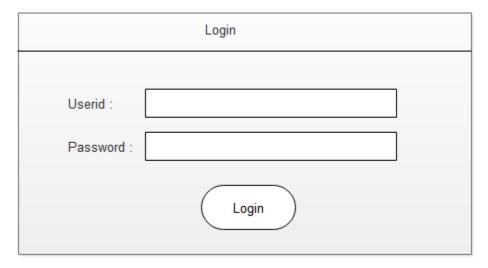


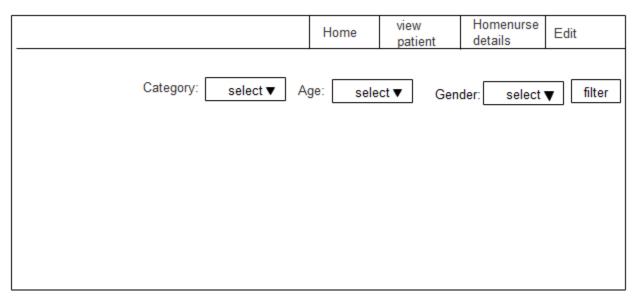
# Home Page



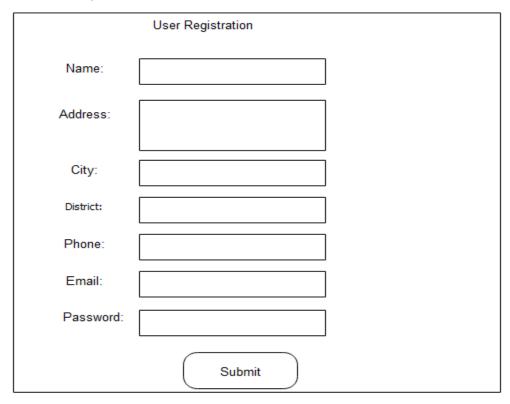
# Login page



## Users Homepage



## Users Registration



# Home Nurse Registration

	Home Nurse Registration Form					
Name:						
Address:						
City:						
District:						
Gender.						
DOB:						
Phone:						
Experience:						
Email:						
Password:						
Submit						

## Add Patient

Name	Age	Туре	Specialisation	Age choosen	
					Add Patient

## Home Nurse Home

