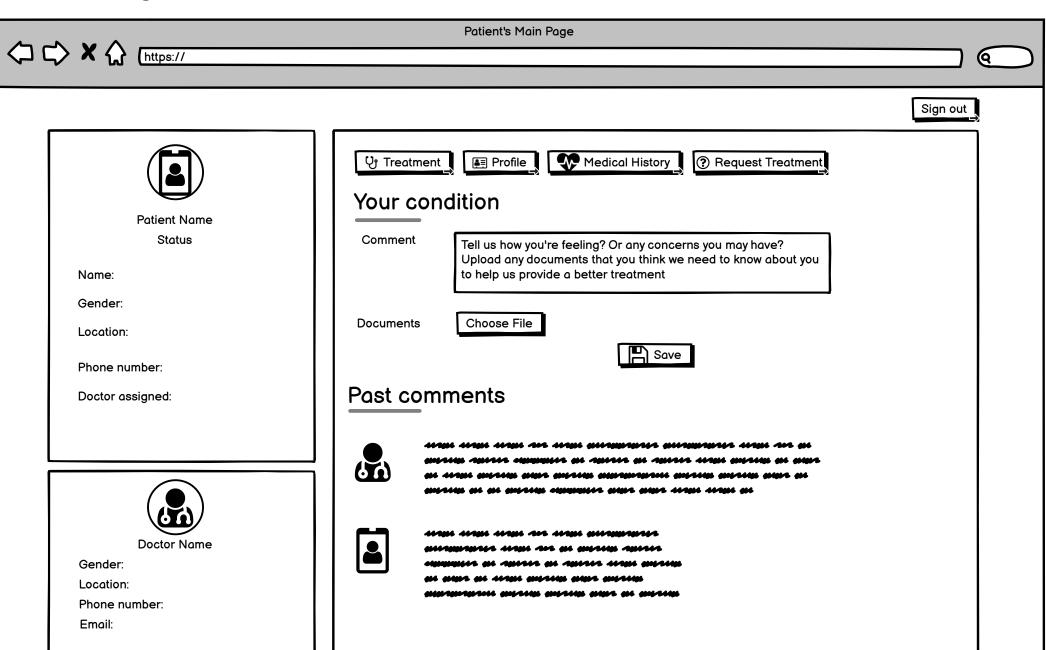


Patient's Sign Up Page		
Sign up		
Please fill in this form to create an account. Already have an account? Log is here.		
First name		
Last name		
Email		
Username		
Osername		
Password		
Confirm Password		
By creating an account you agree to our Terms and Privacy		
Cancel Sign up		

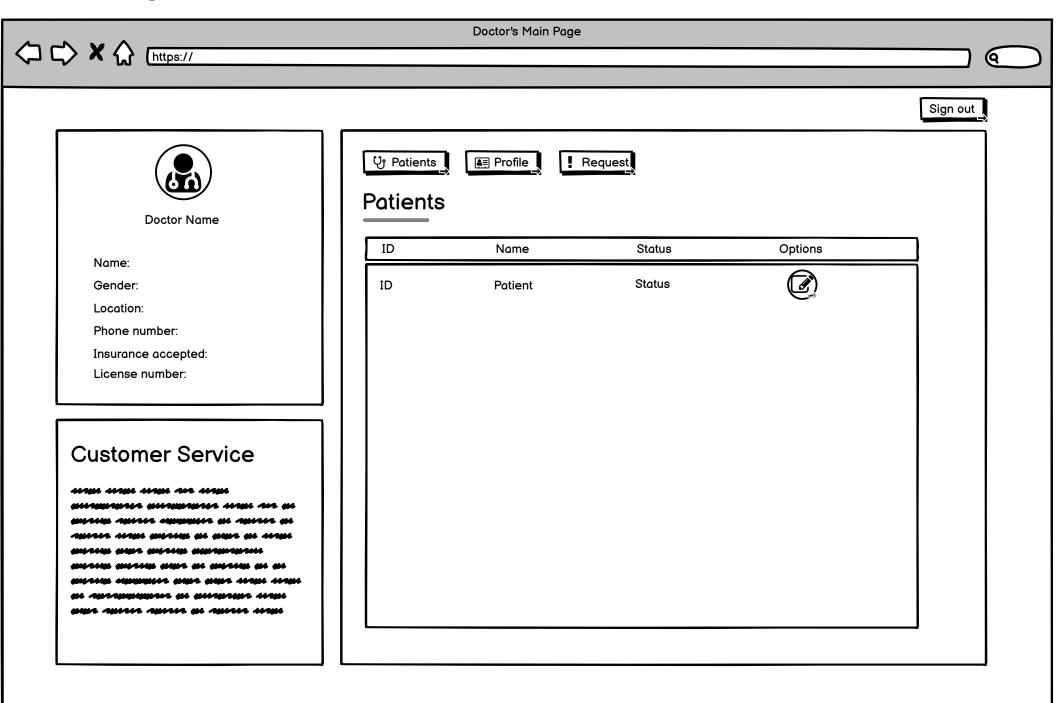
AN N A	Log in Page
Cog in Page https://	
	Log in
	Please fill in your credentials to log in
	Username
	Password
	Log in
	Don't have an account? <u>Sign up</u> here.

