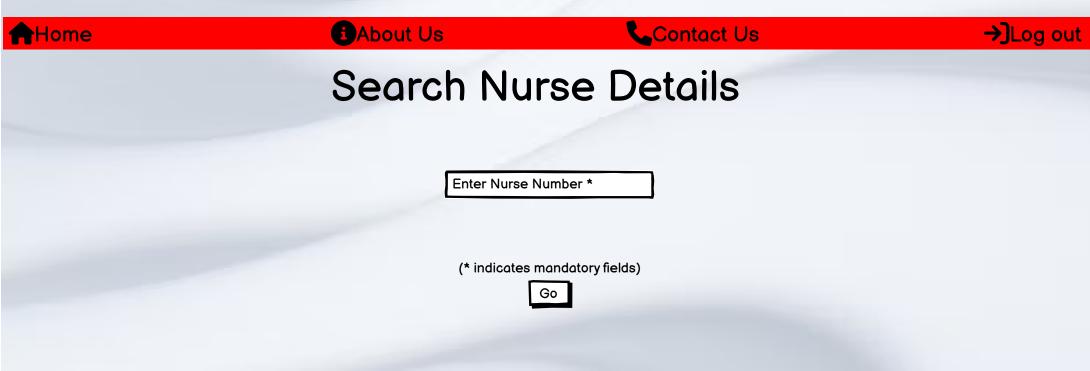
(\* indicates mandatory fields)



















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#### Search Results

Department Number: 2

Nurse Number : 103

Nurse First Name : Rebecca

Nurse Last Name : Lowe

Certification : Certified Neuroscience Registered Nurse

Year Hired : 2013

Supervisor Number : NULL

**Update Nurse Details** 

Delete Nurse

<del>M</del>Home

1 About Us

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→ Log out

#### Search Results

Department Number : 7

Doctor Number : 6

Doctor First Name : Harshini
Doctor Last Name : Panda

Office Number : 1302

Telephone : 813-010-658

Backup Doctor Number : NULL

Degree Type : Doctor of Medicine

Major : Gynaecology

University : Stanford University

**Update Doctor Details** 

Delete Doctor

<del>| Home</del>

**1** About Us

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#### Search Results

Patient Number : 4

Patient First Name : Dilli

Patient Last Name : Ray

Age : 55

Apt or Unit Number : 107

Street : North Avenue

City : Denton
State : Texas
Zip : 75065

**Update Patient Details** 

**Delete Patient** 



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#### Search Results

Company Name

: United Health Care

Telephone

: 813-345-200

City

: Tampa

State

: Florida

Delete Insurance Company



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### **Update Nurse Details**

Department Number: 2

Nurse Number : 103

Nurse First Name : Rebecca

Nurse Last Name : Lowe

Certification : Certified Neuroscience Registered Nurse

Year Hired : 2013

Supervisor Number: NULL

Enter Department Number \*

Enter Nurse Number \*

Enter Nurse First Name

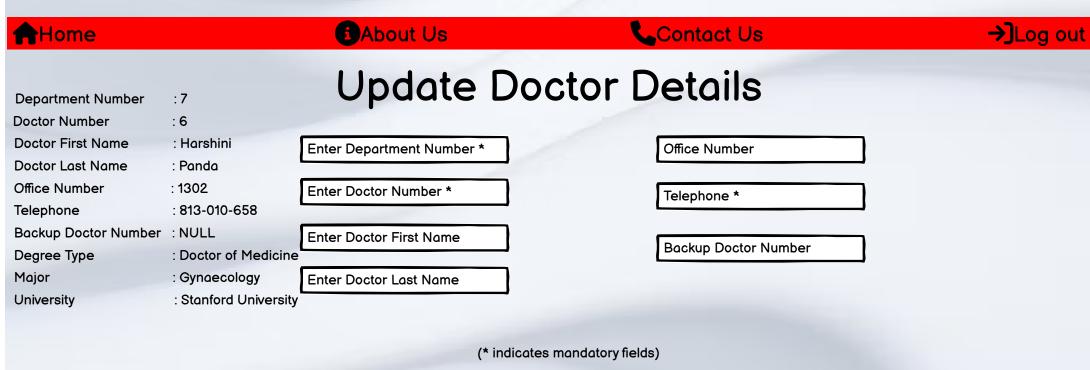
Enter Nurse Last Name

Certification \*

Year Hired

Supervisor Number \*

(\* indicates mandatory fields)



<del>|</del>Home

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→ Log out

### **Update Patient Details**

Patient Number : 4

Patient First Name : Dilli

Patient Last Name : Ray

Age : 55

Apt or Unit Number : 107

Street : North Avenue

City : Denton

State : Texas

Zip : 75065

Enter Patient Number \*

**Enter Patient First Name** 

**Enter Patient Last Name** 

Age

(Address)

