Doctor Side Flow

Home & Message Earnings

Sections



Your health, our priority.

Powered by







Sign Up as Patient

Sign Up as Doctor

Already have an account? Login here.

Powered by





Hello, Create Account

Email*
john.doe@gmail.com
Password*
Confirm Password*
First Name Last Name
— Date of Birth*
Mobile Number*
I have read and accept eZConsult's Terms of Service for the use of this App and the Services to be provided under the App.
I consent to the collection, use, processing and discloser of my personal data by eZConsult in Terms of the Privacy Policy . I Confirm that all information I provide is accurate and complete.





Hello again, Welcome Back!



- Email john.doe@gmail.com



Login

Forgot Password?

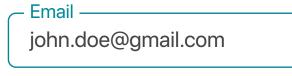
Already have an account? Sign Up here.



Hello, Forgot the Password?



A token will be sent to the registered email. Once verified, you will be able to reset your password.







Terms of Service

Hello,

By signing-up for an account with the eZConsult Application ("eZConsult"), you agree that you have read and understood the following terms and conditions of use ("Terms") and agree to be bound by them. If you do not agree to be bound by these terms, please exit this page, refrain from any further use of or access to eZConsult, and delete eZConsult from your device. These terms are between you and Zuellig Pharma Solutions, the owner of eZCobsult (collectively "Zuellig Pharma", "we", "us" and "our").

Zuellig Pharma may modify these Terms at any time by posting the revised Terms on the applicable distribution service Platform (eg. Google Play and Apple Appstore). You can determine when these Terms were last revised by referring to the the "LAST UPDATED" date at the top of these Terms. Any modifications will be effective immediately upon such posting. Your use of or access to the eZConsult

I agree with the Terms of Service

Continue









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Hello,

Terms of Service

By signing-up for an account with the eZConsult Application ("eZConsult"), you agree that you have read and understood the following terms and conditions of use ("Terms") and agree to be bound by them. If you do not agree to be bound by these terms, please exit this page, refrain from any further use of or access to eZConsult, and delete eZConsult from your device. These terms are between you and Zuellig Pharma Solutions, the owner of eZCobsult (collectively "Zuellig Pharma", "we", "us" and "our").

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Zuellig Pharma may modify these Terms at any time by posting the revised Terms on the applicable distribution service Platform (eg. Google Play and Apple Appstore). You can determine when these Terms were last revised by referring to the the "LAST UPDATED" date at the top of these Terms. Any modifications will be effective immediately upon such posting. Your use of or access to the eZConsult

✓ I agree with the Terms of Service

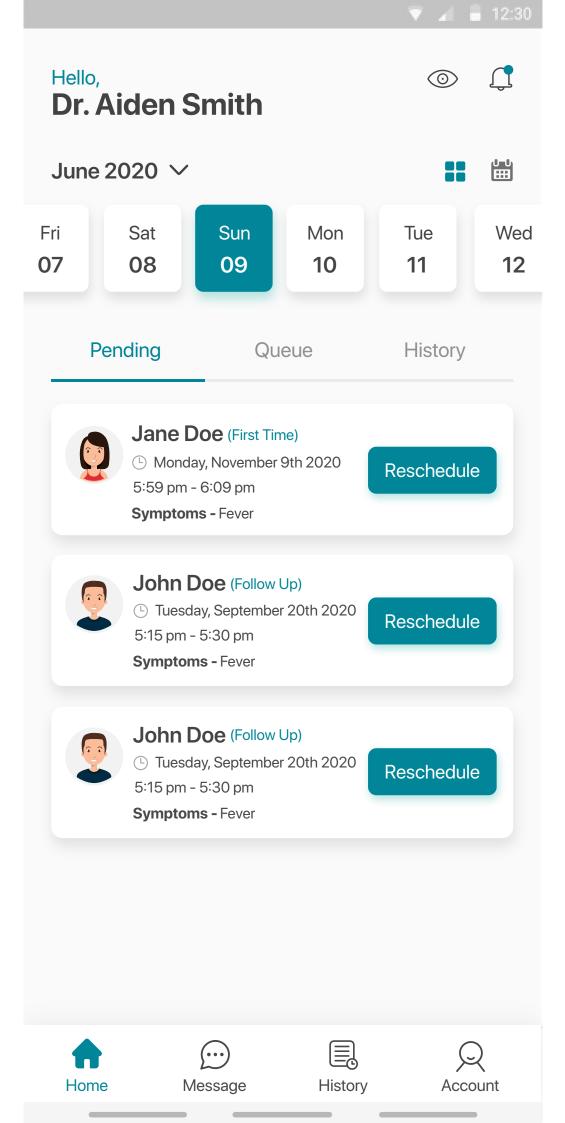
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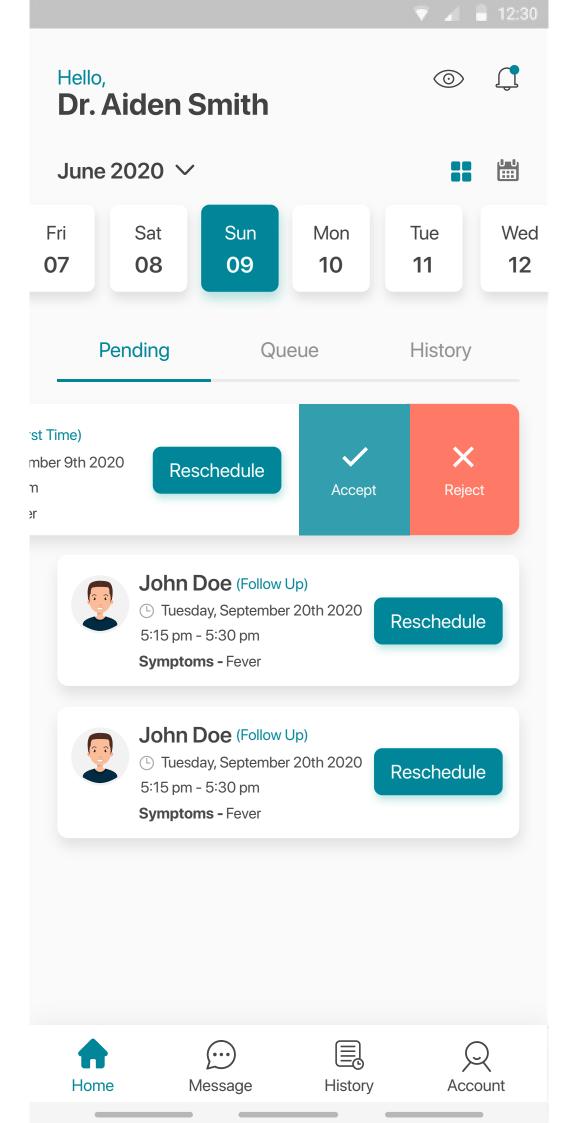