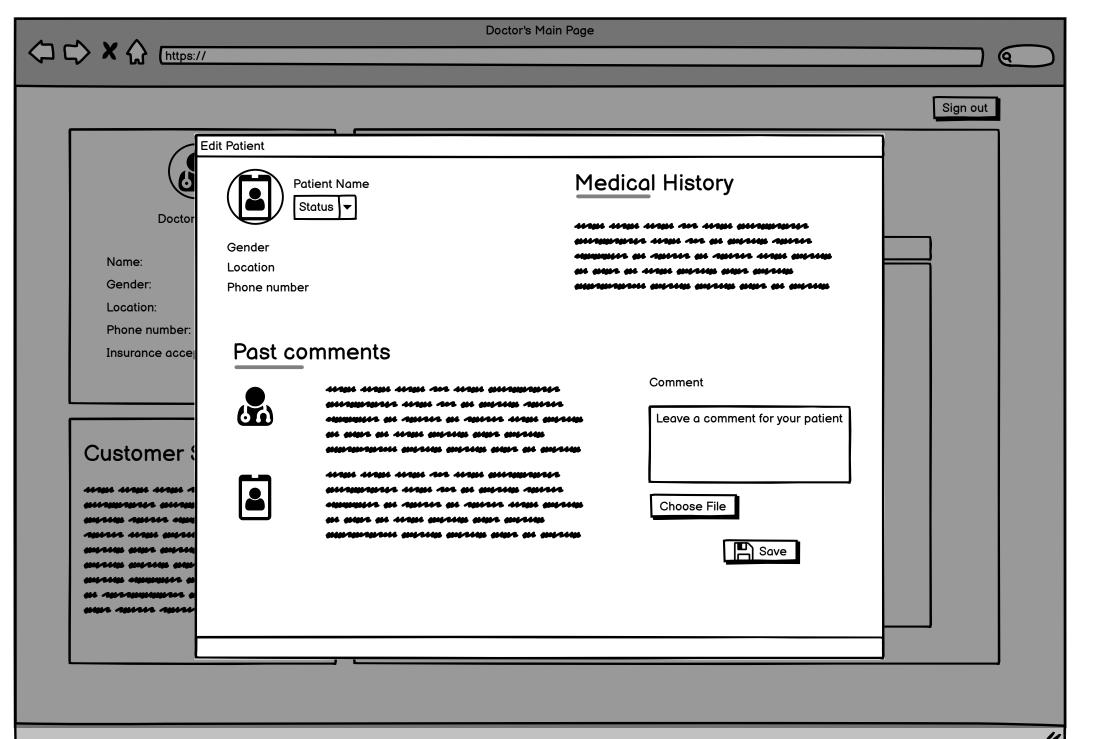


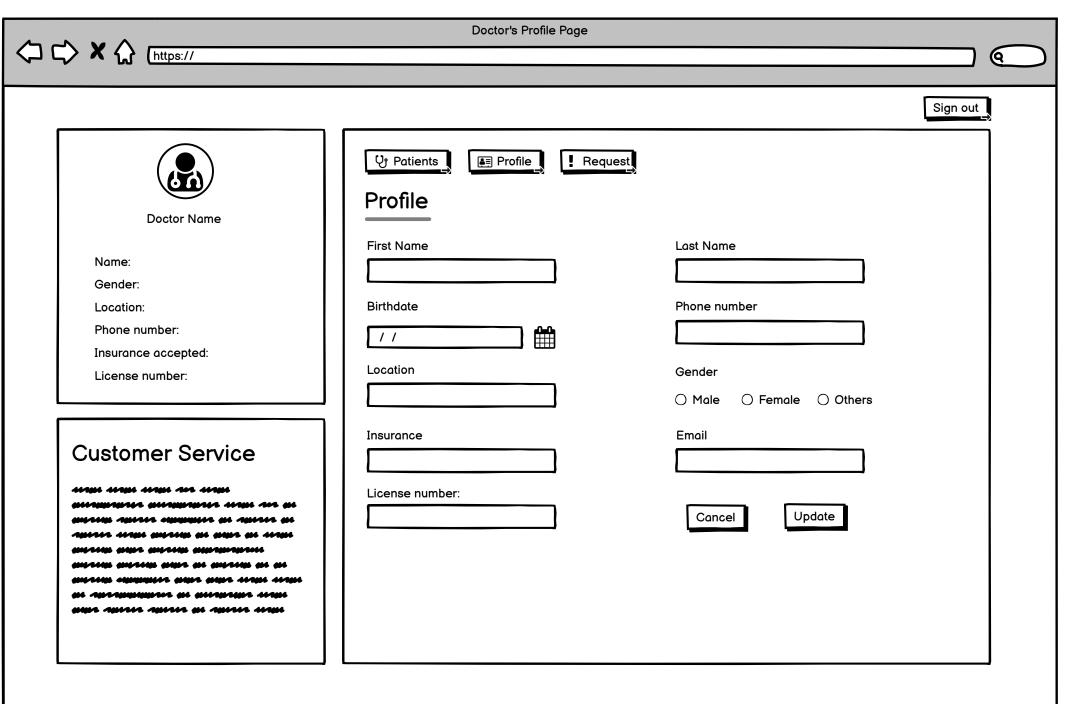
	Patient's Profile Page	
← ★ ★ ★ https://		
Patient Name Status Name: Gender:	Profile First Name Birthdate	Sign out Medical History Request Treatment Last Name Phone number
Location: Phone number: Insurance: Doctor assigned:	Location Insurance	Gender Male Female Others Email
Doctor Name Gender: Location: Phone number: Email:		Cancel Update

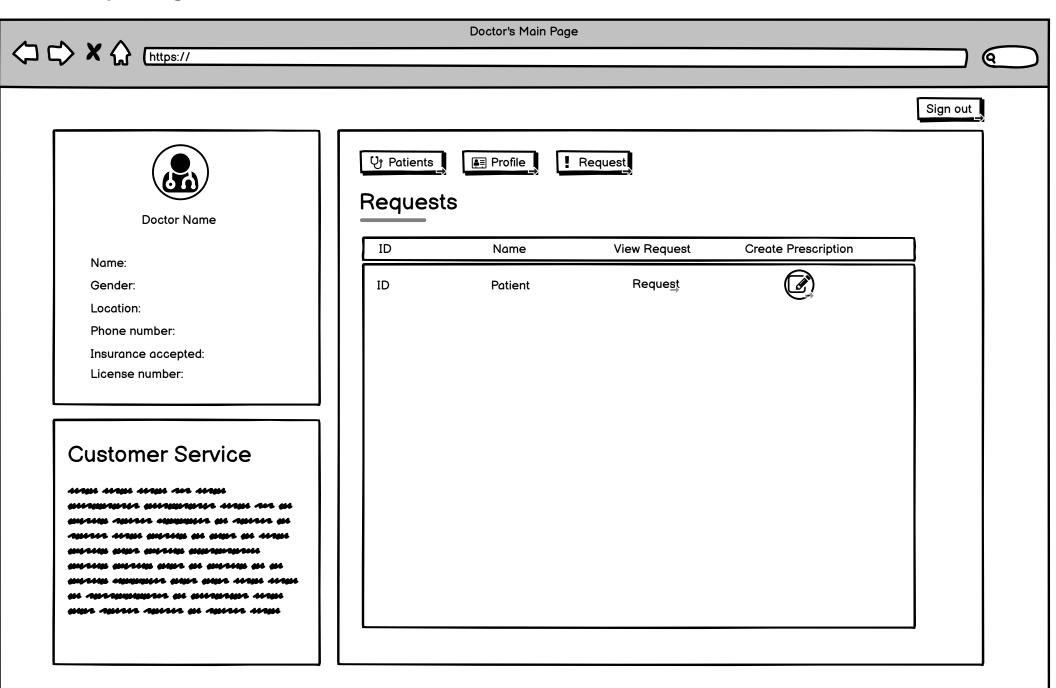
Patient's Medical History A https://		
Medical History Are you currently taking any medication? Yes O No List any medications you're taking	Do you have any medication allergies? Yes No List any allergies you may have	Sign out
	ARRONNELS AND ARROWS AND AND AND AND AND AND ADDRESS OF ADDRESS AND ADDRESS OF ADDRESS	
	Medical History Are you currently taking any medication? Yes No List any medications you're taking	Medical History Are you currently taking any medication? O Yes No List any medications you're taking List any allergies you may have

