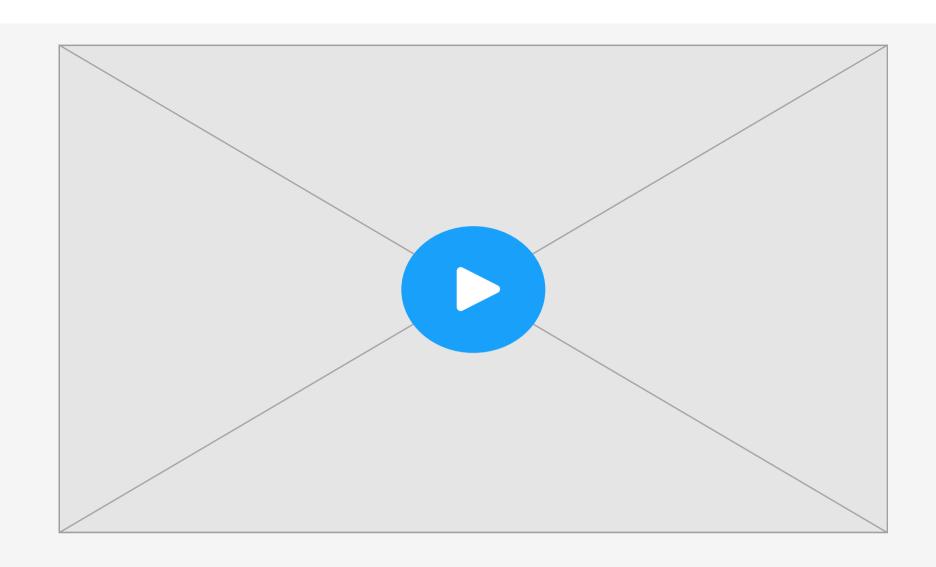
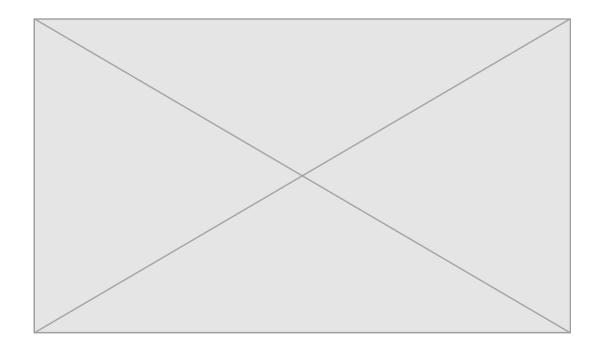
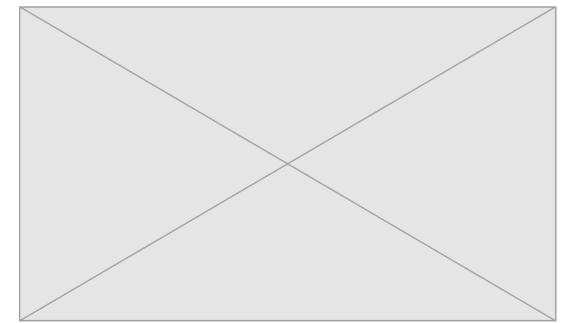
#### COVID 19

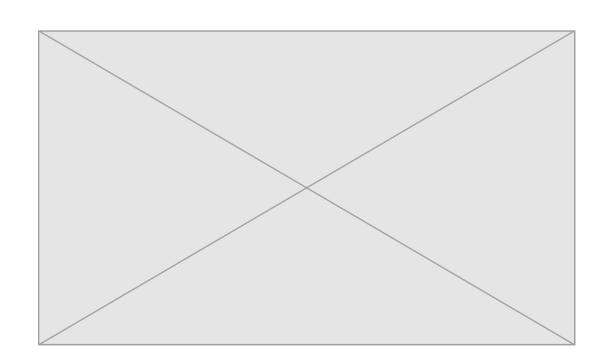
INFO.....

.....