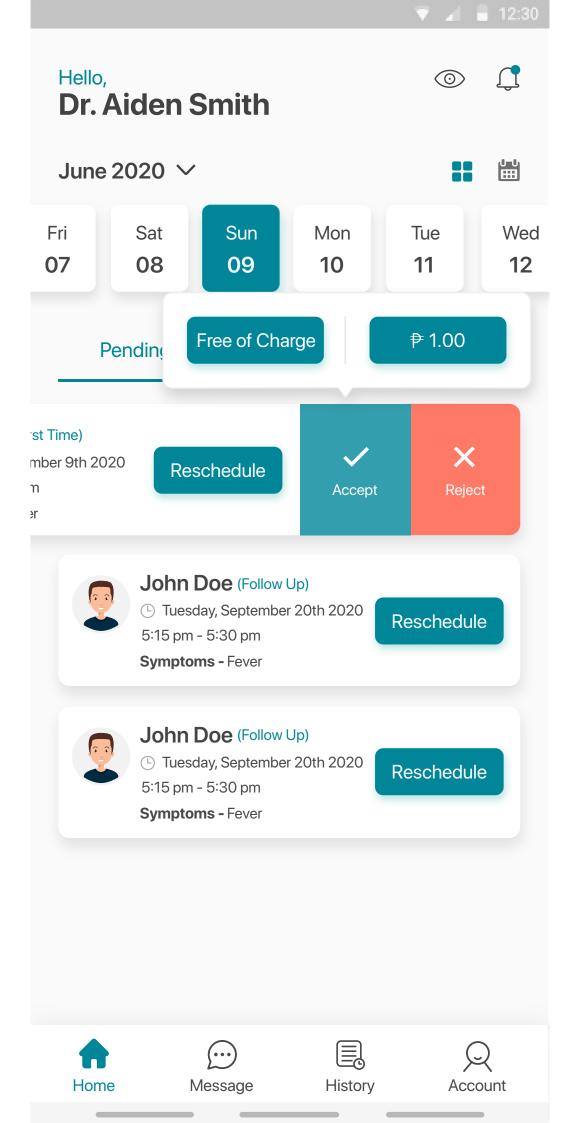


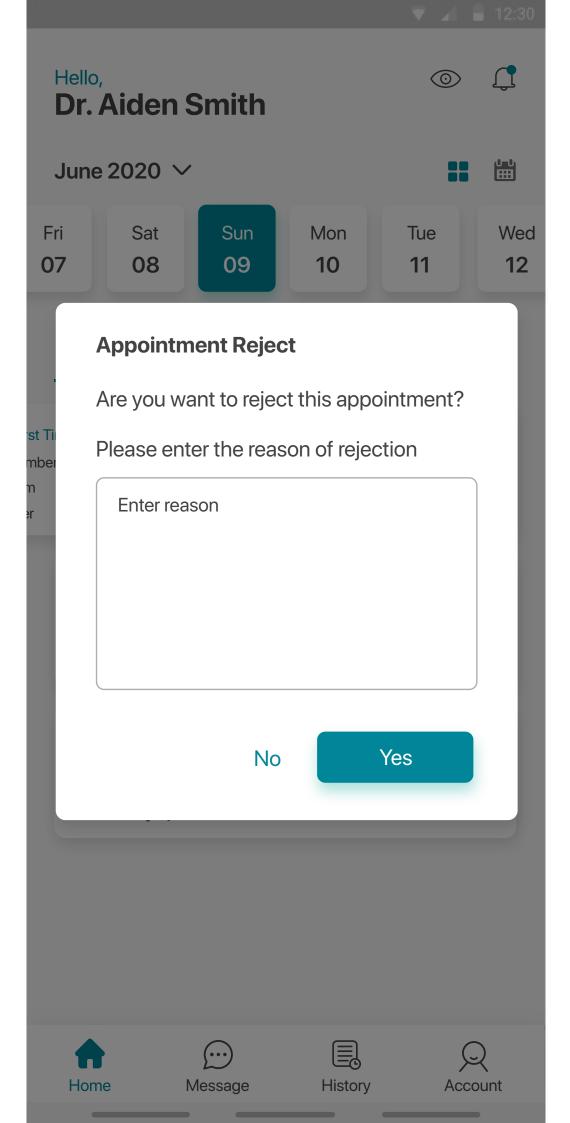


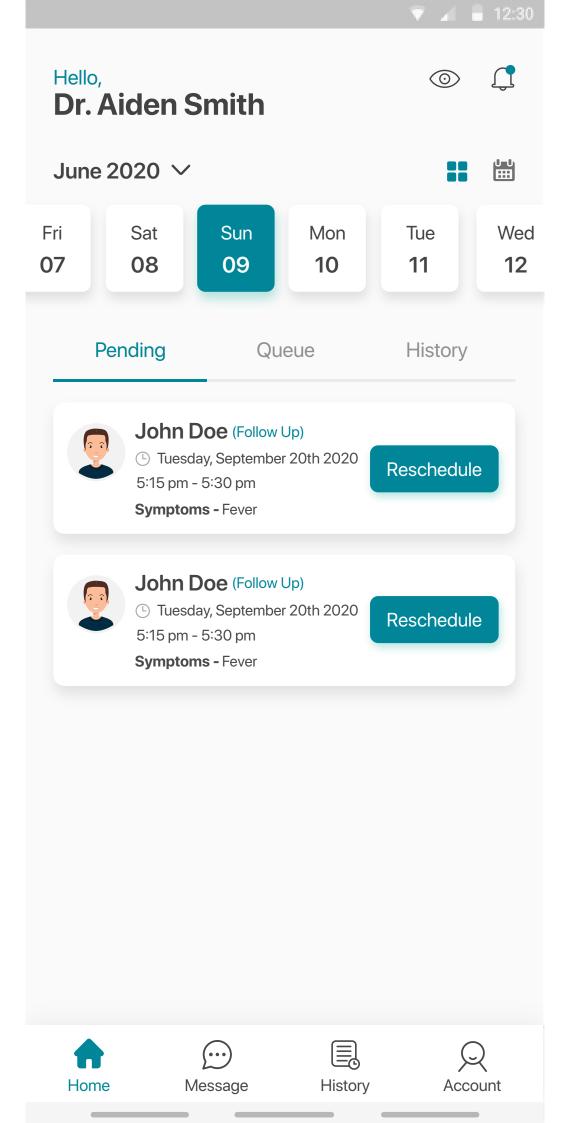


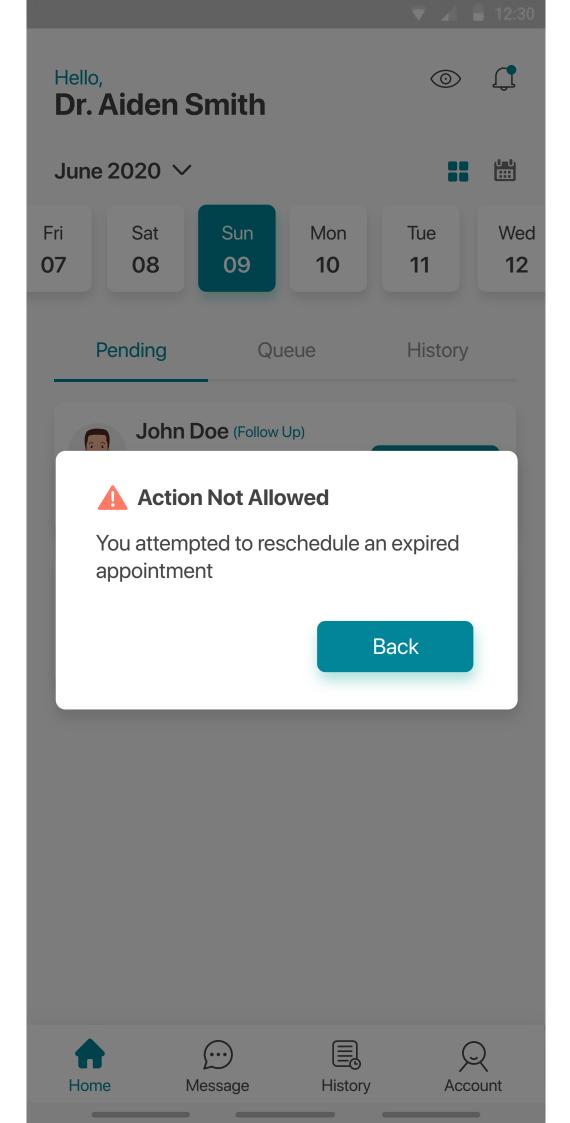


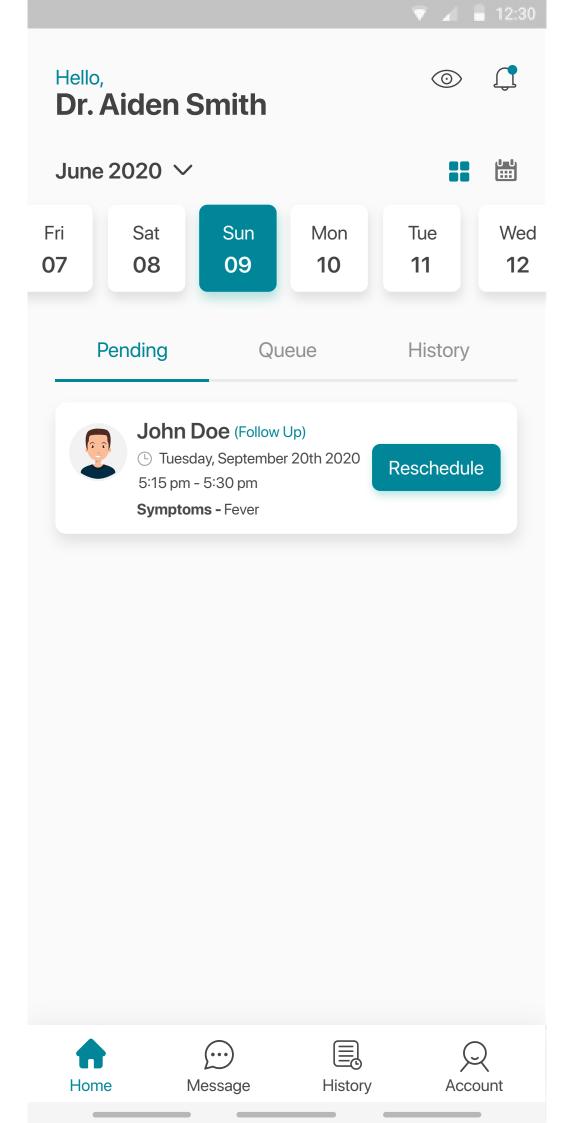


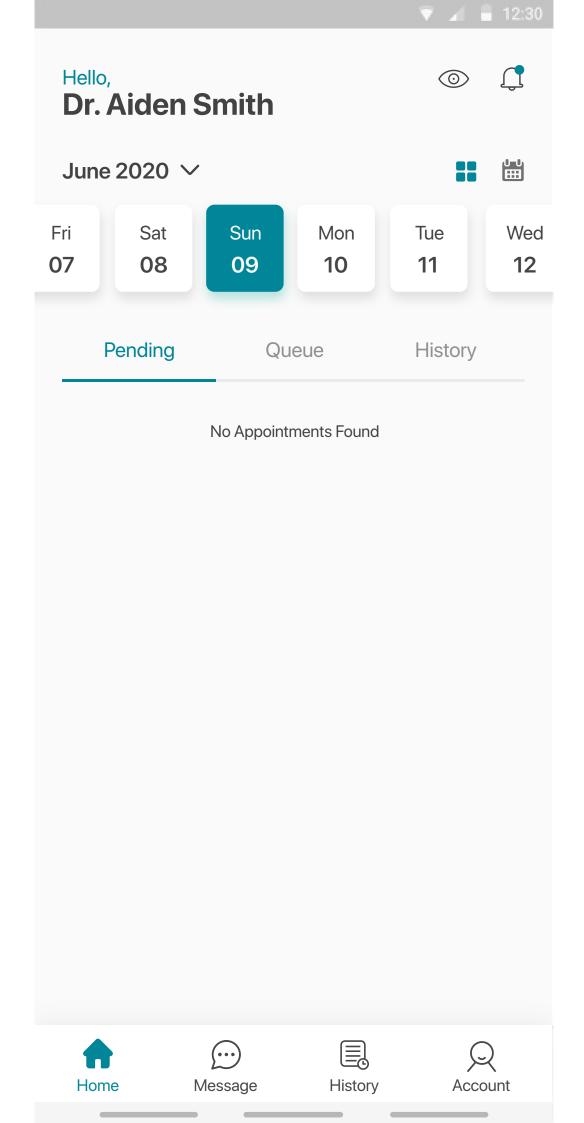


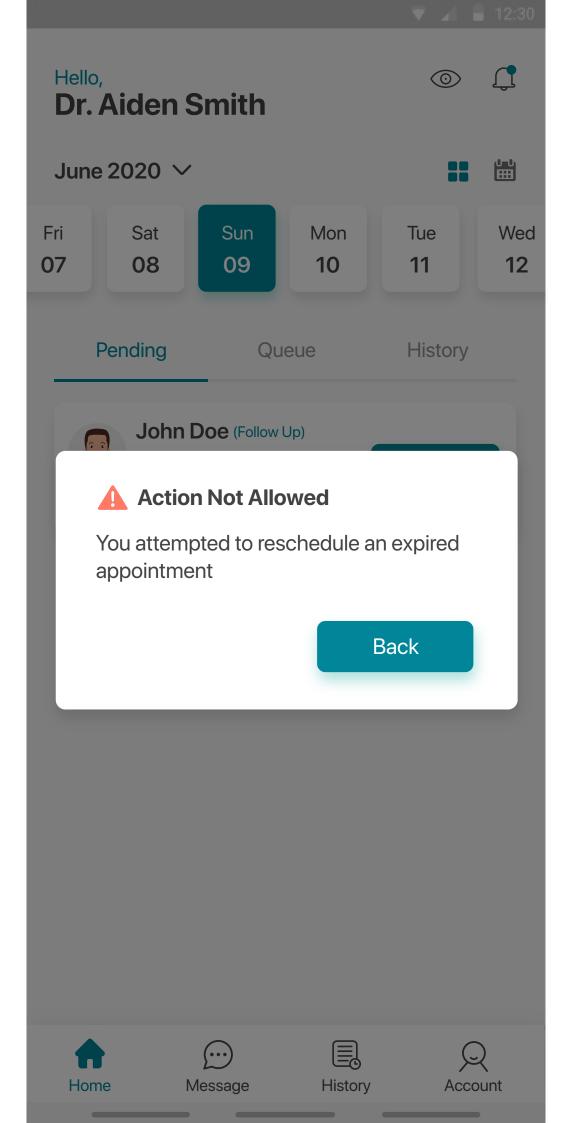


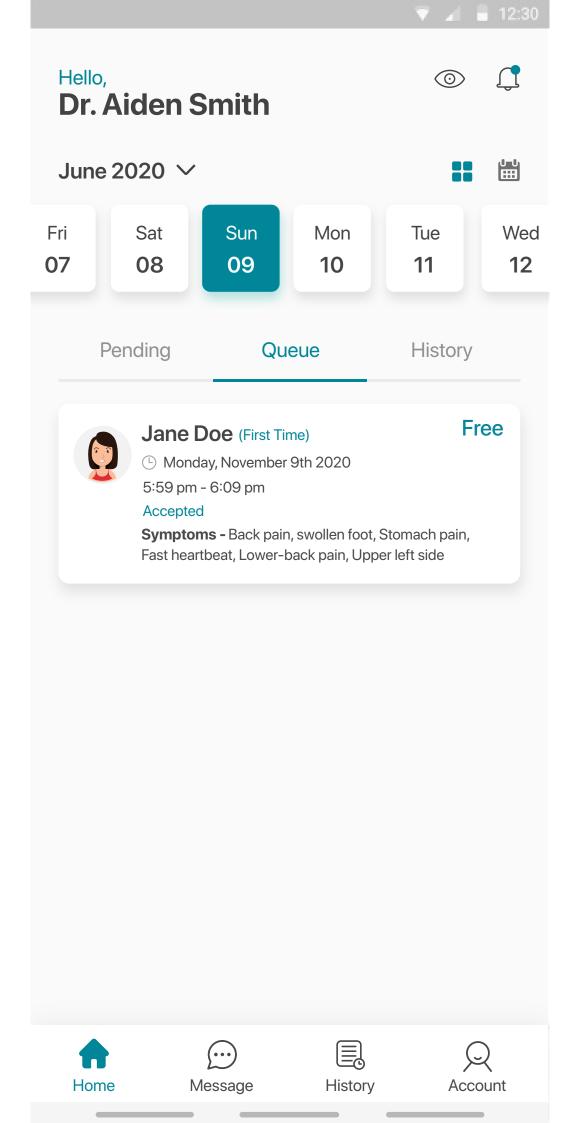


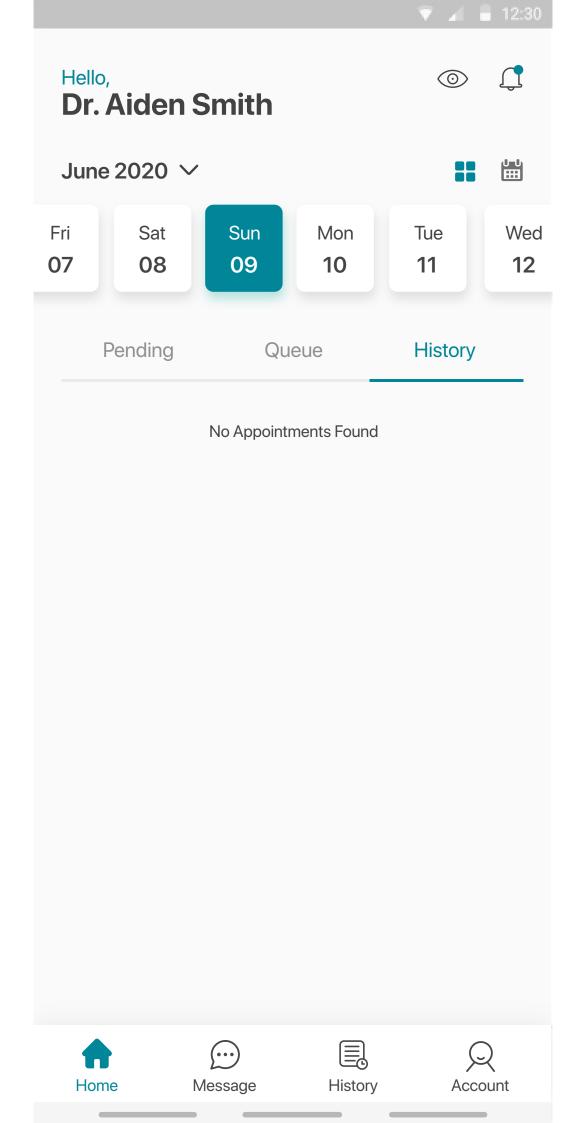


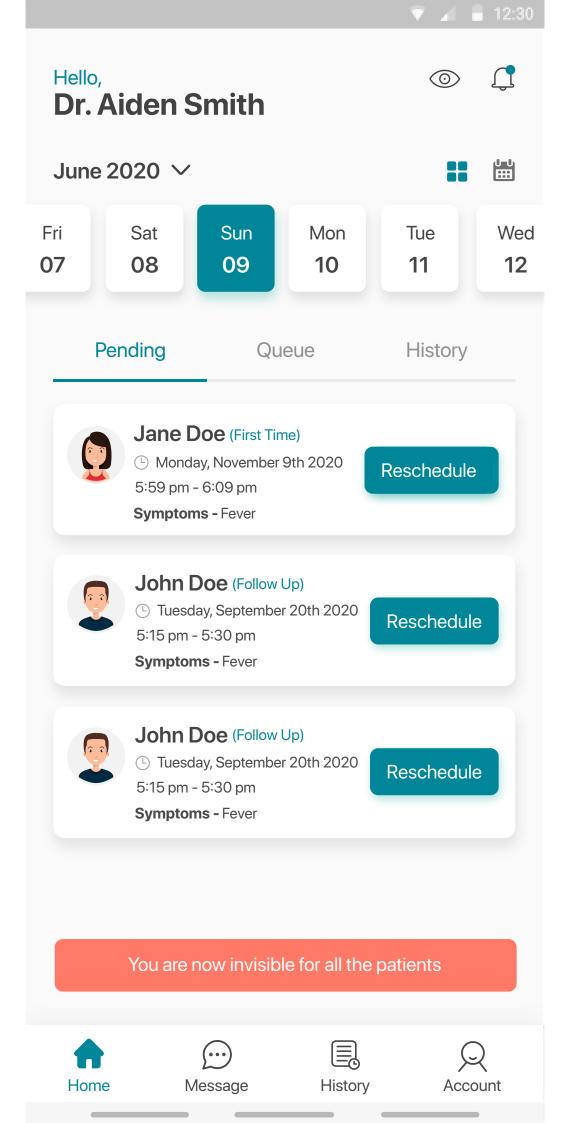


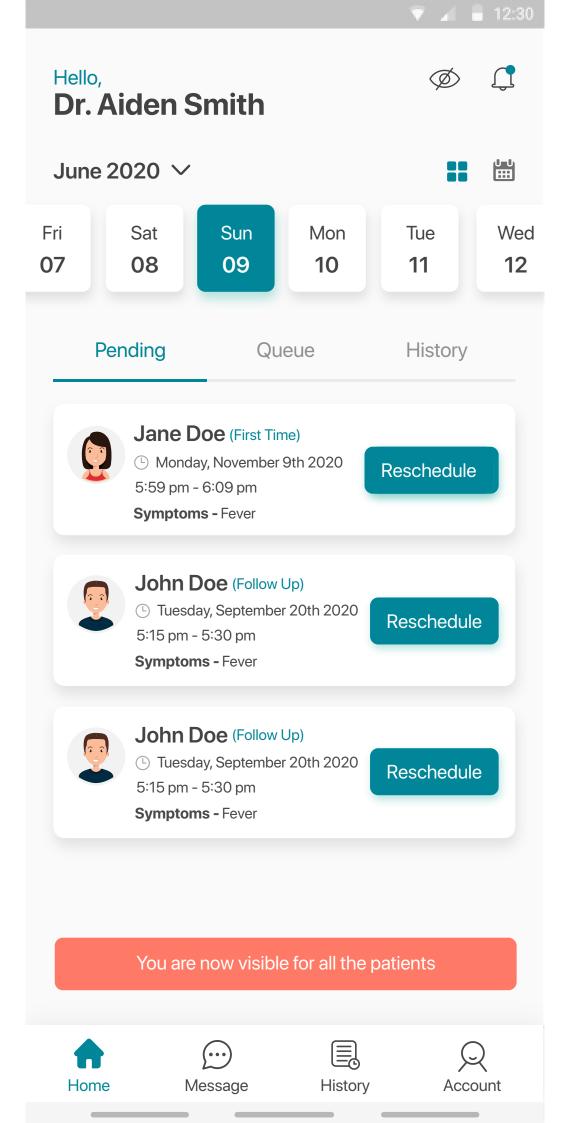


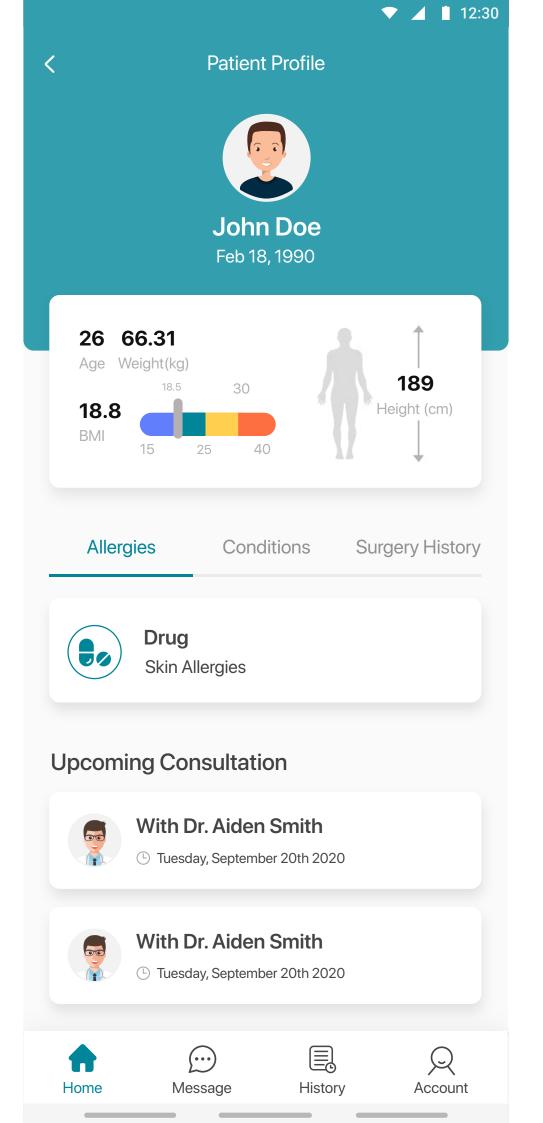


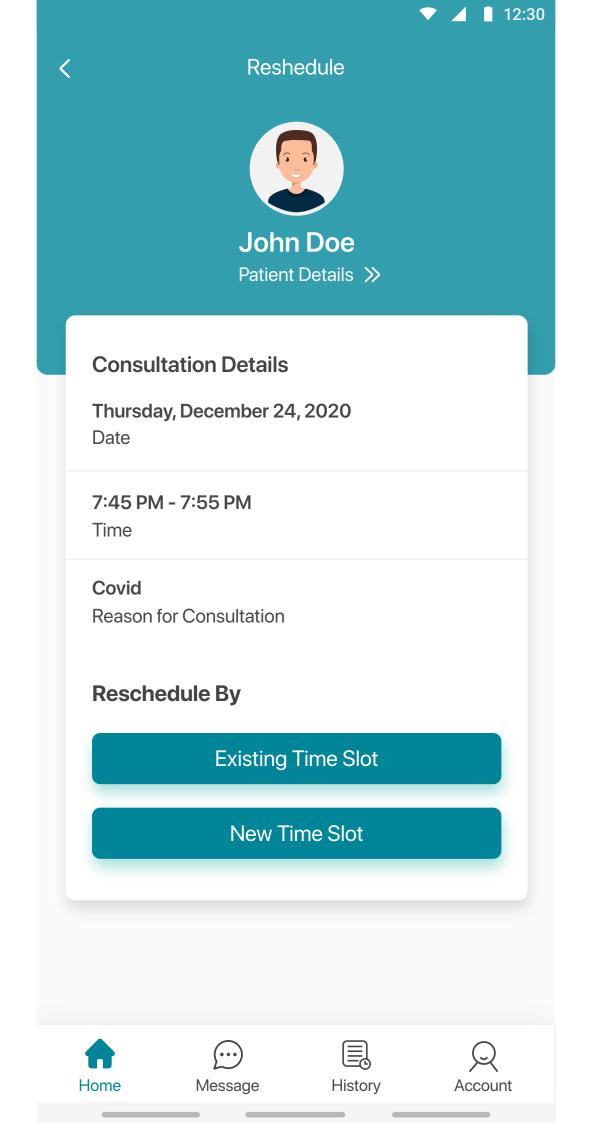


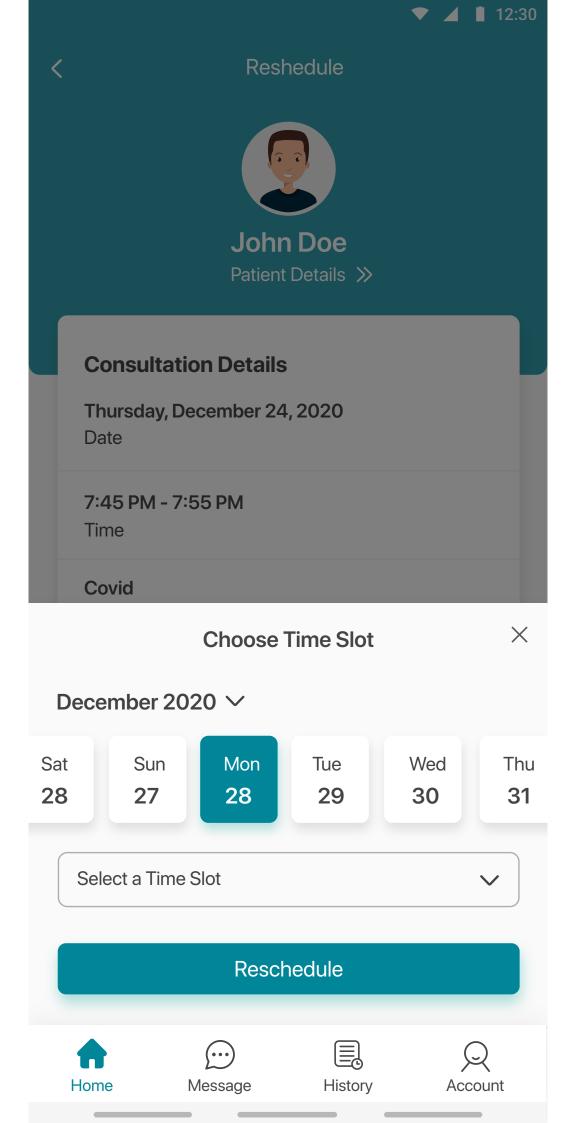


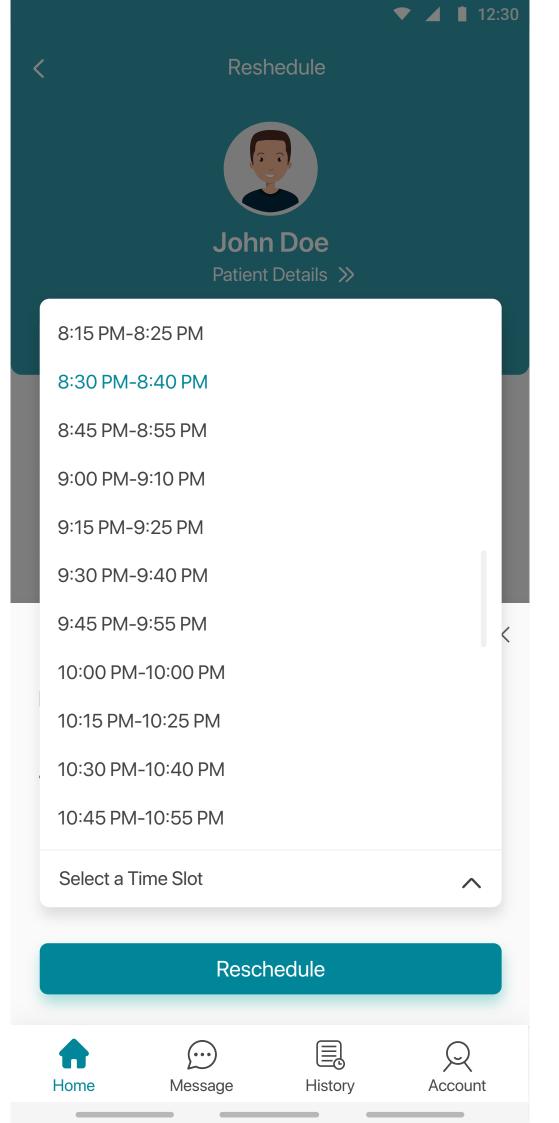


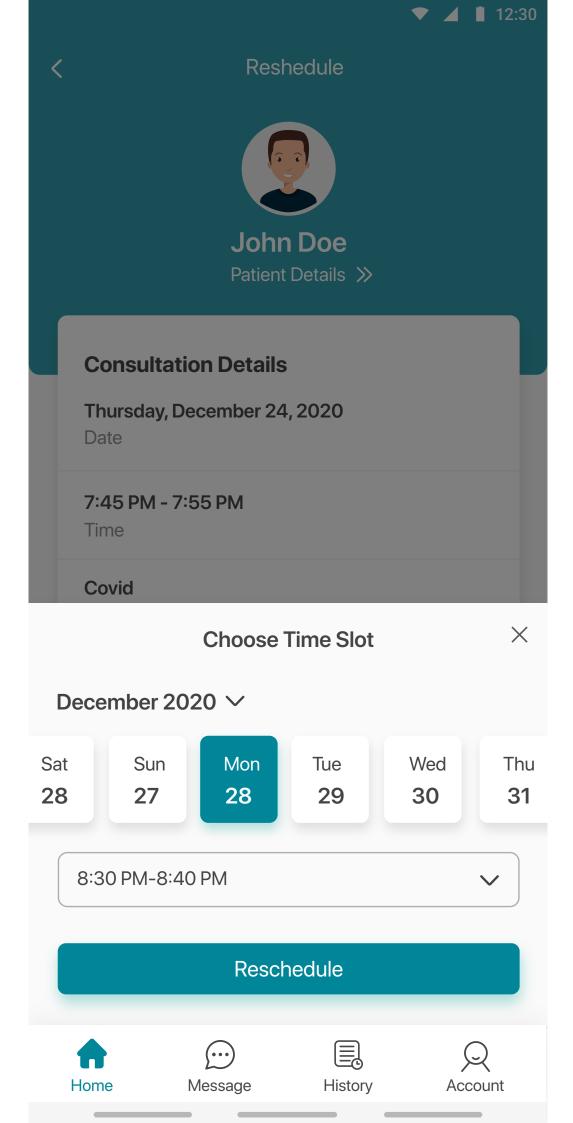


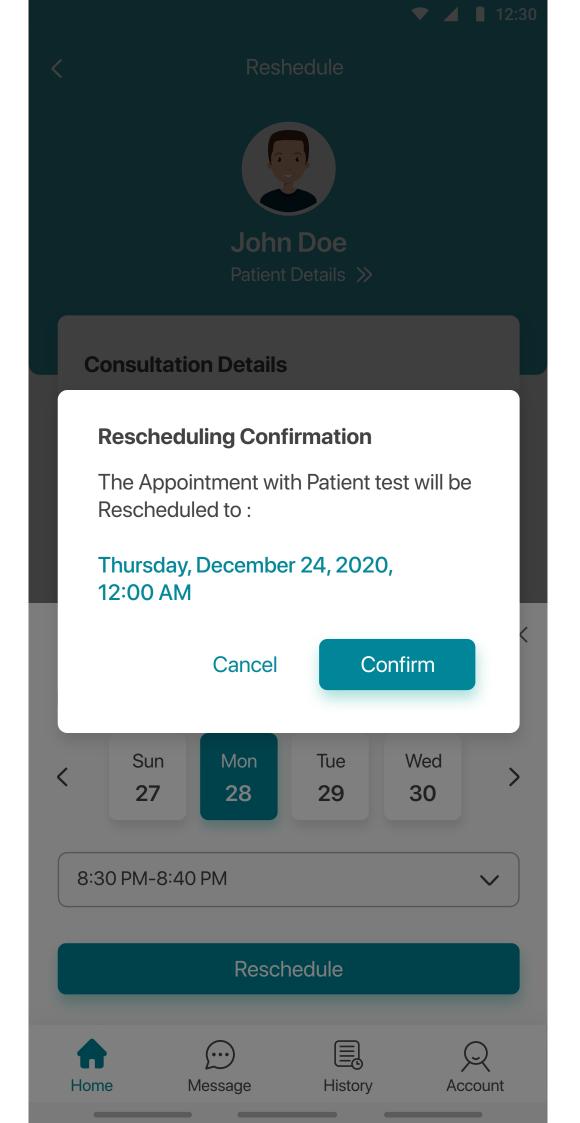


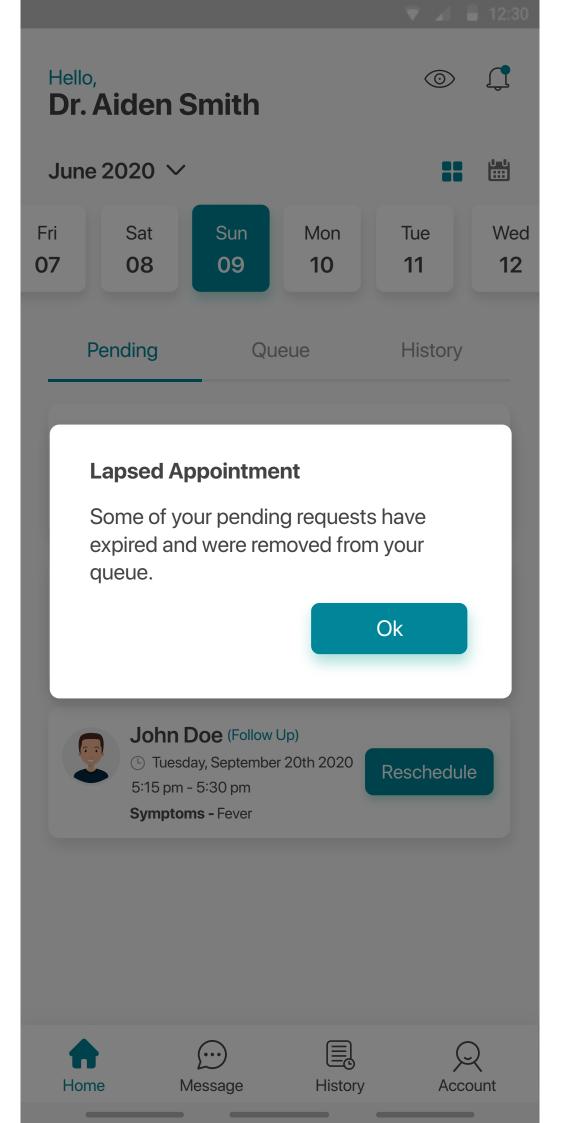












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Hello, **Dr. Aiden Smith**

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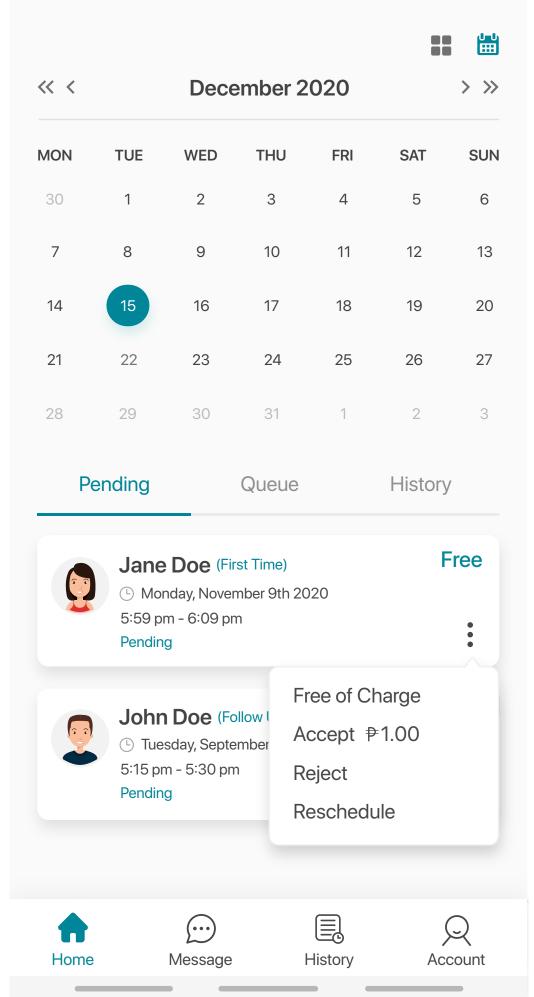
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21	22	23	24	25	26	27	
28	29	30	31	1	2	3	
Pending Queue					History	/	
	Jane Mot 5:59 p Pendin	Free :					
John Doe (Follow Up) Tuesday, September 20th 2020 5:15 pm - 5:30 pm Pending							