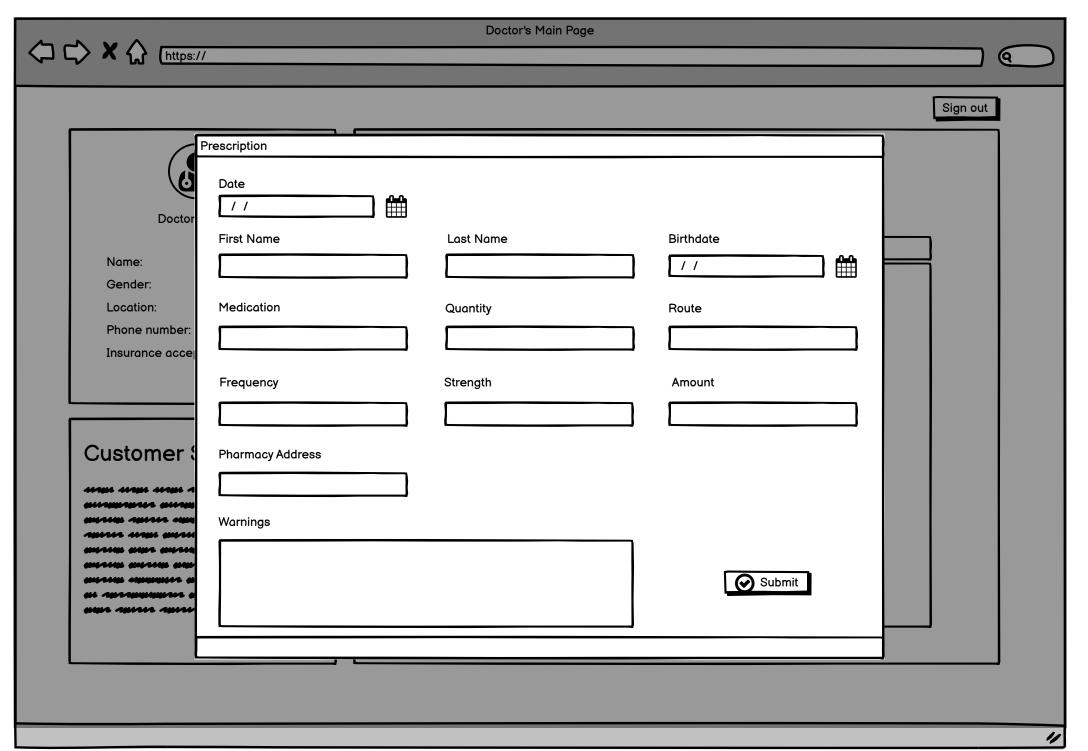
	Patient's Main Page		
	Sign out		
Patient Name Status	Treatment Request Have you been diagnosed with COVID-19?		
Name: Gender: Location:	Yes ○ NoStatusMild ○ Severe ○ Critical		
Phone number:	Description		
Doctor assigned:	Tell us how you're feeling?		
	Symptoms		
Doctor Name	What symptoms are you experiencing?		
Gender: Location: Phone number:	Submit		
Email:			

