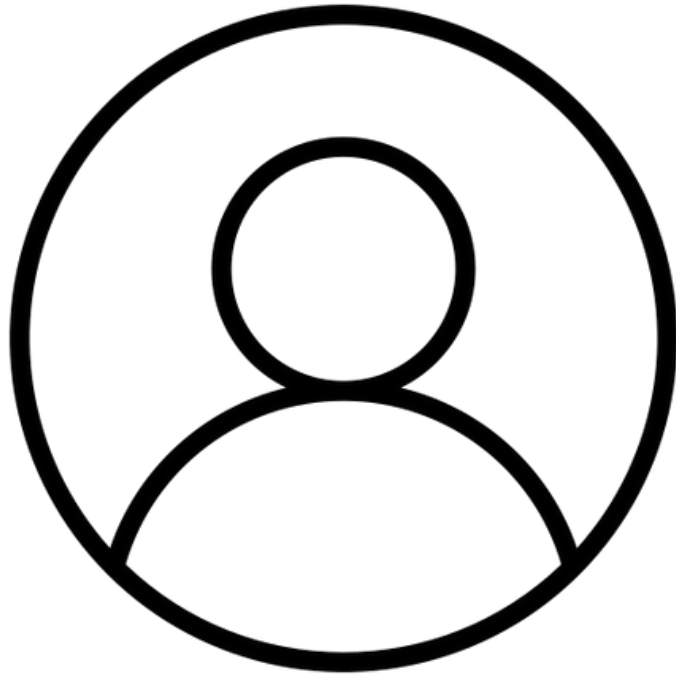


Pacientes



**Upload Image**

## Sign Up Sheet

**Name**

**Last Name:**

**Email address:**

**Gender:**

**Password:**

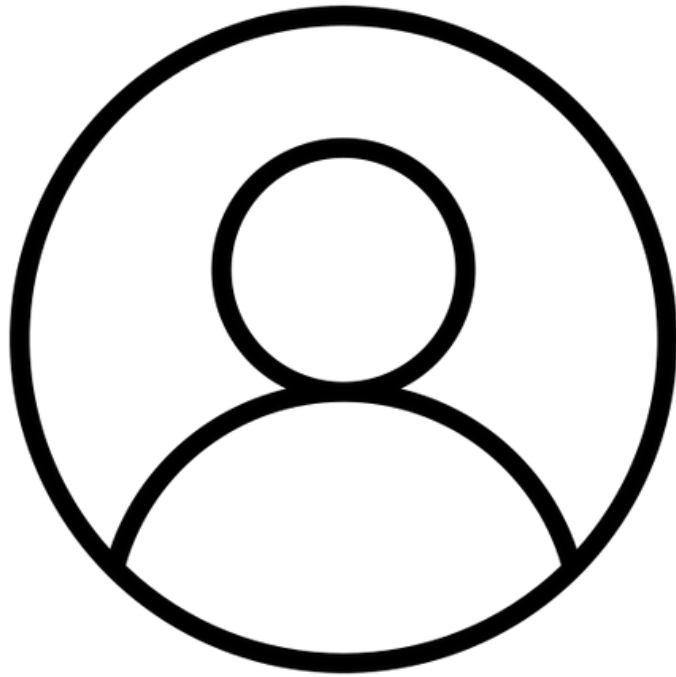
**Phone number:**

**778899100**

**C.I:**

**Accept**

Doctores



**Upload Image**

## Sign Up Sheet

**Name**

**Last Name:**

**Email address:**

**Gender:**

**Password:**

**Phone number:**

**778899100**

**C.I:**

**Accept**



John Doe

[ryan@rockettheme.com](mailto:ryan@rockettheme.com) - Patient

Phone number: 78454613

Upload Image

## Account

name

ryan

Full name \*

John Doe

Email \*

ryan@example.com

Password

.....

C.I.

Gender

Female



✓ Save



# John Doe

[ryan@rockettheme.com](mailto:ryan@rockettheme.com) - Patient

Phone number: 78454613

**Upload Image**

## Account

name

ryan

**Lastname**

John Doe

Email \*

ryan@example.com

Password

.....

**C.I.**

**Gender**

Female



✓ Save

Description

Education

Specialties



DOCTOR OFFICE HOURS

Thursday	9:00 AM - 5:00 PM
Friday	9:00 AM - 5:00 PM
Saturday	Closed
Sunday	Closed
Monday	9:00 AM - 5:00 PM
Tuesday	9:00 AM - 5:00 PM
Wednesday	9:00 AM - 5:00 PM