Home	1	 Message		History	Ace	Q Account	

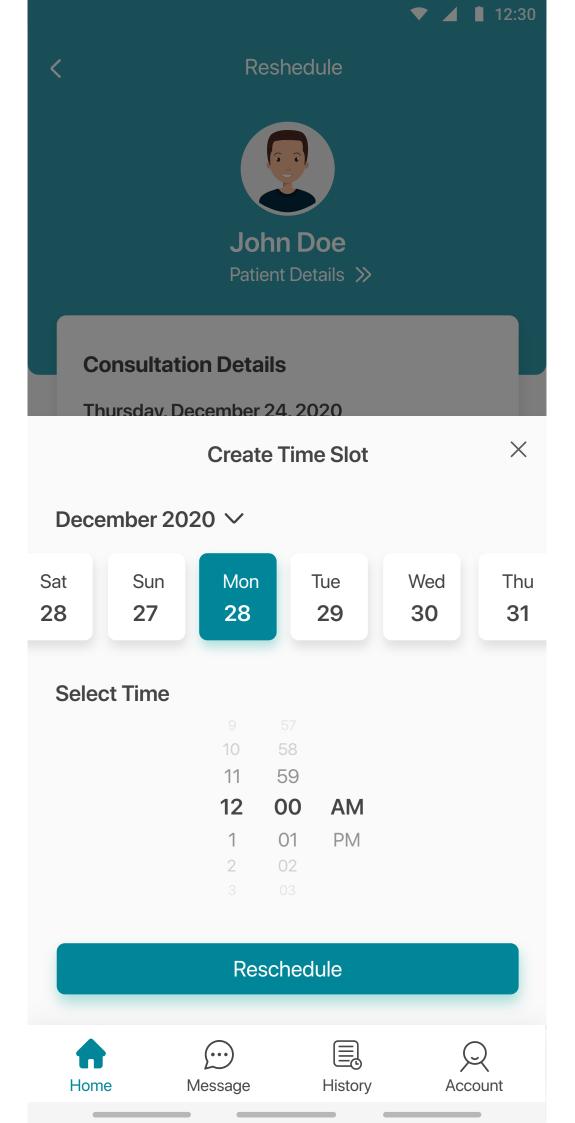
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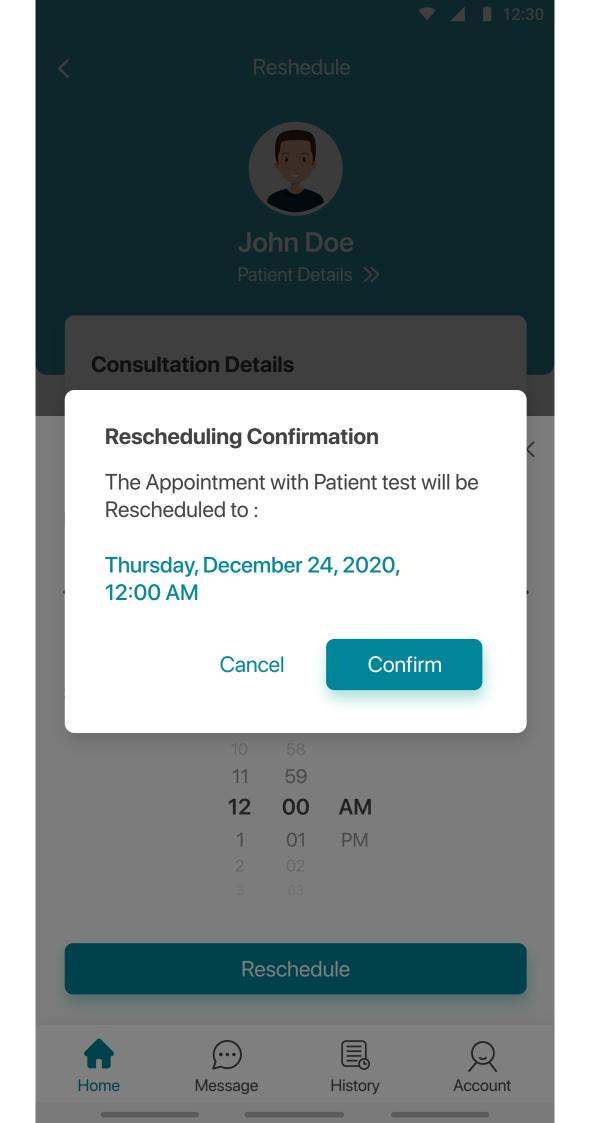
Hello, Dr. Aiden Smith

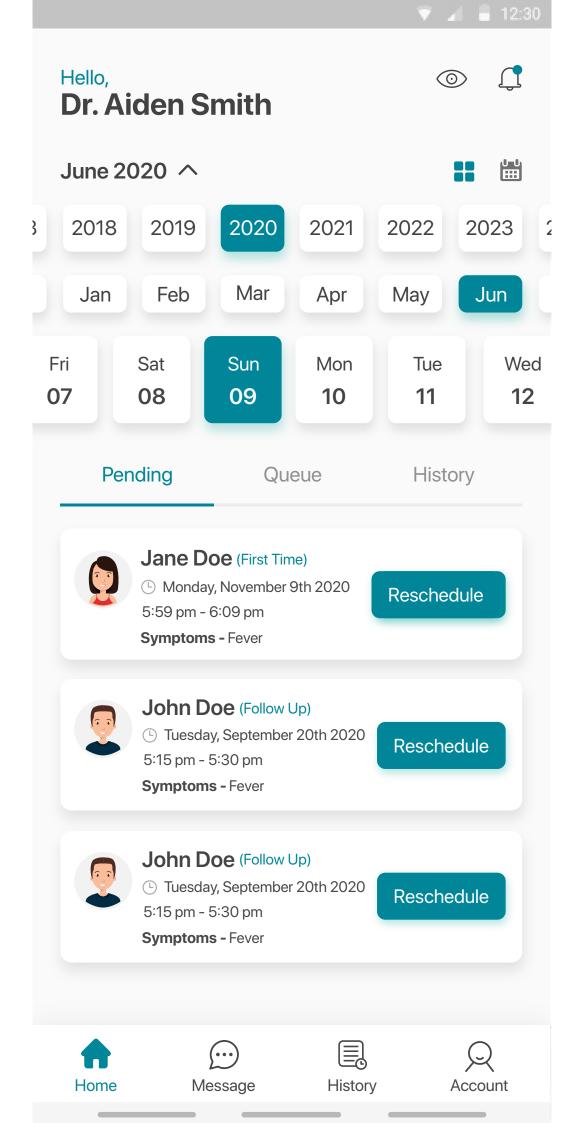
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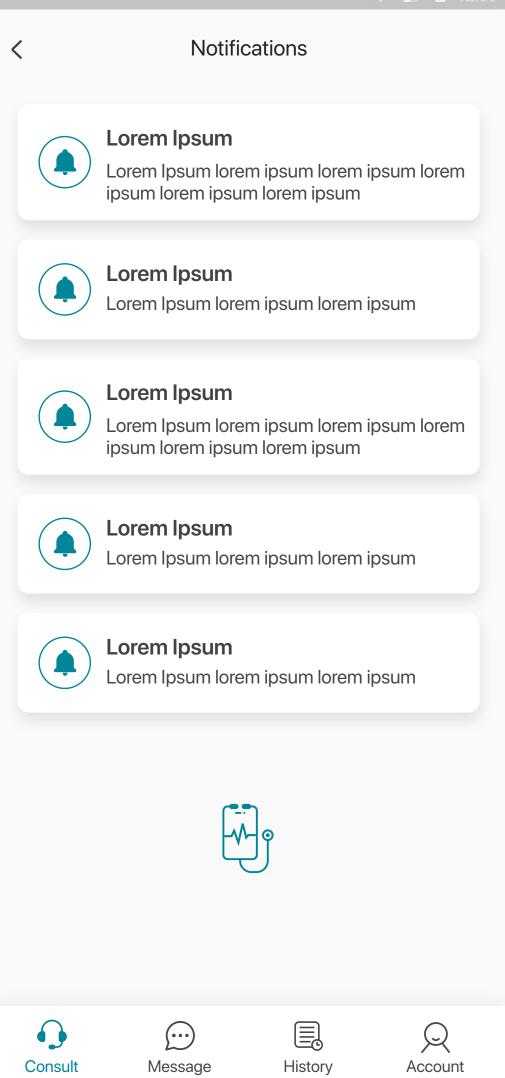












🔻 🖌 🔒 12:30

Hello, **Dr. Aiden Smith**

© []

<< <		Dece	ember 2	020		> >>
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	🕒 Tue	Doe (Fo sday, Septe m - 5:30 pm g	mbe Re	Reject Reschedule		
Home	9	 Message		History	Ac	Q

 \prod \odot **Dr. Aiden Smith** December 2020 > >>WED FRI THU SAT SUN 2 3 5 6 4 9 10 11 12 13 20 16 17 18 19 23 24 25 26 27 2 31 1 3 History Queue Free Jane Doe (First Time) 🕒 Monday, November 9th 2020 5:59 pm - 6:09 pm • Pending

> John Doe (Follow Up) 🕒 Tuesday, September 20th 2020 5:15 pm - 5:30 pm Pending

You are now invisible for all the patients



Hello,

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Pending







Free

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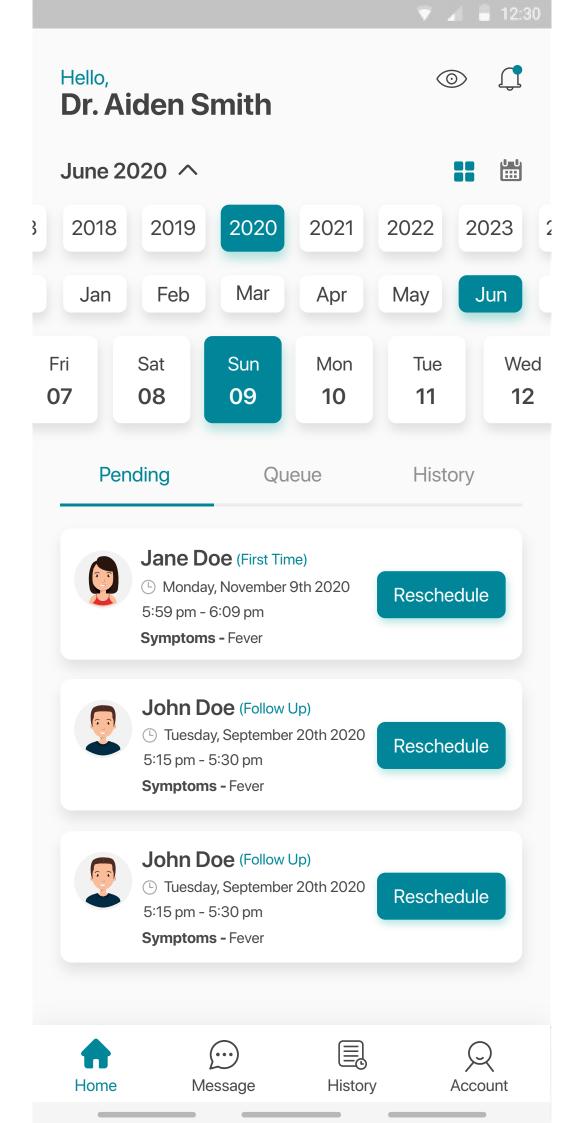
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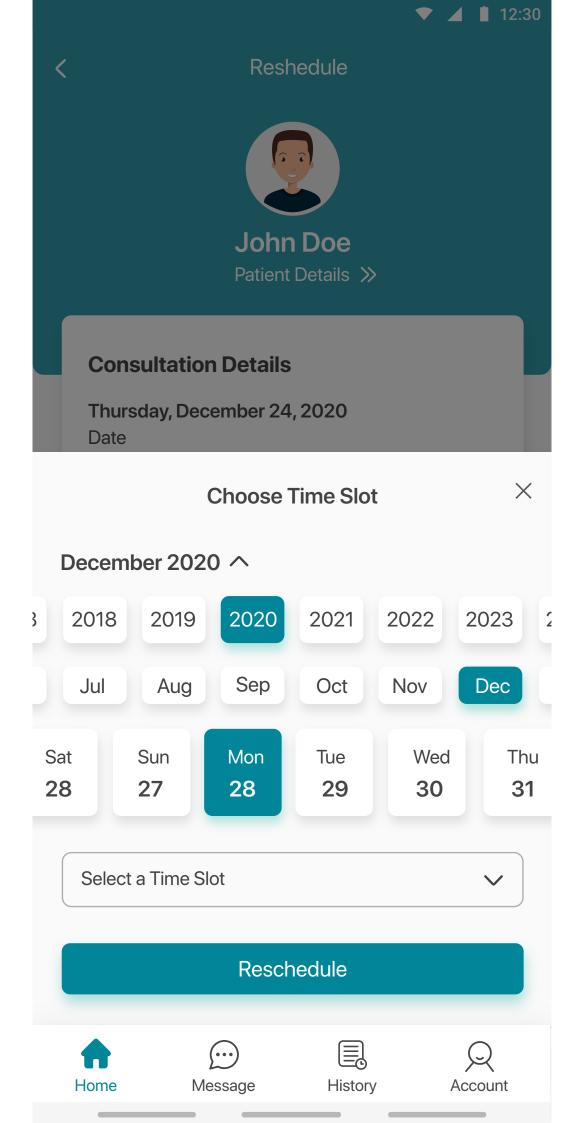