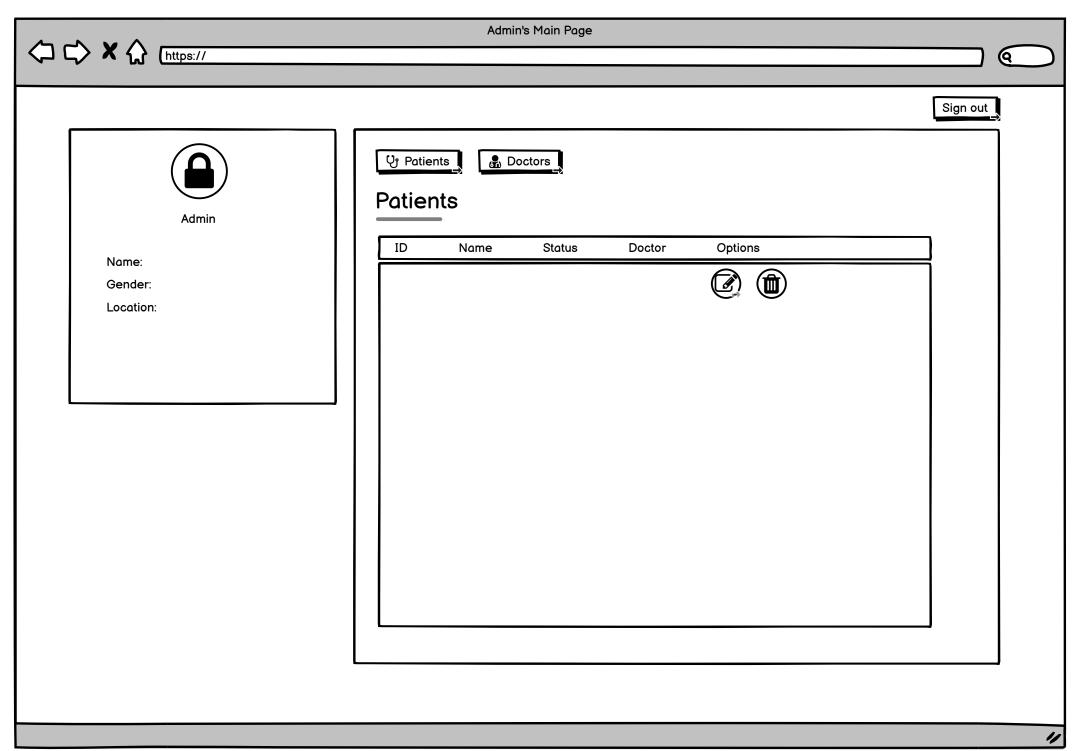












https://	Admin's Edit Patient Page	
https://		
		Sign out_
	Update Medical History	
Patient Name	Profile	
Status	First Name	Last Name
Name:		
Gender:	Birthdate	Phone number
Location:	/ / #	
Phone number:		
Insurance:	Location	Gender
Doctor assigned:		○ Male ○ Female ○ Others
	Insurance	Email
	Doctor	
	Doctor's List ▼	
	Doctor's List +	
		Cancel Update
Doctor Name		Орасс
Gender:		
Location:		
Phone number: Email:		
License number:		









Sign out



Patient Name Status

Name:

Gender:

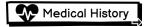
Location:

Phone number:

Insurance:

Doctor assigned:





Admin's Medical History Page

Medical History



Doctor Name

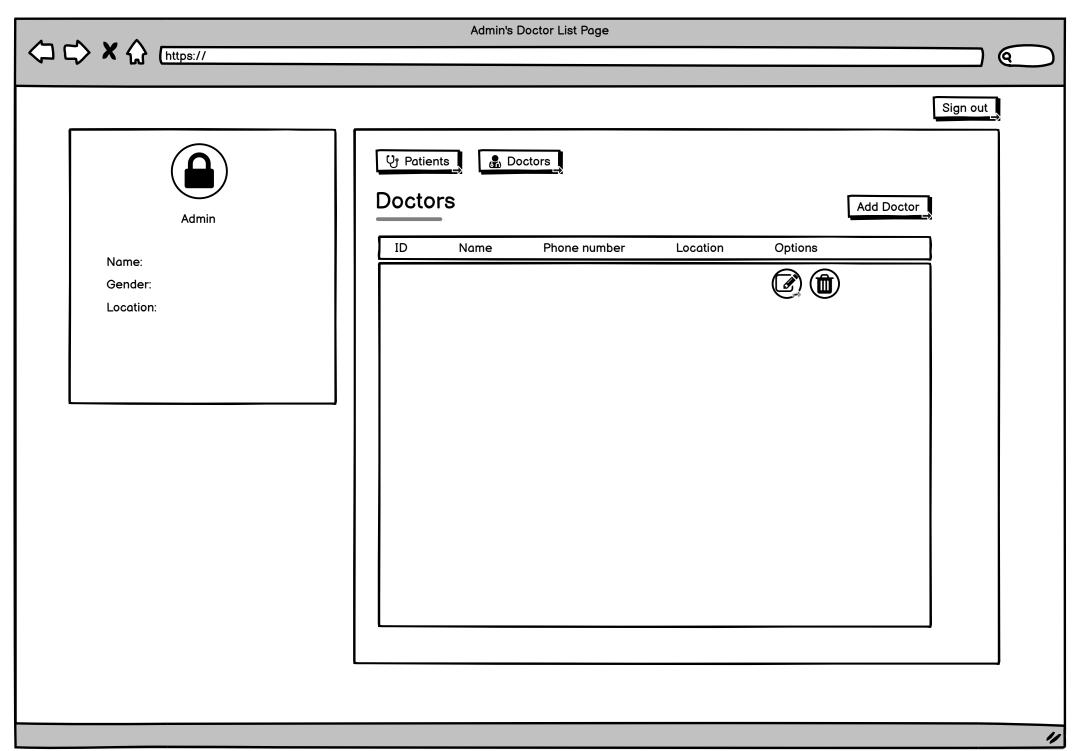
Gender:

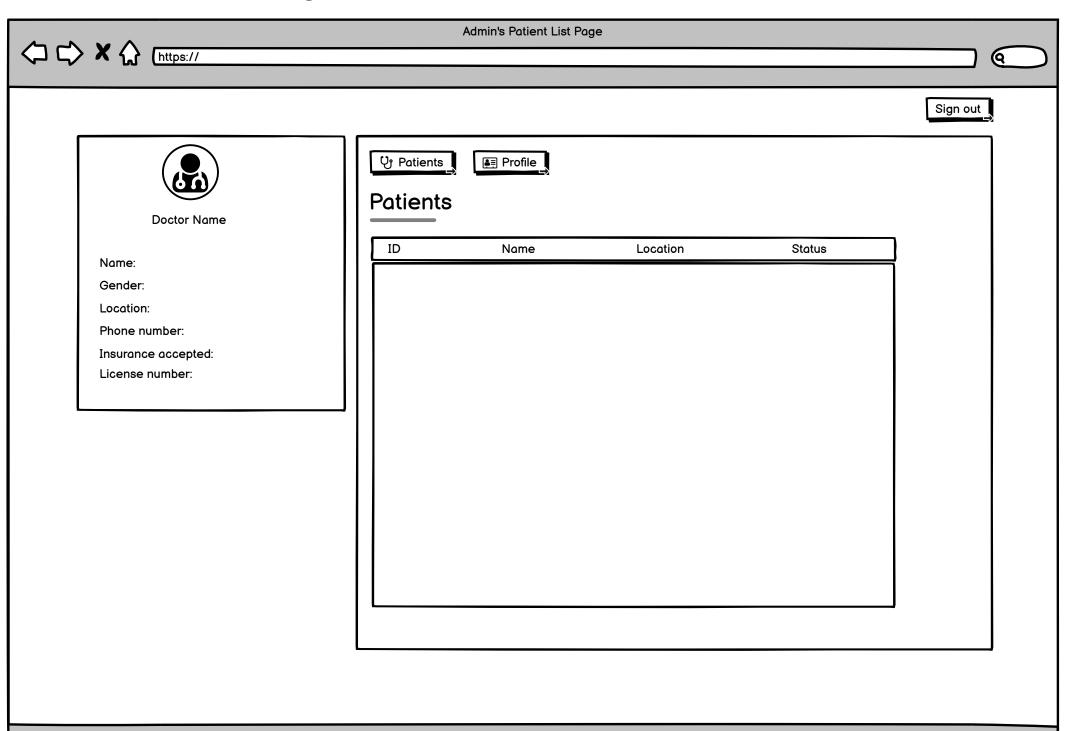
Location:

Phone number:

Email:

License number:





←	Admin's Doctor List Page	
https:// Doctor Name Name: Gender: Location: Phone number: Insurance accepted: License number:	Admin's Doctor List Page Profile First Name Birthdate / / Location Insurance License number:	Sign out Last Name Phone number Gender Male Female Others Email Cancel Update

	Admin's Main Pag	ge	
			<u> </u>
			Sign out
Add Doctor			
Add Doct	or		
First Name		Last Name	
Usernam		Password	
Location		Gender	
		○ Male ○ Female ○ Others	
Insurance Acc	epted	Email	
License numb	er .	Phone number	
	Add		