### Log in

jane@example.com

•••••

0

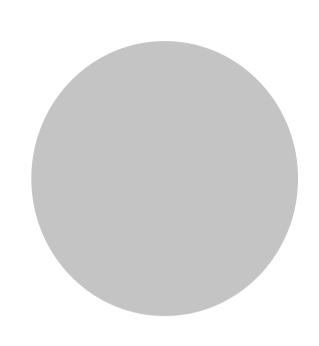
Cedula de ciudadania

LOG IN

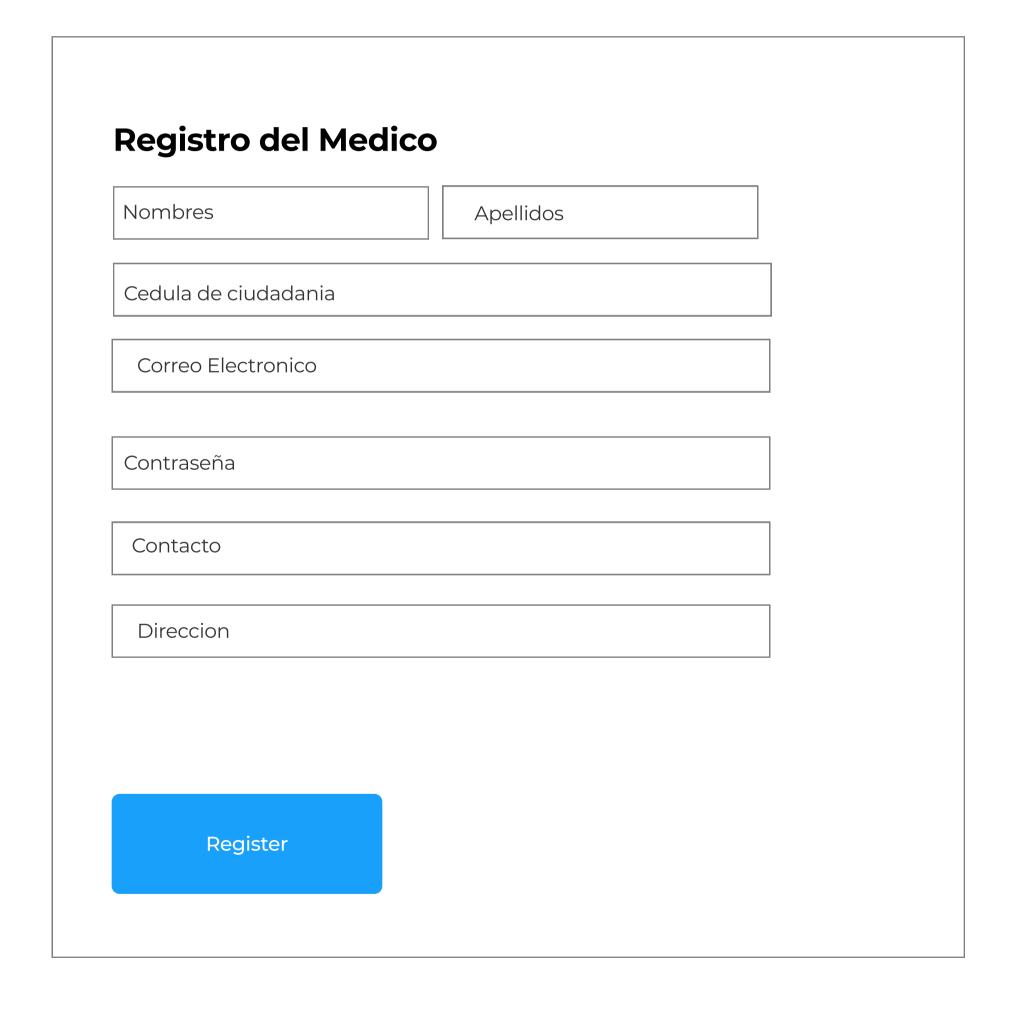
### Protegete con nosotros

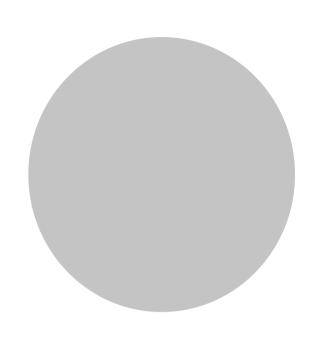
Hospital





## Protege a los demas





# Seguimiento Paciente



Juan Perez

| Fecha:      |  |  |
|-------------|--|--|
| Etapa:      |  |  |
| Diagnostica |  |  |
| Medicina:   |  |  |
| Observacio  |  |  |
|             |  |  |

### Historial Medico



Juan Perez

| Enfermedades Hereditarias: |  |
|----------------------------|--|
| Alergias:                  |  |
| Discapacidades:            |  |
| Medicinas que toma:        |  |
| Tipo de Sangre:            |  |
|                            |  |
|                            |  |
|                            |  |

# Tratamiento Paciente



Juan Perez

| Hataimento Paciente w |  |                         |  |  |
|-----------------------|--|-------------------------|--|--|
| Tratamiento:          |  | Tiempo del tratamiento: |  |  |
|                       |  |                         |  |  |
|                       |  |                         |  |  |
| Receta:               |  |                         |  |  |
|                       |  |                         |  |  |
|                       |  |                         |  |  |

# Registro Hospital



| Informacion:       |  |
|--------------------|--|
| Publico o Privado: |  |
| Direccion:         |  |
| Contactos:         |  |
| Especialidades:    |  |
|                    |  |
|                    |  |