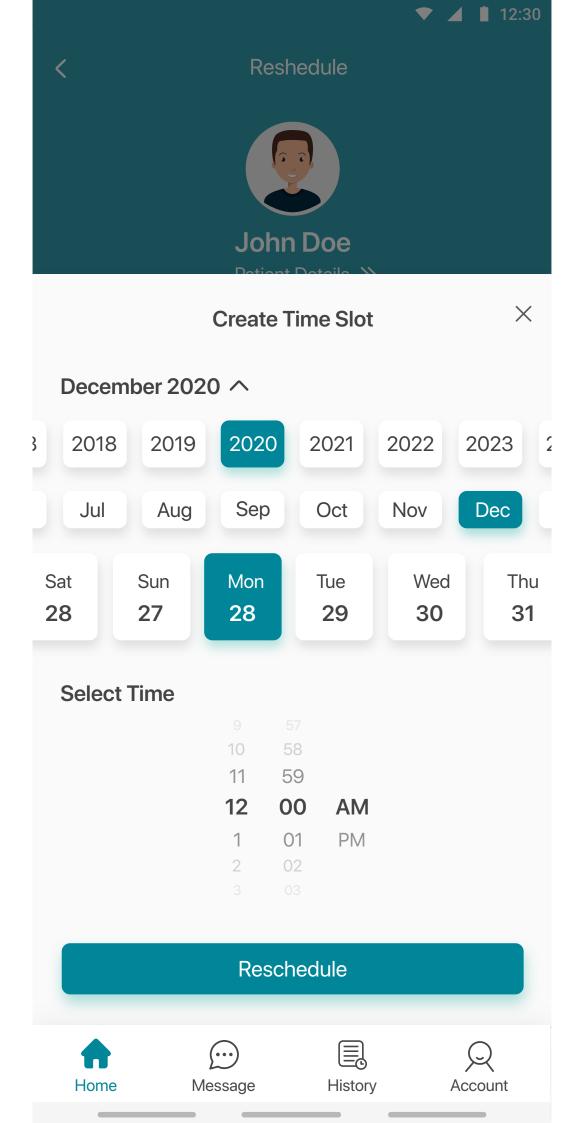
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		-		Reschedule	
		-		Reschedule	
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			▼ 🖌 🚺 12:30
	Mess	sages	
Talk			
your	patient		
Q Sea	arch		
().	Jane Doe Medical certifica	te issued	6:00 PM 1
	Michel Cark Lorem Ipsum Iore	em ipsum	2:20 PM
	Semon Smith Lorem Ipsum lore	em ipsum	1:30 PM
	John Doe Lorem Ipsum Iore	em ipsum	11:20 AM 2
Home	Message	History	Account

		🔻 🖌 📕 12:30
< 🧕	Jane Doe Patient	
10:	Hi 45 AM	~
	Hey, How can I help you?	• 10:47 AM
	Hey, This is jane doe, I need your help	~
10	Okay, tell me what's the proble	em? 🗸
	I have stomach problem from	10:47 AM
10:	Iast 2 days	
	Okay	10:47 AM
~ []	Type a message	

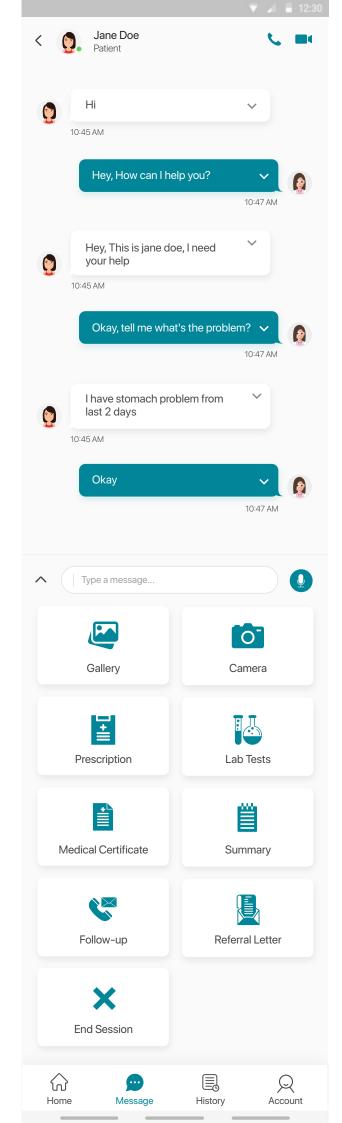
			12:30
< 🧕	Jane Doe Patient	•	
103	Hi :45 AM	Reply	
	Hey, How can I help you	? ~ 10:47 A	M
10	Hey, This is jane doe, I neo your help	ed 🗸	
	Okay, tell me what's the	problem? 🗸	M
10:	I have stomach problem f last 2 days	rom 🗸	
	Okay	∨ 10:47 A	M
~ []	Type a message		Q
Home	Message Hi	story /	Account

🔻 🖌 📕 12:30
~
l help you? 🗸 👩
Reply ¹ Delete
e doe, l neeu
vhat's the problem? 🗸
10:47 AM
problem from 💉
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10:47 AM
10:47 AM

			💎 🖌 🖬 12	:30
	ane Doe atient		\	•
Hi 10:45 AM	1		~	
He	ey, How can I help	you?	• (§)	
	r, This is jane doe, r help	, I need	~	
	kay, tell me what's	Rep	ly ¹	
10:45 AM	2 days	en ne		
			10:47 AM	
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Home	Message	History	Q Account	

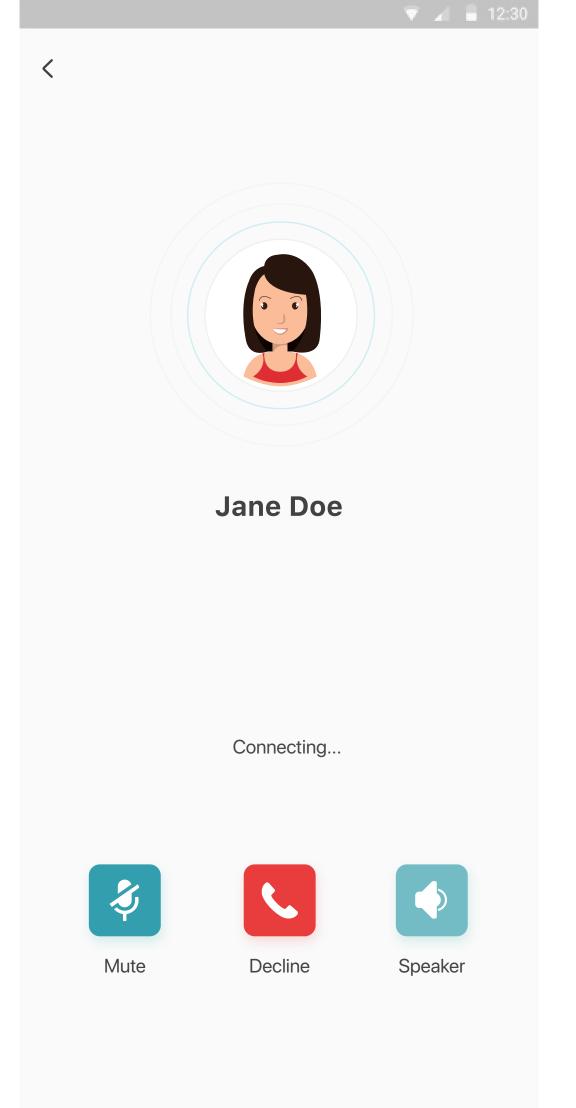
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< 🧕	Jane Doe Patient	\$
10:	Hi 45 AM	~
	Hey, How can I help you?	10:47 AM
10	Hey, This is jane doe, I need your help	
	Okay, tell me what's the pro	bblem?
	l have stomach problem from last 2 days	n 🗡
10:	A5 AM	Reply
		10:47 AM
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		🔻 🖌 📕 12:30
<	Jane Doe Patient	
	Hi 10:45 AM	~
	Hey, How can I help you?	10:47 AM
	Hey, This is jane doe, I need your help	~
	Okay, tell me what's the probl	lem? V 10:47 AM
	I have stomach problem from last 2 days	
	Okay	eply
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				12:30
< 👩	Jane Doe Patient		C.	
() 10	Hi ::45 AM		~	
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			10:47 AM	
10	Hey, This is jane do your help 0:45 AM	e, I need	~	
	Okay, tell me wha	t's the probler	n? 🗸	
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< 👰	Jane Doe Patient		C.	
10	Hi :45 AM		*	
	Hey, How can I hel		• 10:47 AM	
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() 10	Hey, This is jane doe your help	e, l need	*	
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Waiting for patient to join...



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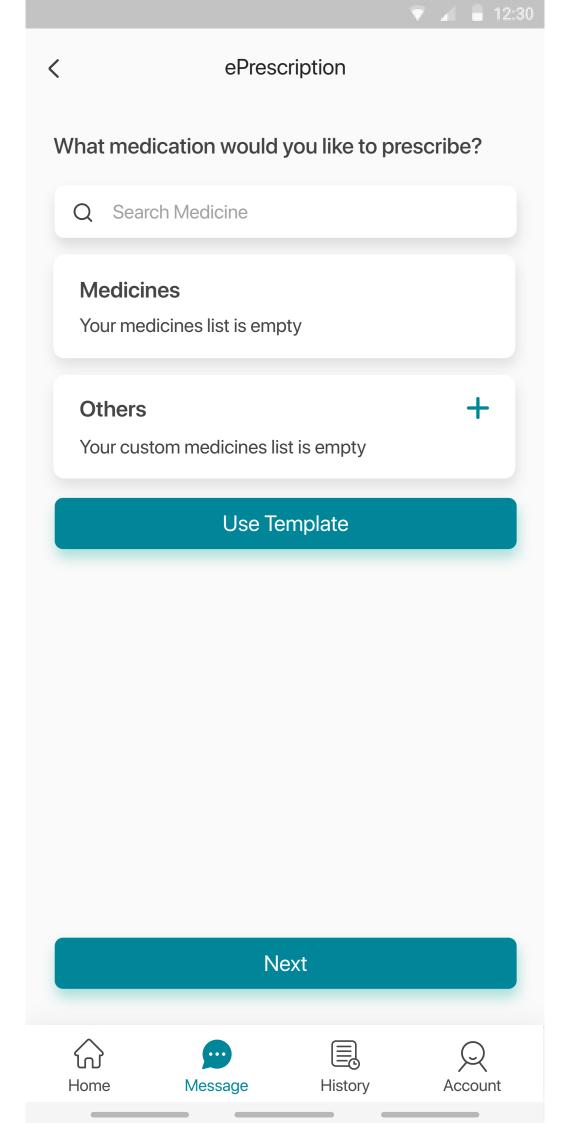


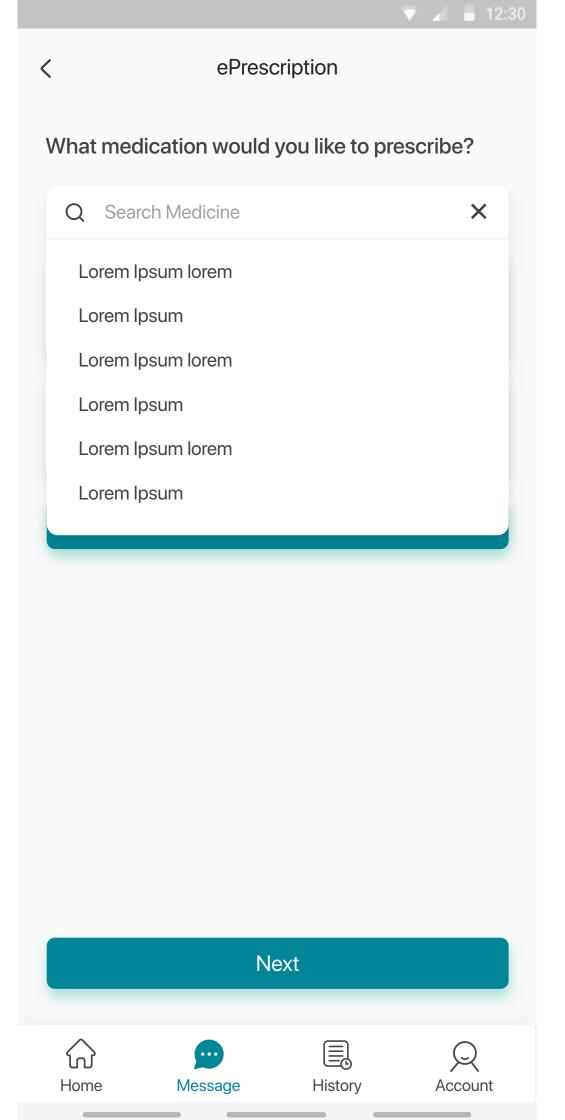
Decline

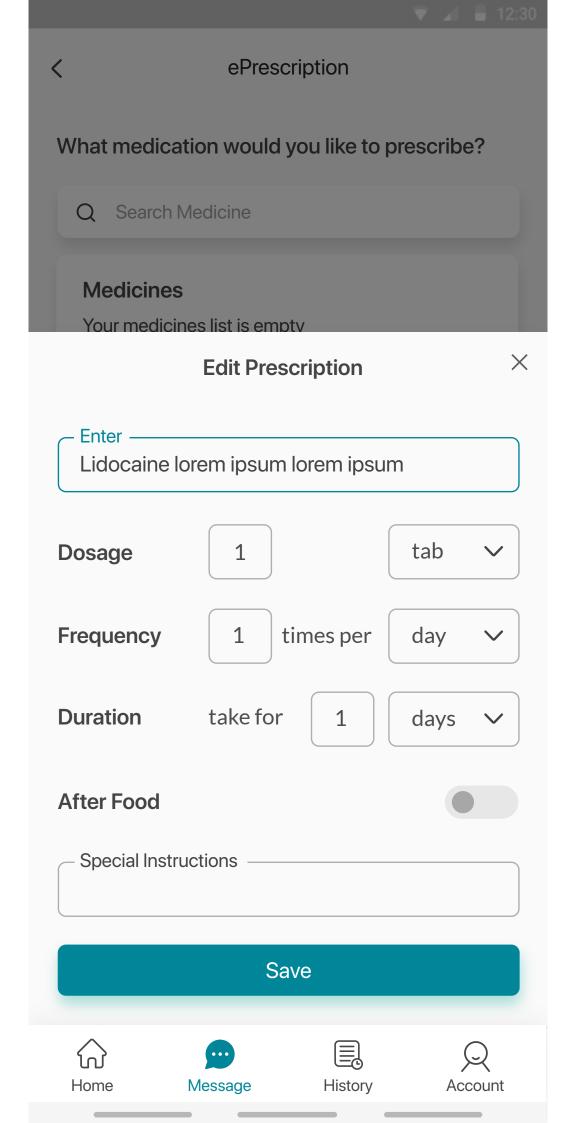


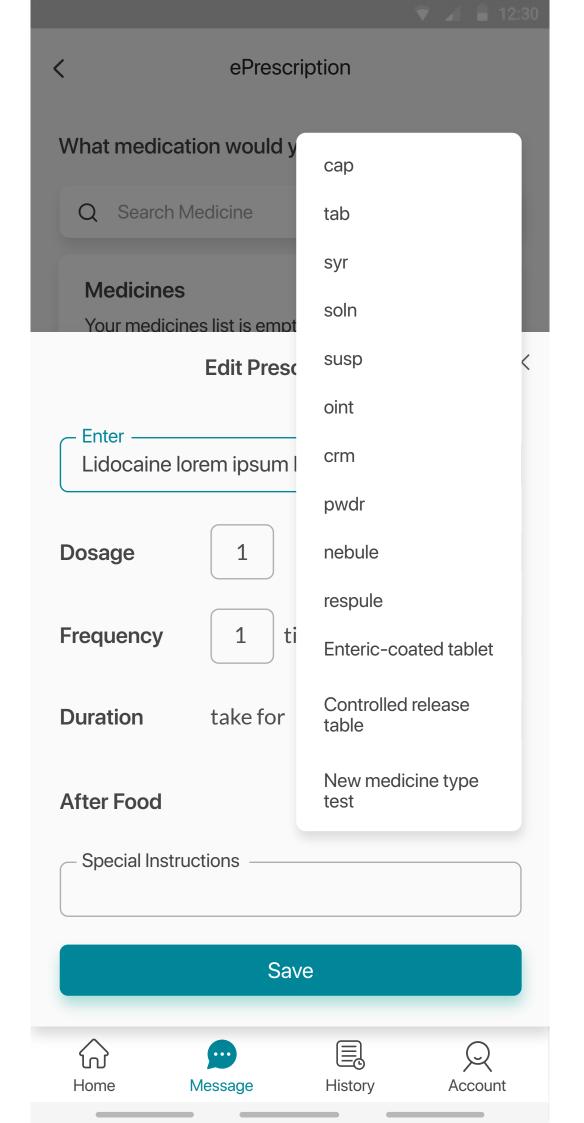
Speaker

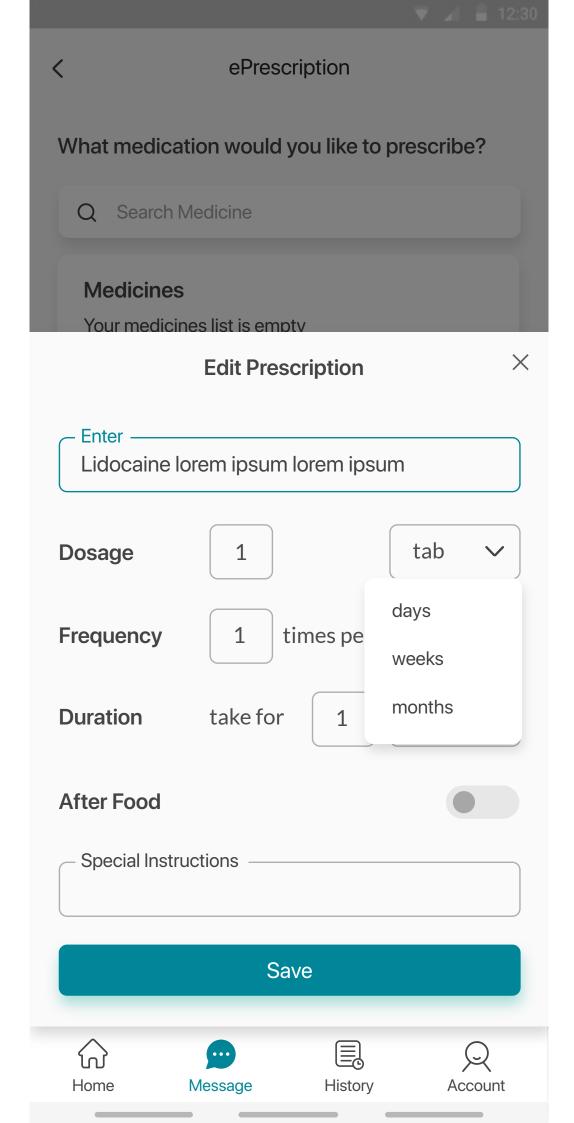
K Difference Jane Doe Patient					
Hi 10:45 AM	~				
Hey, How can I he	Ip you?				
Hey, This is jane do your help	e, I need 💙				
Okay, tell me what	t's the problem? 🗸 👔				
I have stomach pro last 2 days	blem from 💉				
Prescription × How would you like to prescribe?					
ePrescription	Manual Prescriptioin				
Home Message	History Account				