Apt or Unit

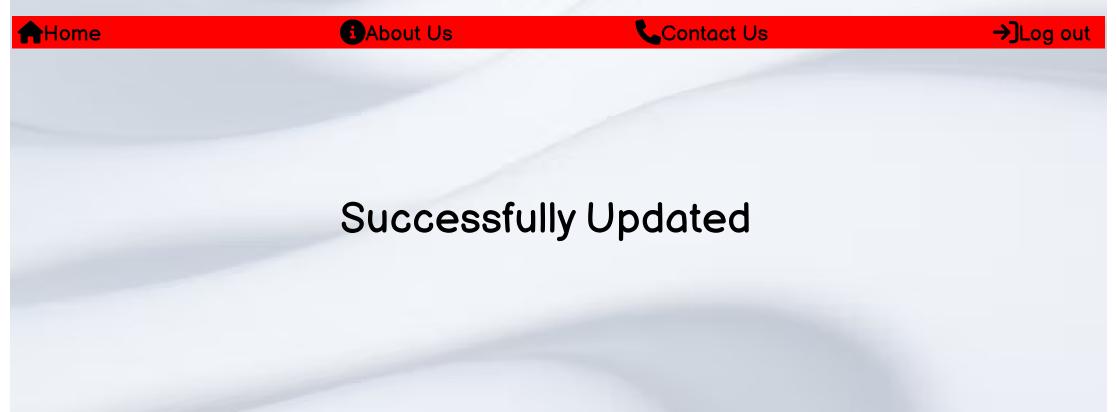
Street

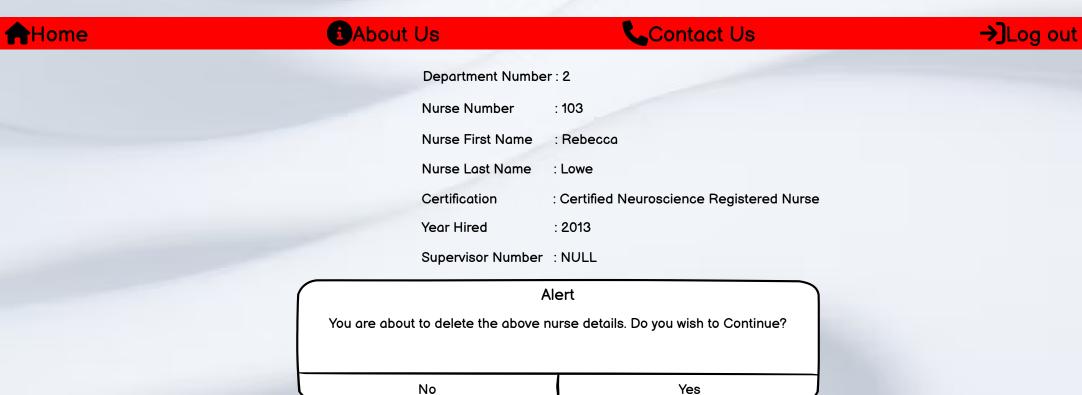
City

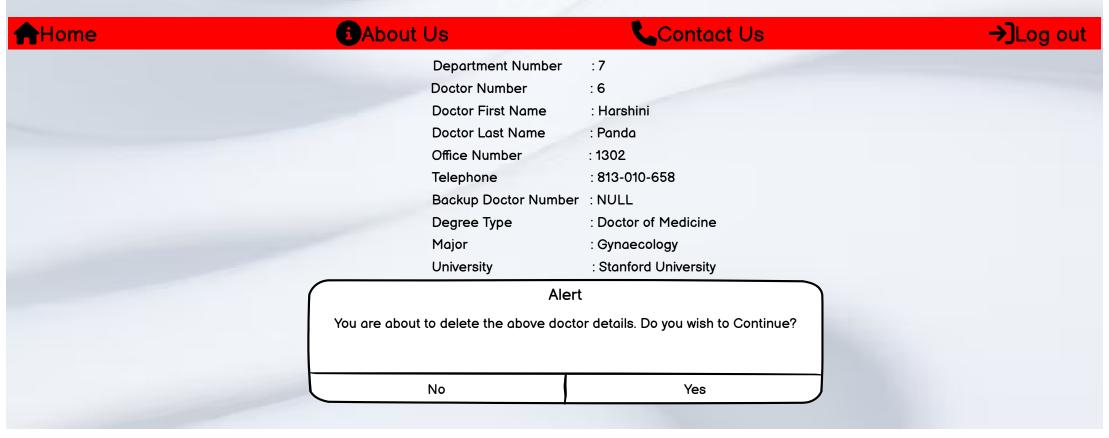
State

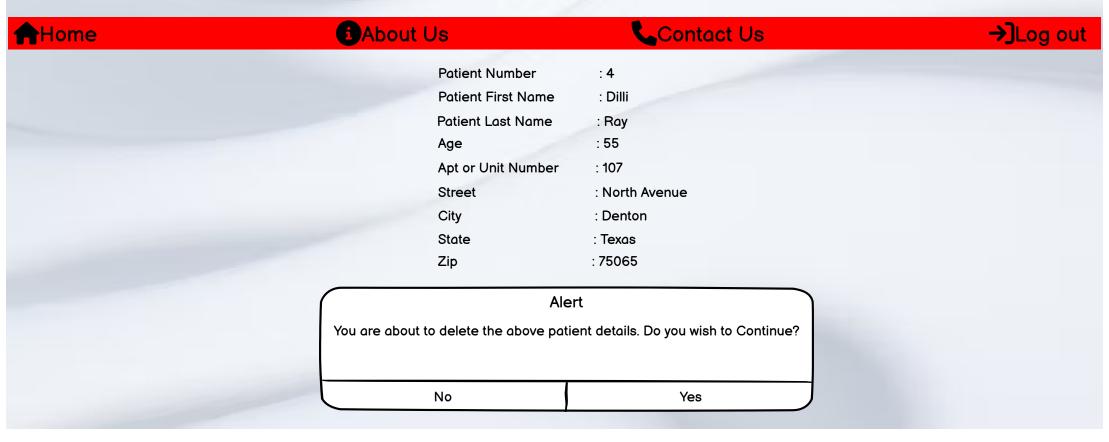
Zip

(\* indicates mandatory fields)









: Tamp

: Florida



City

State

Alert

You are about to delete the above insurance company details. Do you wish to Continue?

No Yes