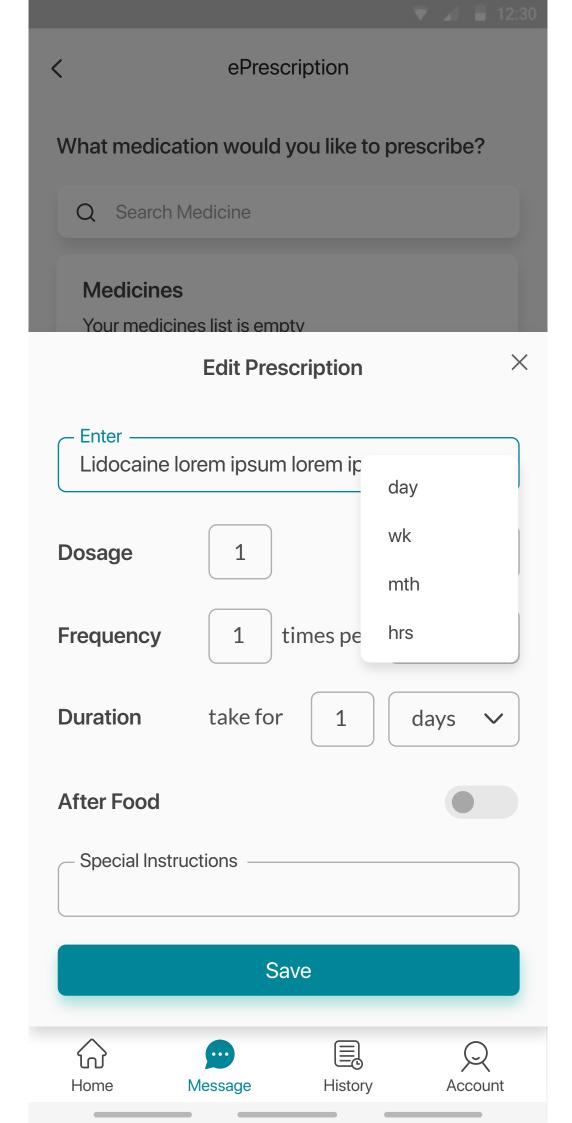


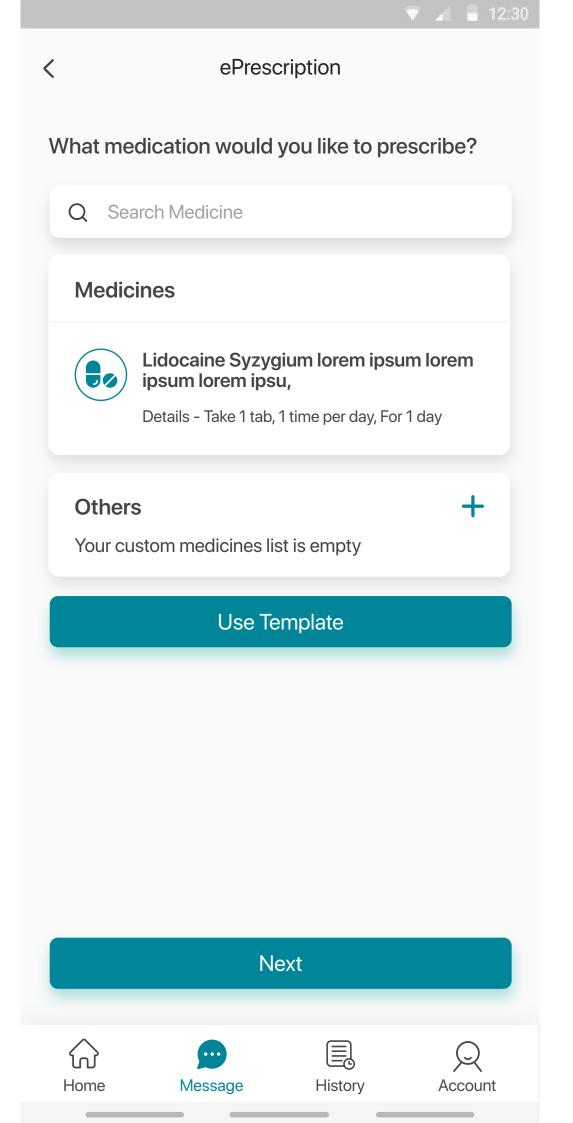


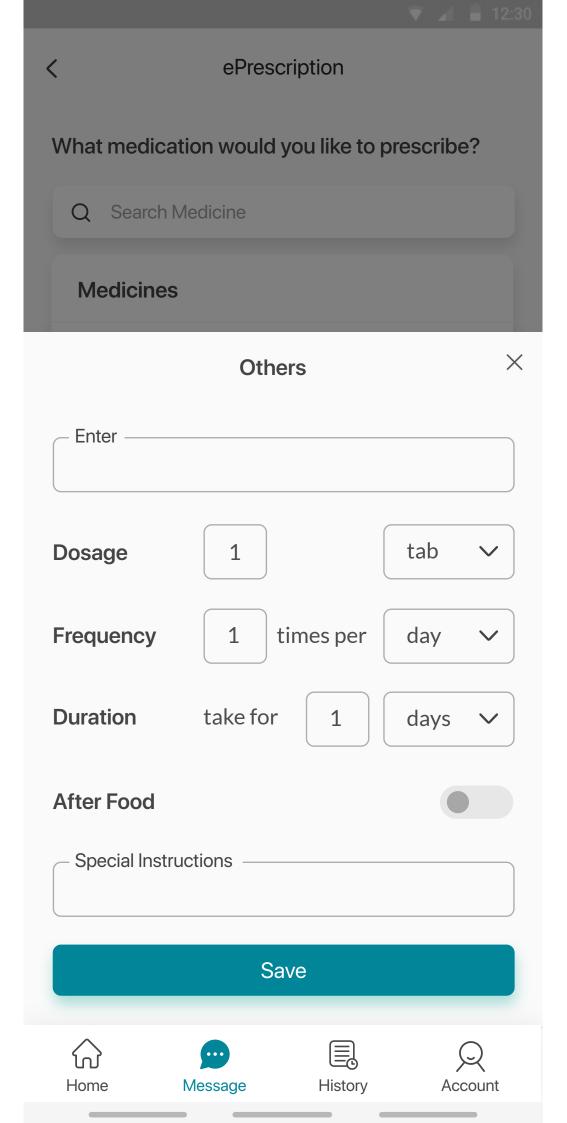


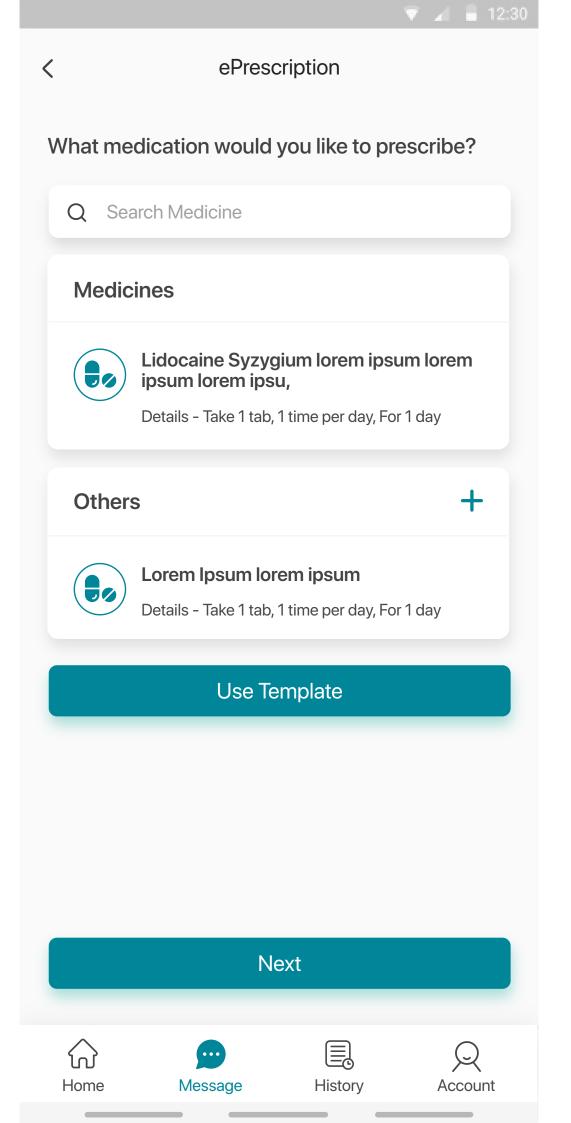


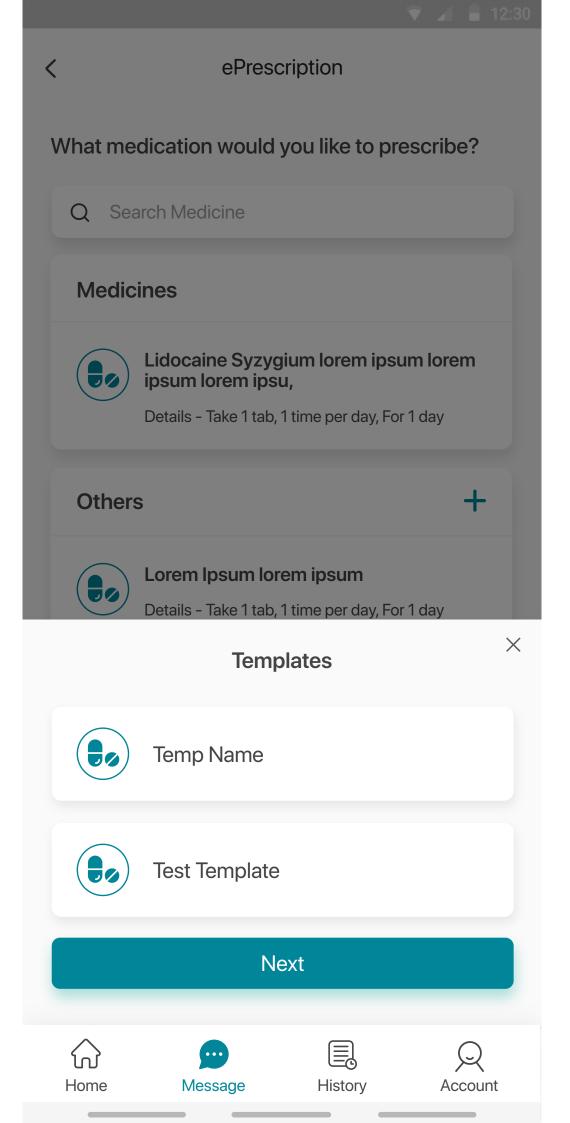


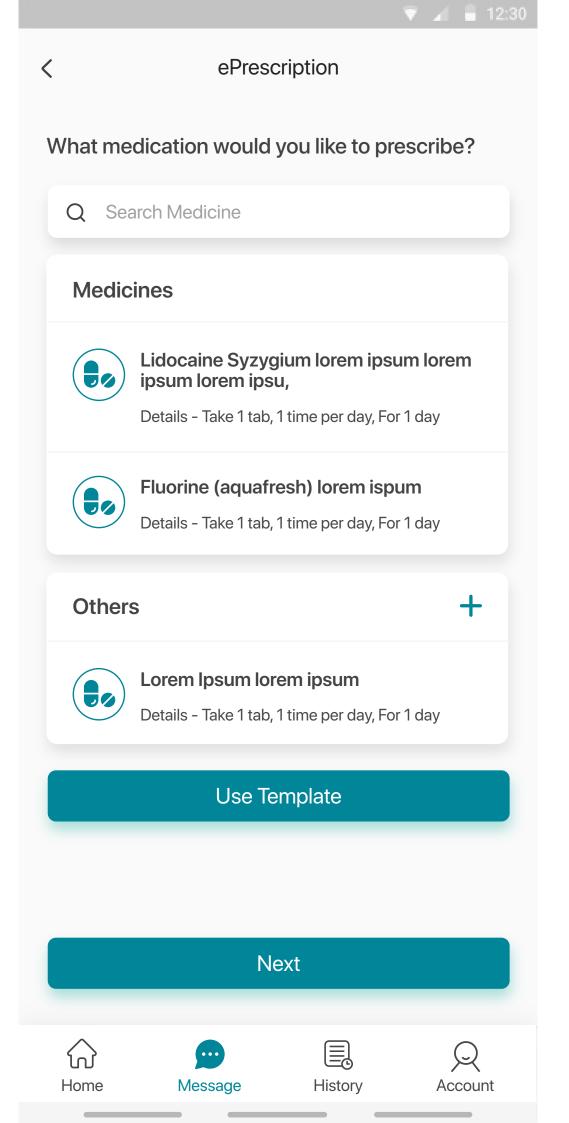


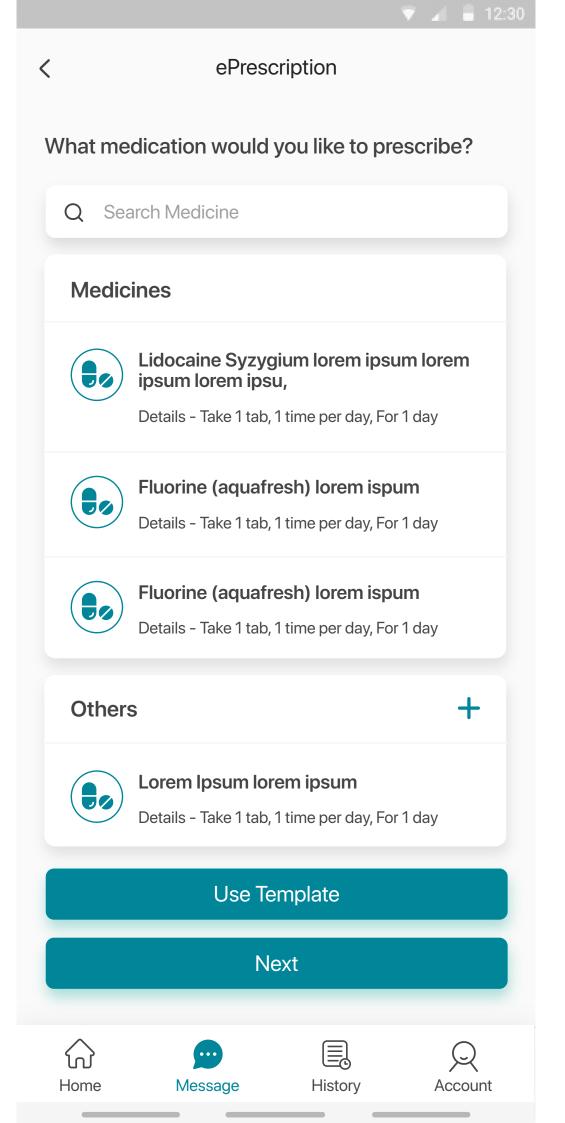


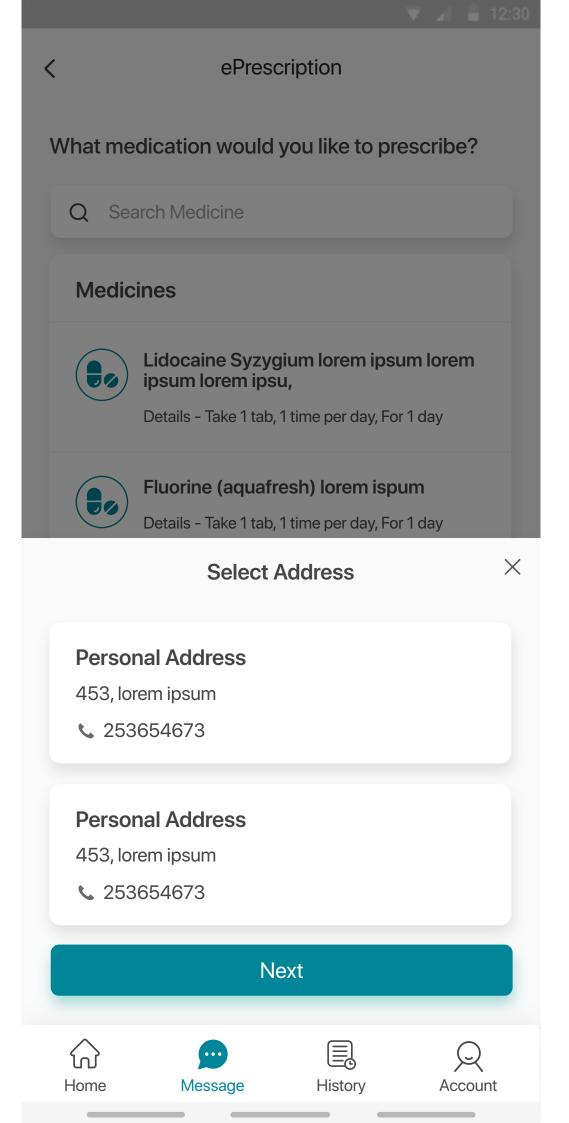












ePrescription

Please confirm the following prescription



Test Personal Address Test Address, 3625 Mobile: 25369874105 | Landline: 1234567890

Patient Prescription

Date 1/12/2021 Time: 4:58 PM

Availment type:

Drug Name

Lidocaine Syzygium Aromaticum (toothache Ace) Ot Drp 0 7%+10% 1 10ml **For 1 day**

Fluorine (aquafresh) Ot Paste 0 15% 2 100ml **For 2 weeks**

Benzoic Acid Benzoic Acid Benzoic Acid Benzoic Acid Benzoic Acid Cineole Cineole Cineole Cineole Cineole Cineole Cineole Cineole Ethanol Ethanol Fluorine Fluorine Mentha Piperita Mentha Viridis Menthol Menthol Menthol Menthol Menthol Menthol Menthol

Sacch For 4 weeks Special Instructions tsi

Khvgshv For 1 day Frequency

Take 1 tab 1 time per day

Take 2 oints 3 times per day

Take 5 caps 4 times per day

Take 1 tab 1 time per day

Doctor's Signature

Dr. Test Doctor

Next

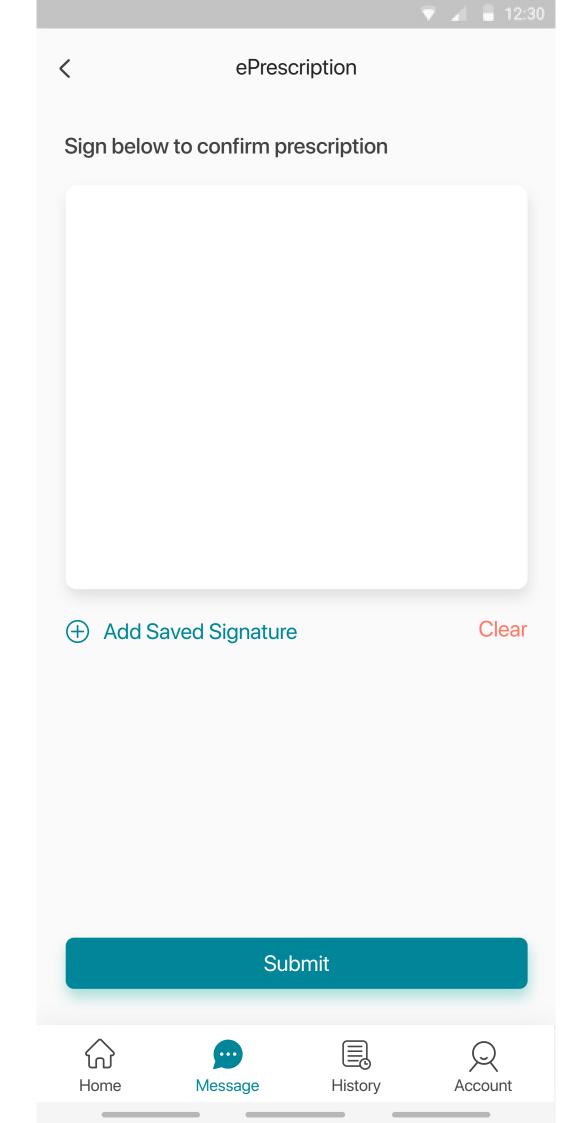




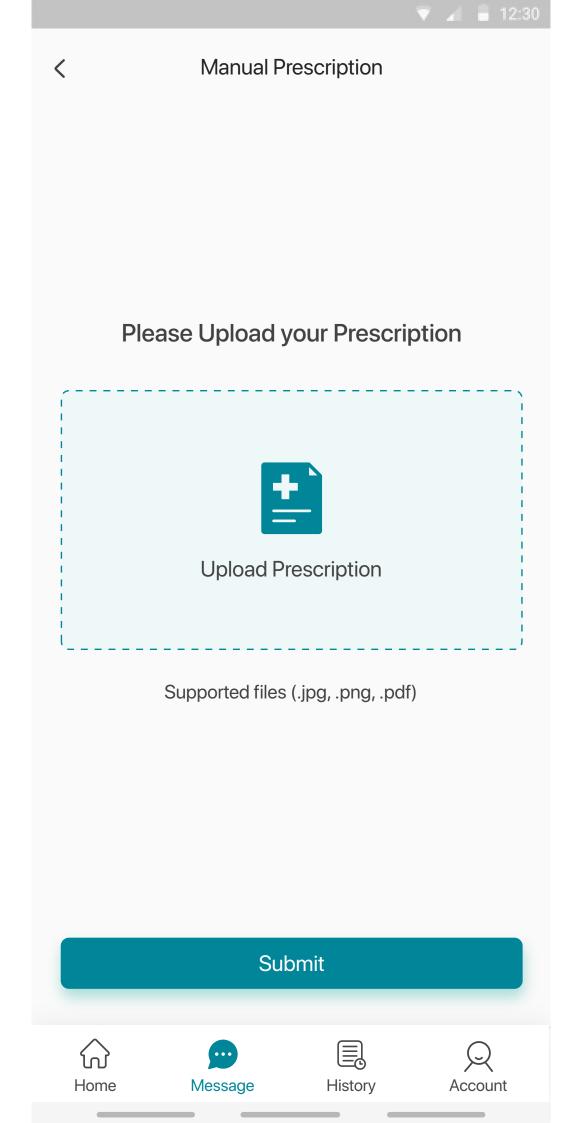


History





			T	1	12:3
	Medica	l Certificate			
	1				
	မြို့ ဧ	ZConsult			
	Medica	l Certificate			
Name:		Test Patient			
Age:		19			
Gender:		female			
Date:		1/8/2021			
Certifico	ate No::	MC0000761			
Reason:		Test			
)			
The afore	ementioned i	ndividual has be	en		
certified	Fit for Duty.				
	×p				
Б					
Dr. Test					
License	No: L1123345				
		Edit			
<u>^</u>					\sim



K Discrete Stress Stres	
Hi 10:45 AM	~
Hey, How can I hel	p you?
Hey, This is jane doe your help	e, I need 💙
Okay, tell me what	s the problem? 🗸
I have stomach prob last 2 days	olem from 💉
Laborato What laboratory tests wo	-
Laboratory Test	Manual Laboratory Test
Home Message	History Account



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eLaboratory Test

What medication would you like to prescribe?

Select One

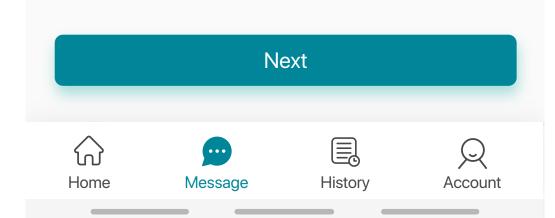
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Laboratory Test

Your laboratory test list is empty

Others

Your custom laboratory test list is empty





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eLaboratory Test

What medication would you like to prescribe?

Select One

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Laboratory Test

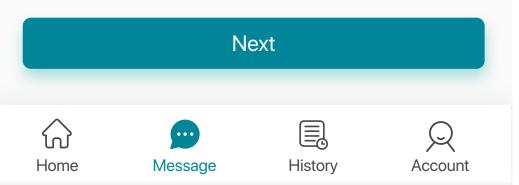
Your laboratory test list is empty

Others

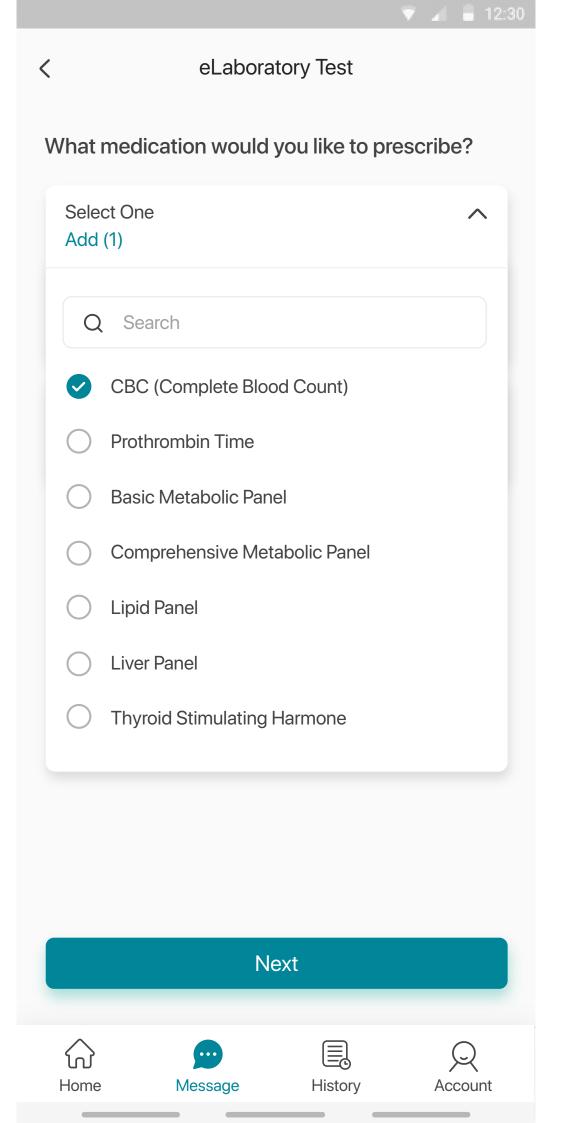
Your custom laboratory test list is empty

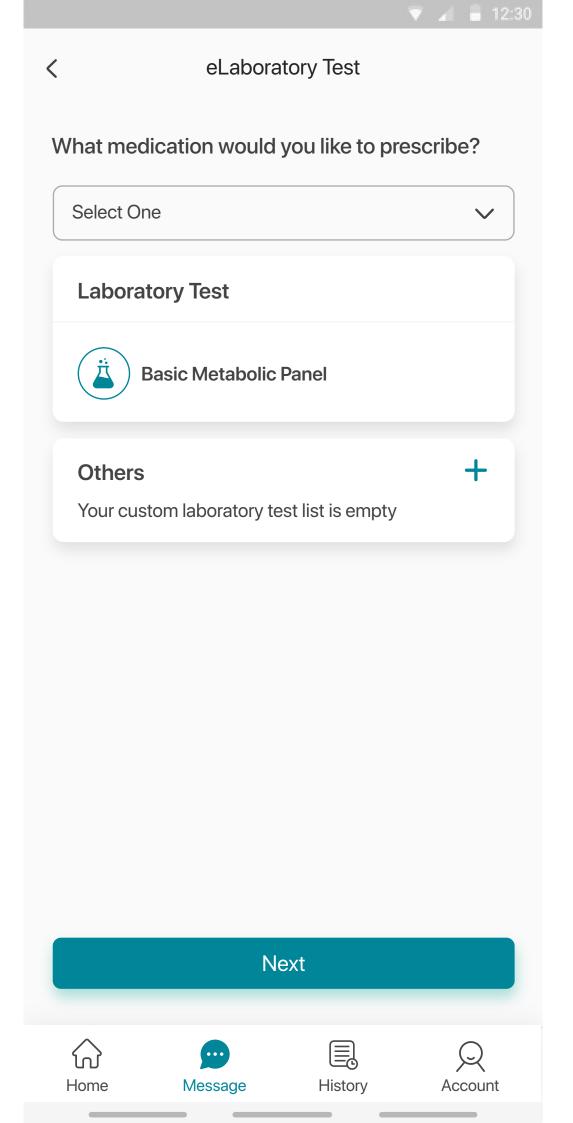
Please select a Lab Test

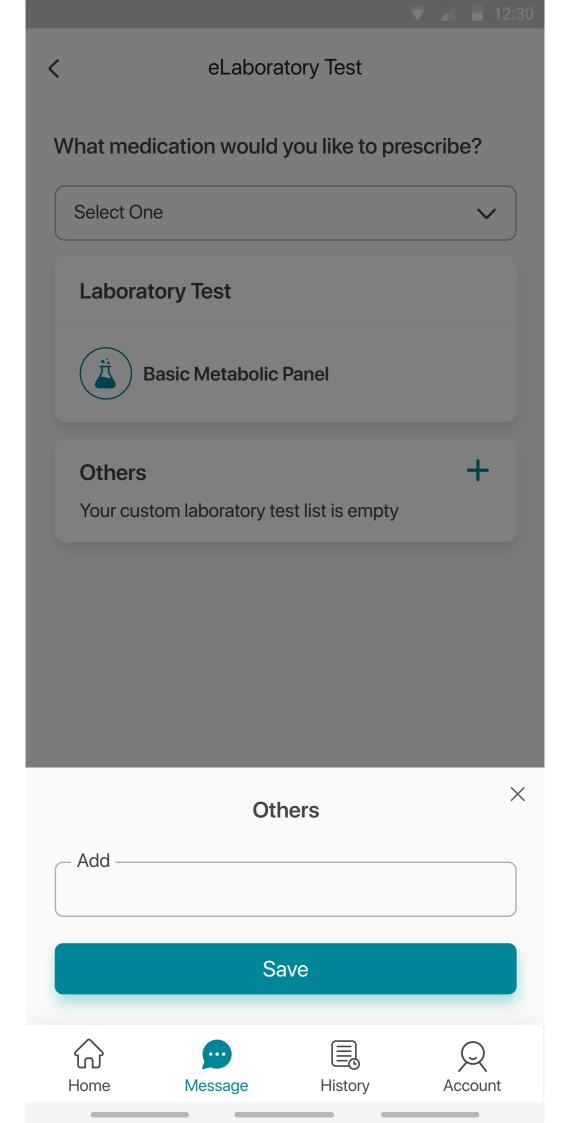
Close

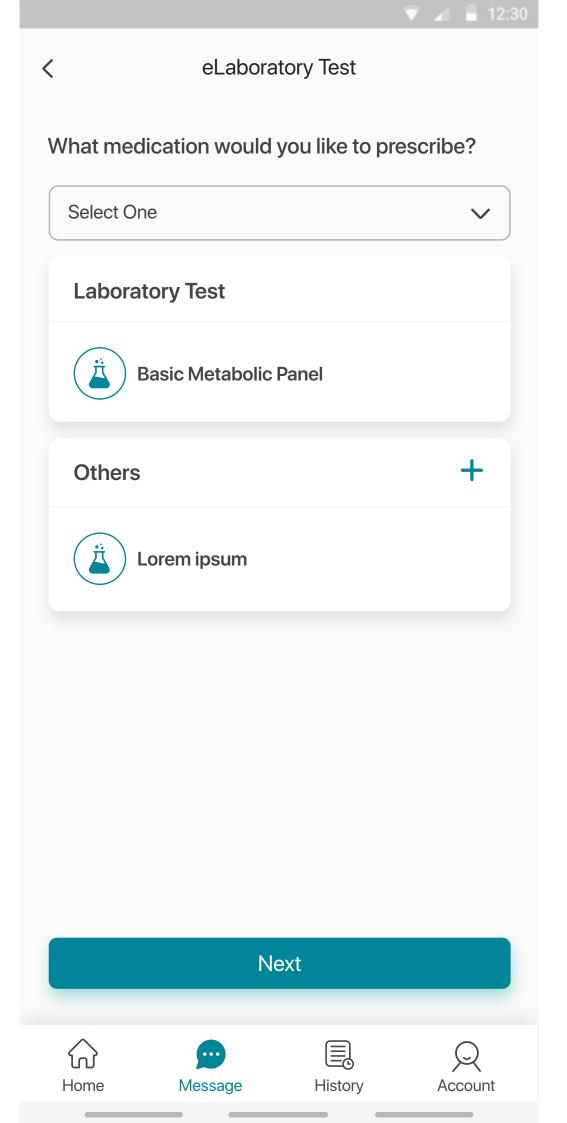


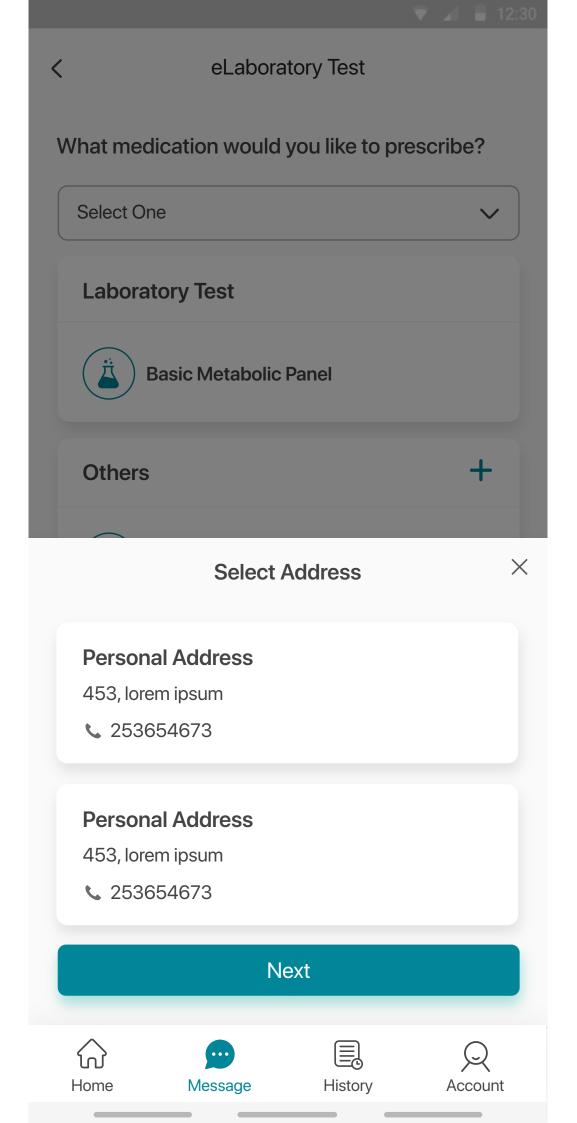
hat m	nedication would	you like to pre	escribe?
Select	One		^
Q	Search		
\bigcirc	CBC (Complete Blo	od Count)	
	Prothrombin Time		
	Basic Metabolic Pan	el	
\bigcirc	Comprehensive Met	tabolic Panel	
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\bigcirc	Thyroid Stimulating	Harmone	
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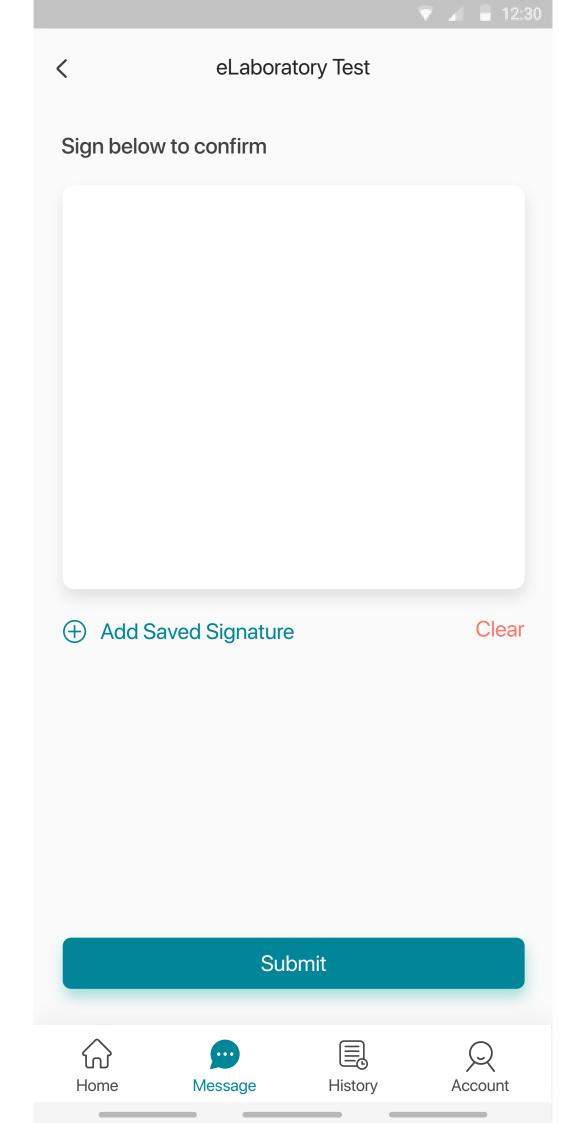


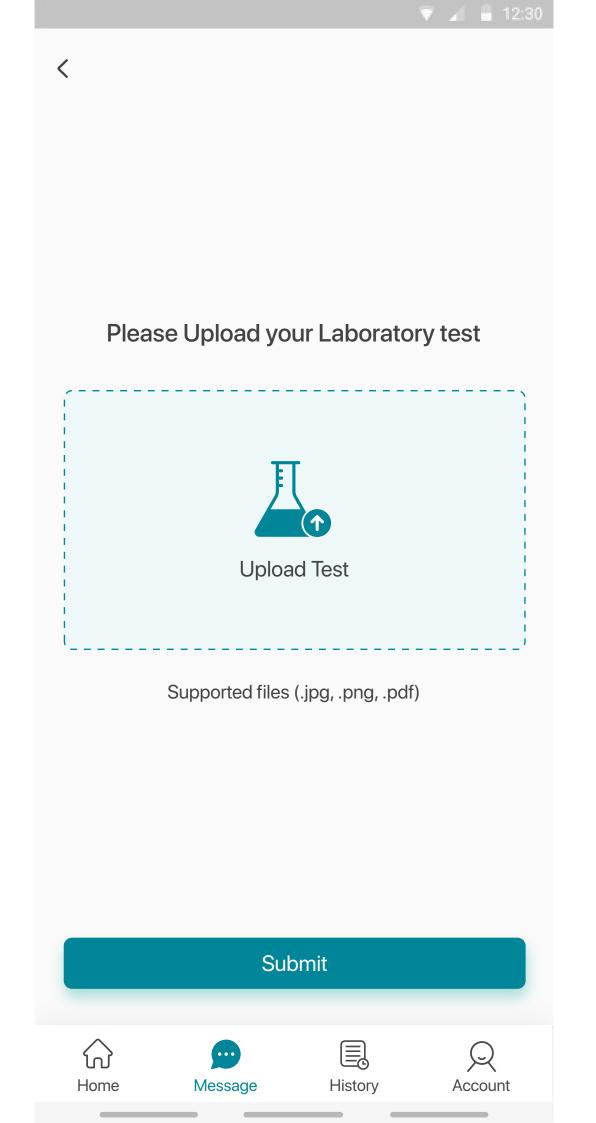




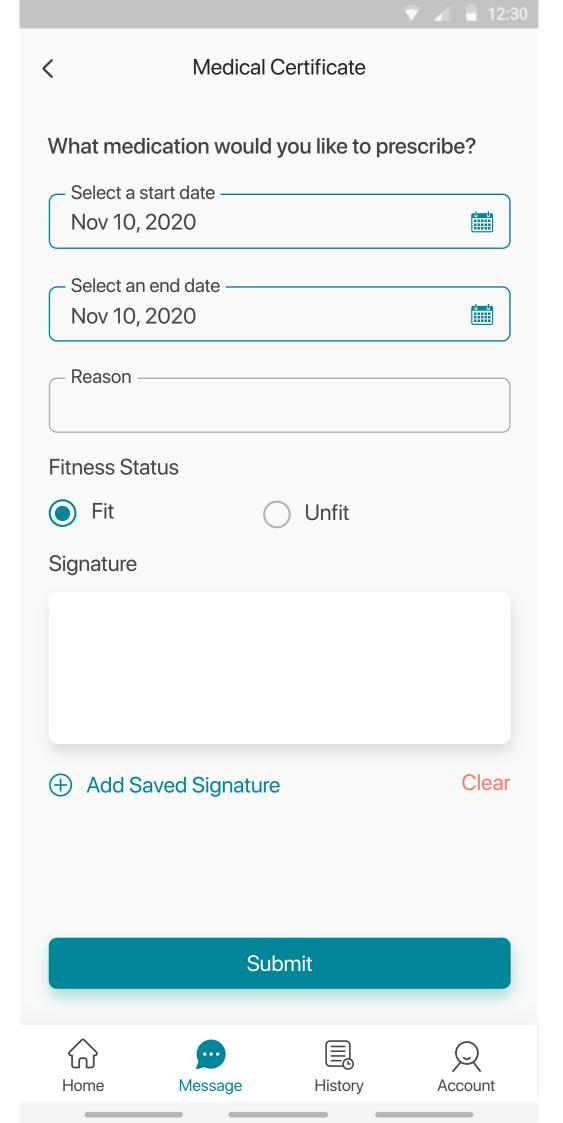


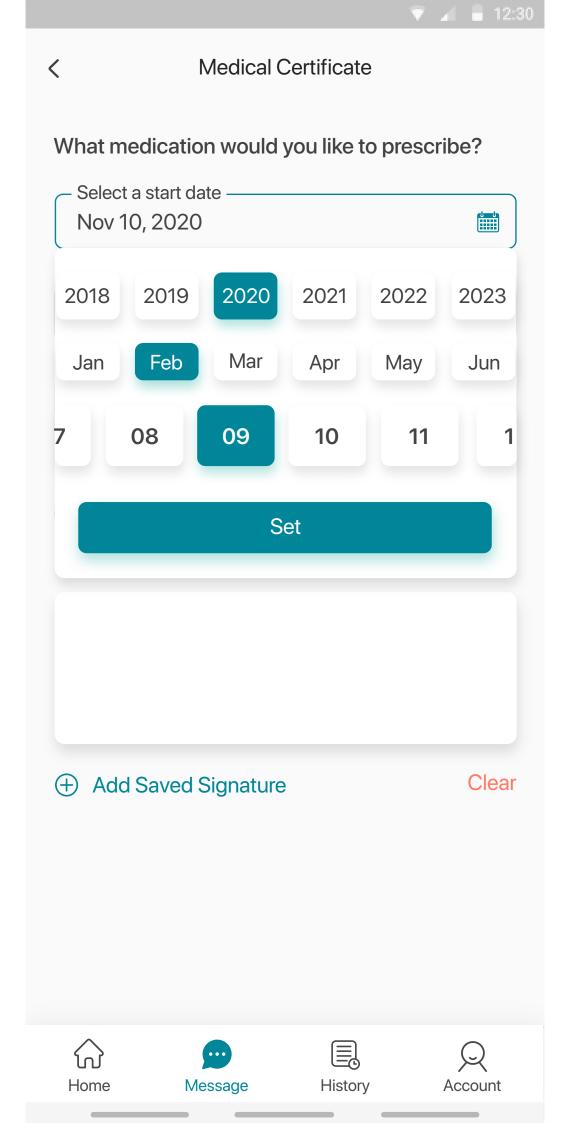
ease confir	m the followi	ng pres	scription
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Test Patient		25	Date 1/12/2021
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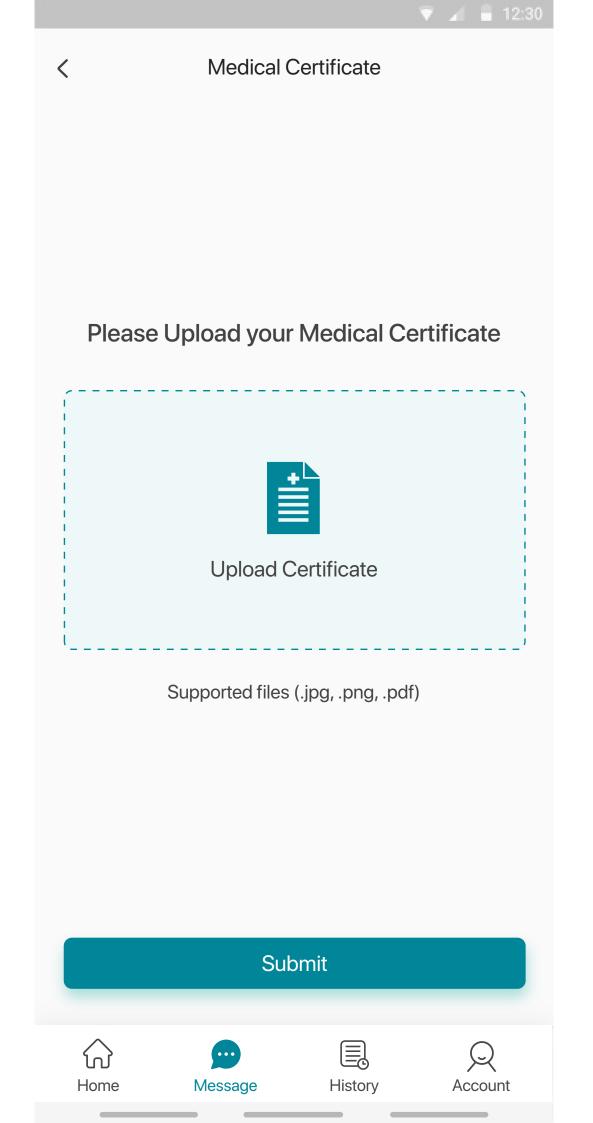




< Jane Doe Patient	
Hi 10:45 AM	~
Hey, How can I hel	p you?
Hey, This is jane doe your help	e, I need 🔨
Okay, tell me what	's the problem? 🗸
I have stomach prob last 2 days	olem from 💉
Medical C	ertificate
eLaboratory Medical Certificate	Manual Medical Certificate
Home Message	History Account







< Summ	ary	
S - Subjective		
Add Supportive Photos		
 Upload 	Supported files (.jpg, .png, .pdf)	
O - Objective		
Add Supportive Photos		
🕢 Upload	Supported files (.jpg, .png, .pdf)	
A - Assessment		
Add Supportive Photos		
🕥 Upload	Supported files (.jpg, .png, .pdf)	
P - Plan		
Add Supportive Photos	Supported files (.jpg,.png,.pdf)	
Clinical Summary Notes		
Add Supportive Photos	Supported files	
1 Upload	(.jpg, .png, .pdf)	
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< 👰	Jane Doe Patient	S
10	Hi :45 AM	~
	Hey, How can I help you?	
	Hey, This is jane doe, I need your help	10:47 AM
10	Okay, tell me what's the proble	em? 🗸
() 10	I have stomach problem from last 2 days	~
	Schedule Follow-Up	, ×
	Existing Time Slot	
	New Time Slot	
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< 🧕	Jane Doe Patient		C.	
	Hi 10:45 AM		~	
	Hey, How can I h	elp you?	• 10:47 AM	
	Hey, This is jane d your help 10:45 AM	oe, l need	~	
	Okay, tell me wha	at's the probl	em? 🗸	
	Choose	Time Slot		\times
Decer	mber 2020 🗸			
Sat 28	Sun Mon 27 28	Tue 29	Wed 30	Thu 31
Selee	ct a Time Slot			~
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6 Home	Message	History	Acc	Rount

< 👰	Jane Doe Patient		
10:	Hi 45 AM	~	
	Hey, How can I help	you?	
		10:47	7 AM
	Hey, This is jane doe, l your help	need 💙	
10:	45 AM		
	Okay, tell me what's	the problem?	
		10:47	7 AM
	Choose Tin	10.47	7 AM
8:15 P	Choose Tin M-8:25 PM	10.47	⁷ AM
		10.47	7 AM
8:30 P	M-8:25 PM	10.47	7 AM
8:30 P 8:45 P	M-8:25 PM PM-8:40 PM	10.47	7 AM
8:30 P 8:45 P	M-8:25 PM PM-8:40 PM PM-8:55 PM	ne Slot	7 AM
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< 🧕	Jane Doe Patient		S.	
10	Hi D:45 AM		~	
	Hey, How can I he	elp you?	10:47 AM	
()	Hey, This is jane do your help	be, I need	~	
	Okay, tell me wha	at's the probl	em? 🗸	
	Choose	Time Slot		\times
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G Home	Message	History	Acco	Q

<	Dane Doe Patient	
	Hi	~
	10:45 AM	
		~
		10:47 AM
	Follow-Up Rate	
	How much would you like to cl this follow-up	narge for
	*Note : The patient either hold Citizen or PWD card and will b at a discounted rate.	
	Free Follow-Up	with P 4
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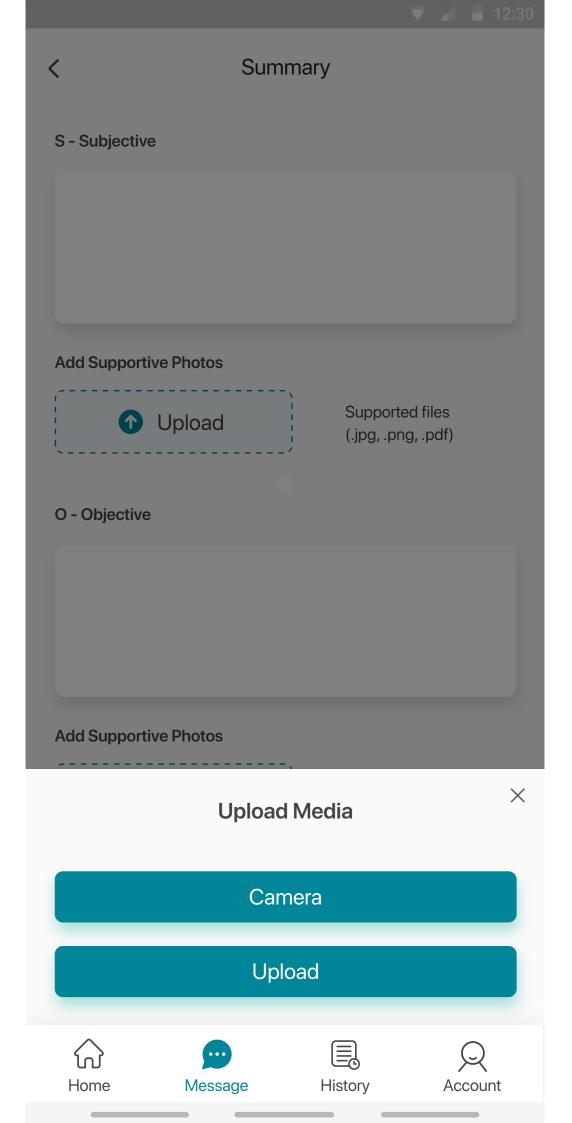
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Hi 10:45 AM	~
Follow-Up Rate	10:47 AM
- How much would you like to charg this follow-up	e for
*Note : The patient either holds a S Citizen or PWD card and will be ch at a discounted rate.	
Free Follow-Up with	1 ₱4
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11 59 12 00 AM	
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Submit	

< Description of the second se	l
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Hey, How can I help you? 🗸 👔	
10:47 AM	
Hey, This is jane doe, I need your help	
Okay, tell me what's the problem? 🗸 👔	
I have stomach problem from V last 2 days	
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Home Message History Account	

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Hey, How can I help you?	• • • • • • • • • • • • • • • • • • •				
Hey, This is jane doe, I need your help	✓				
Okay, tell me what's the problem?	D:47 AM				
I have stomach problem from last 2 days	*				
Manual Referral Letter $ imes$					
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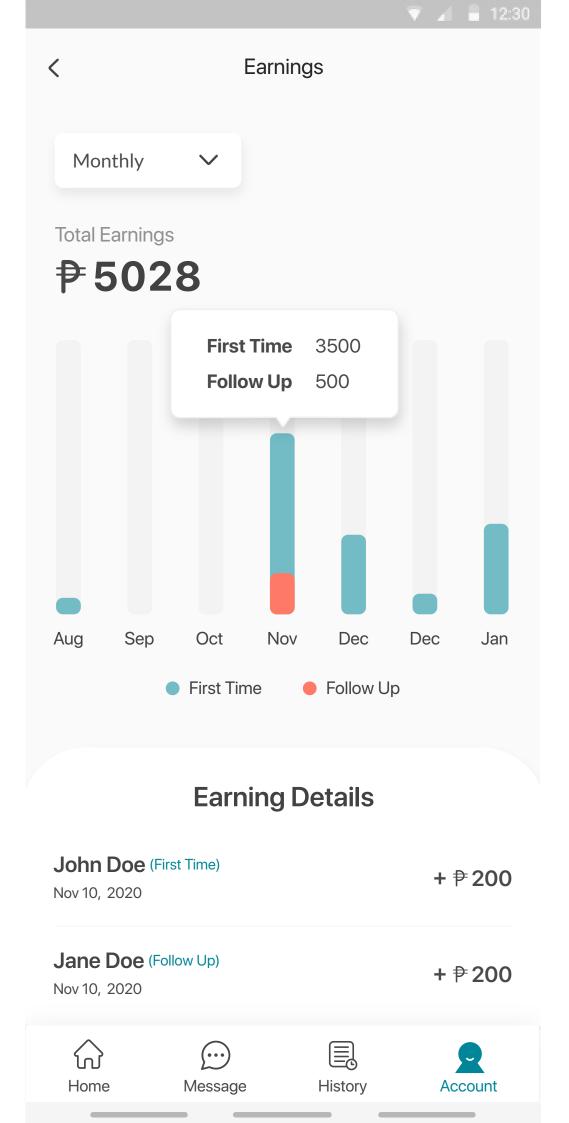
< jane Doe Patient	
Hi	
10:45 AM Hey, How can I help you? 10:47 AM	
Hey, This is jane doe, I need 💙	
Ending Session	
Are you sure you want to end the consultation?	
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10:45 AM	
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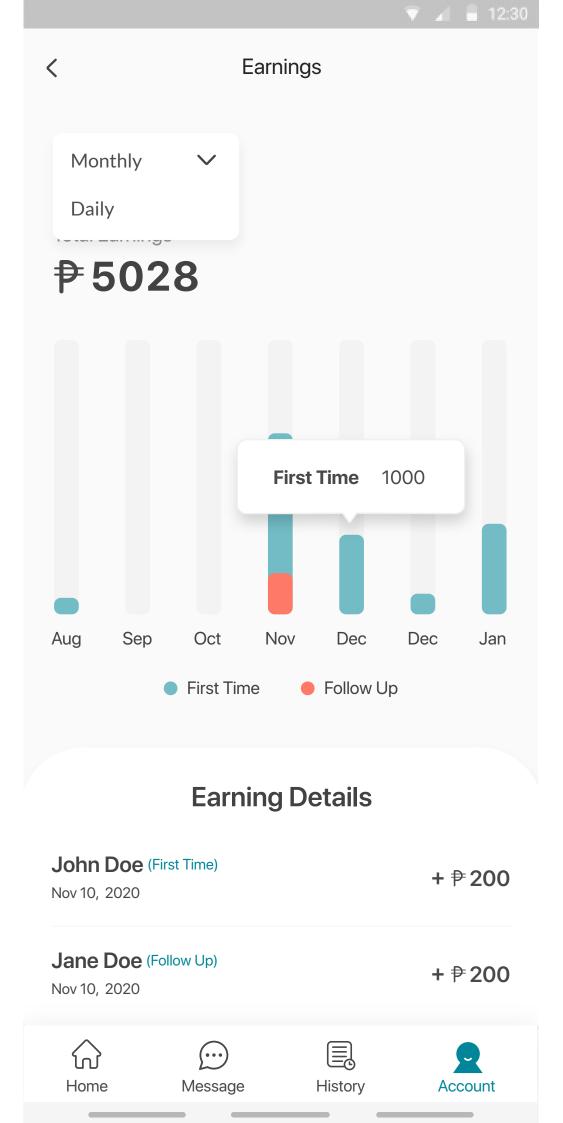


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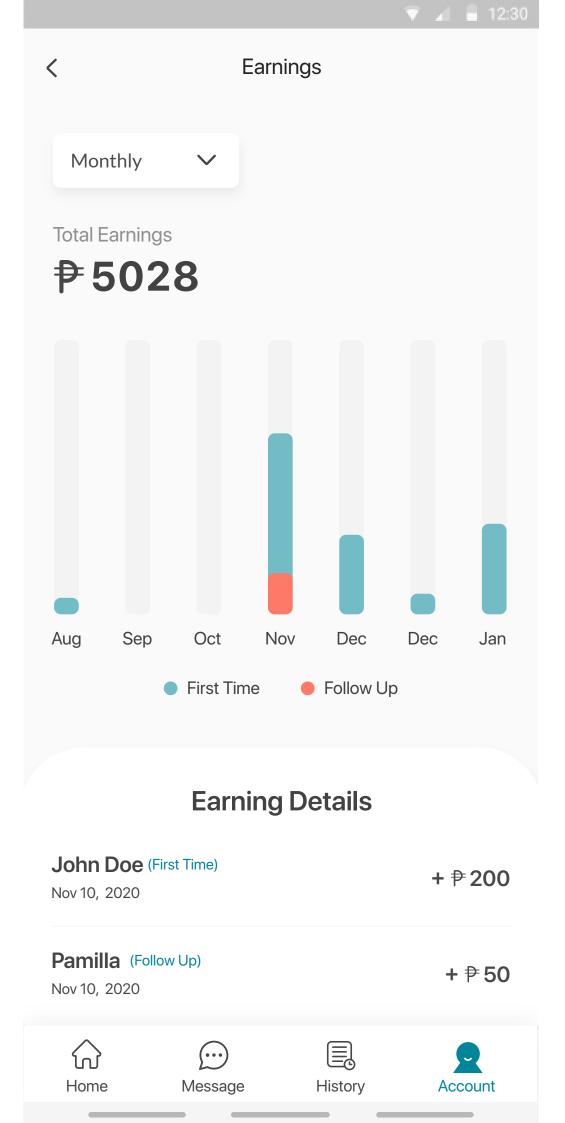


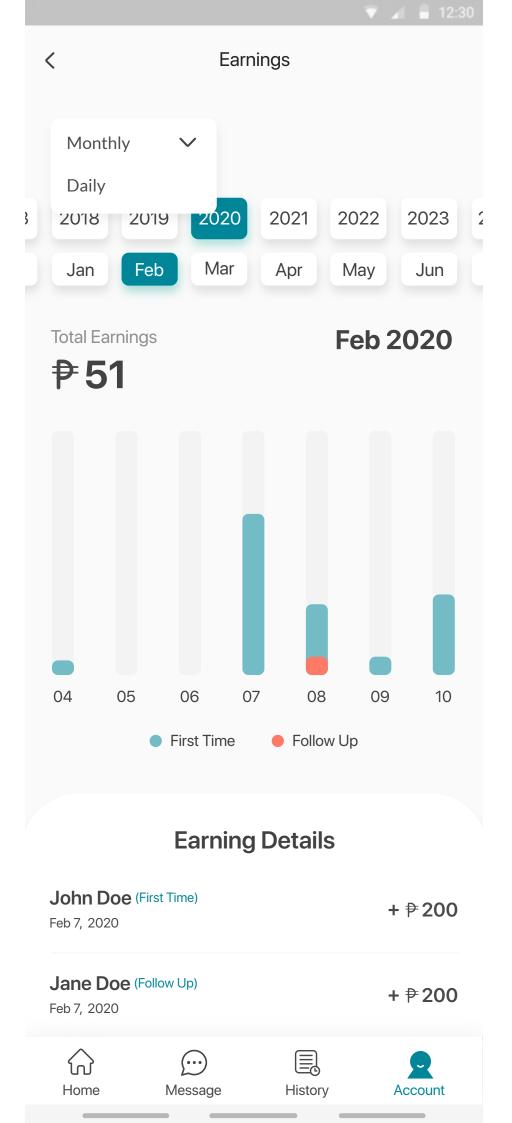




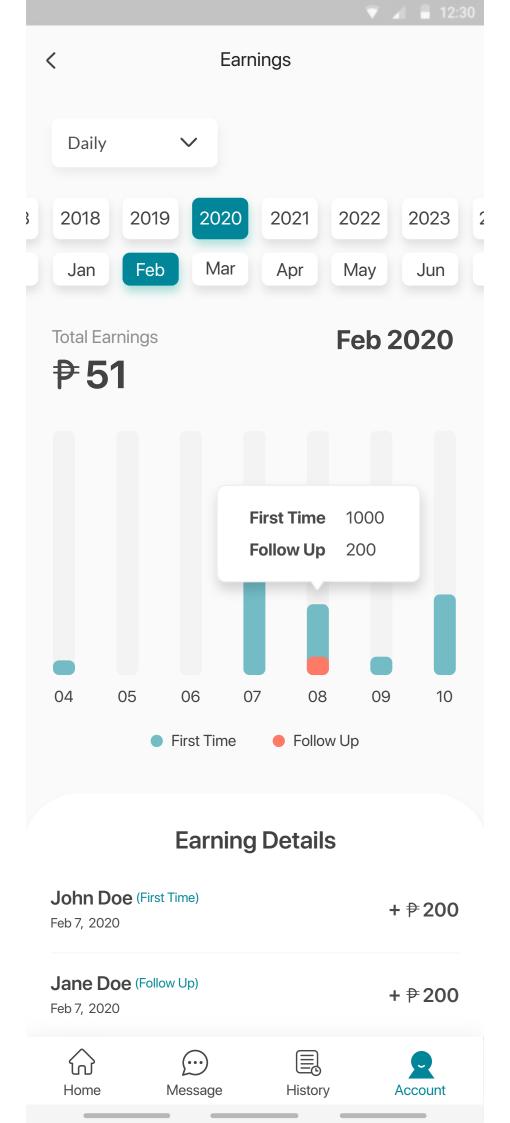




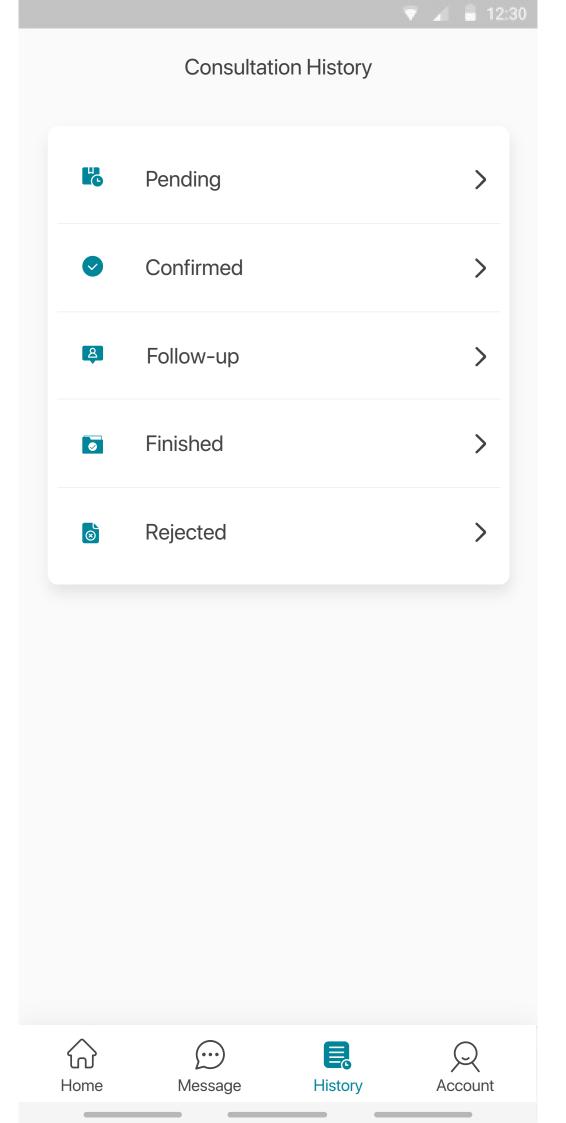


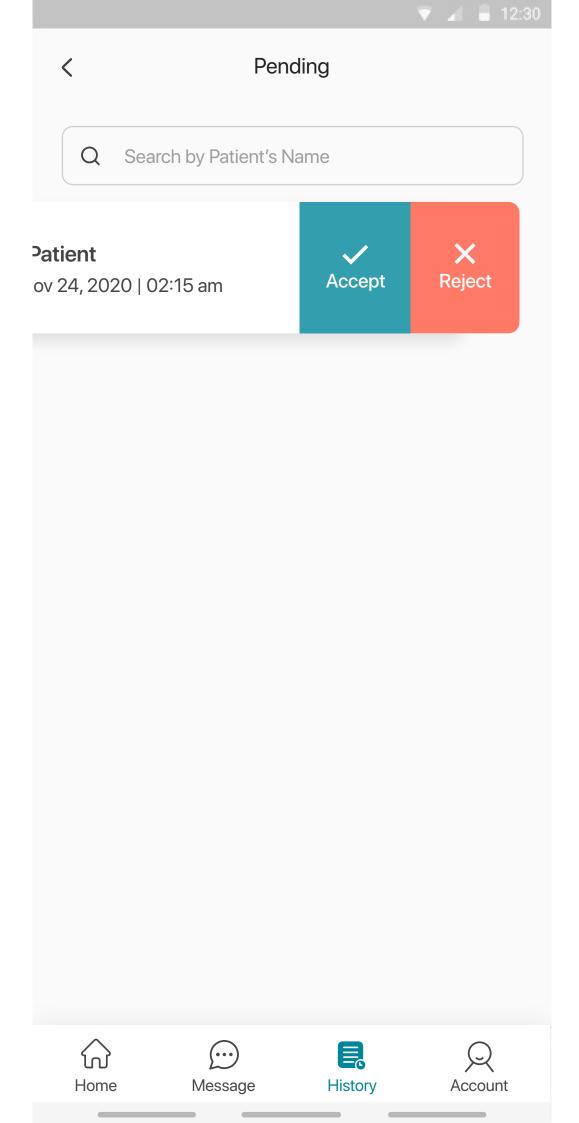


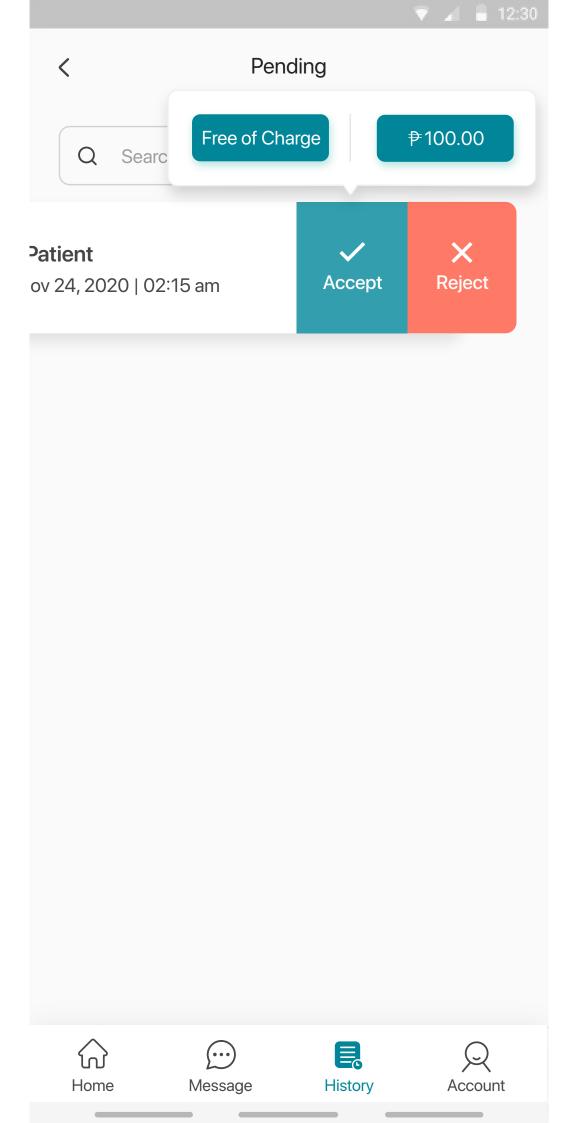


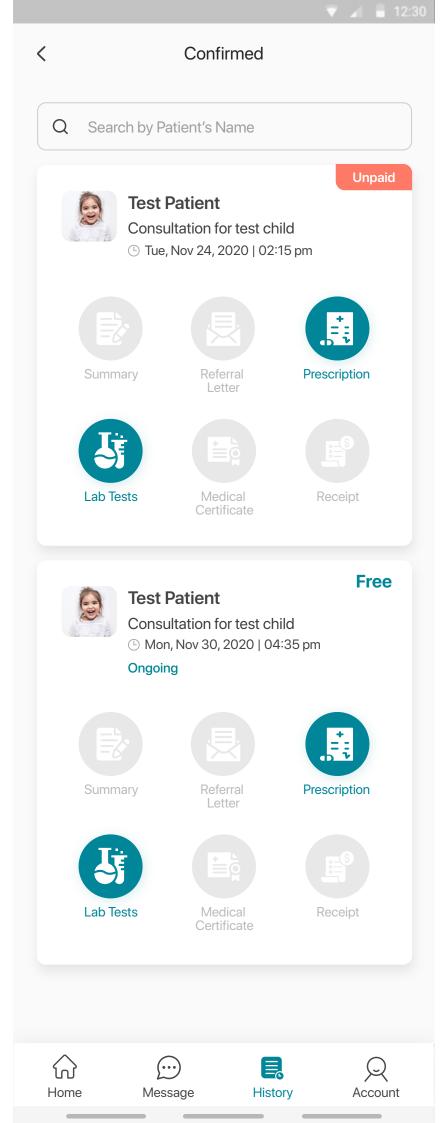


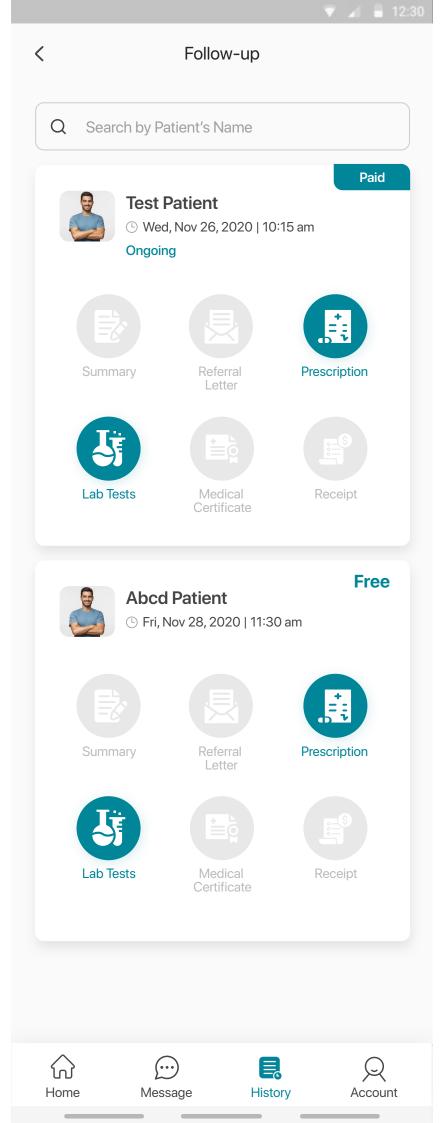


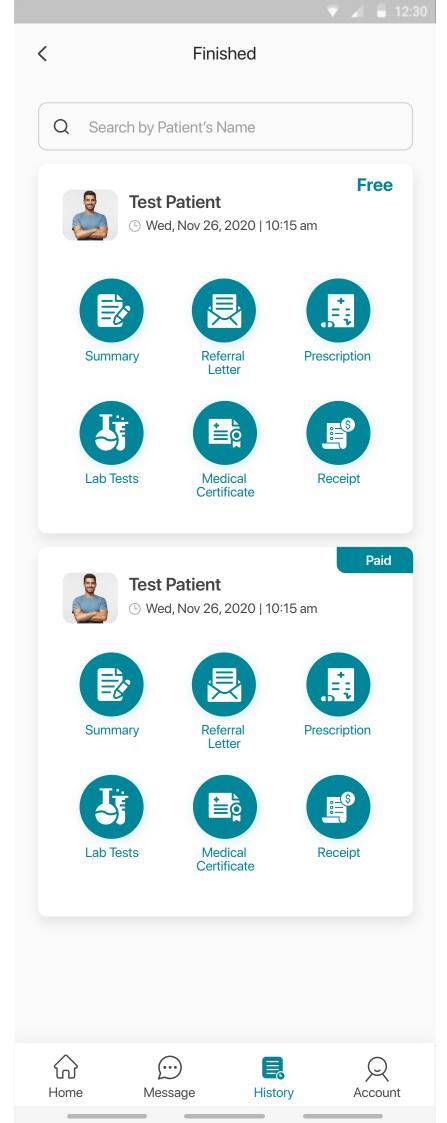


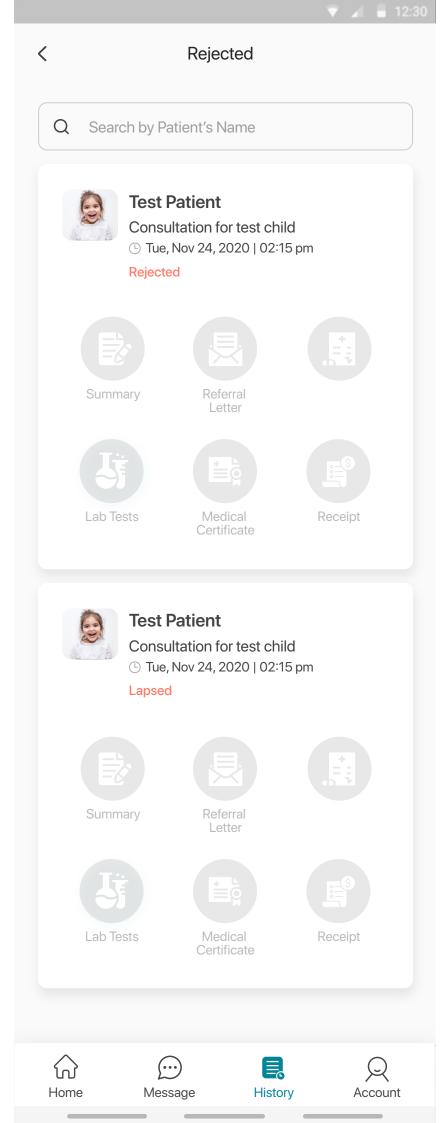












Summary

SOAP Note Conducted for Test Patient

Assigned Healthcare Practitioner

Dr. Test Doctor

Conducted On Nov 20, 2020|8:56am

Completed On Nov 20, 2020|9:15am

ICD Codes

C-15 - Maligant nepolisam of oesophagus

S-Subjective

O-Objective

A-Assesment

P-Plan

Download









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Referrel Letter

eZConsult Referral Availment Type: Senior/PWD

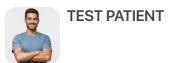
Test Doctor Test Address, 8585 Landline: 8987898789

Test Patient Sex: Male Age: 70

<

Dear Dr. CarmenTestDoctor,

Test Patient has reported Back Pain, Neck Painnduring our consultation. In order to confirm the diagnosis of Back pain diagnosed. I am referring the patient for your clinical review and Consideration for surgery.



With Regards



Doctor's Signature Dr. Test Doctor



Download







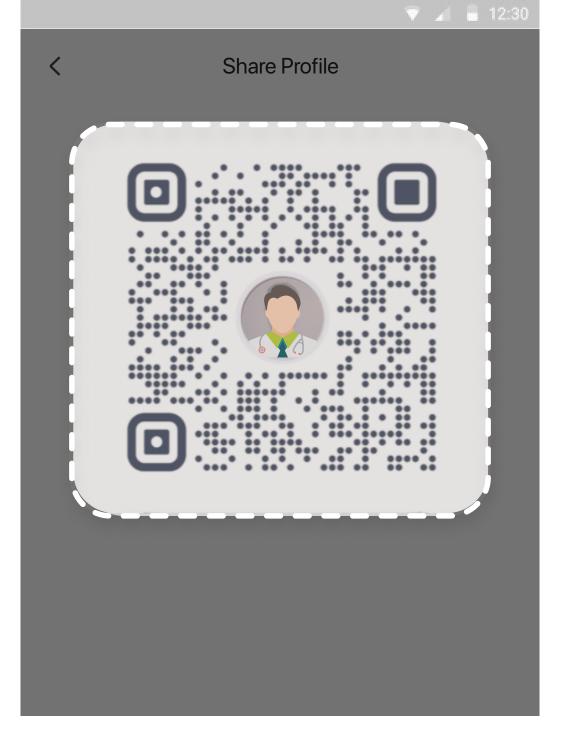


Medical certificate < 🗄 eZConsult **Medical Certificate** Name **Test Patient** 70 Age Gender Male Nov 20, 2020 8:56am Date Gender Male Certificate No. MC0000735 Reason Typhoid **Unfit Template 3** G **Dr. Test Doctor** License No:huui 123345 Download Home Message History Account

Test Clin Test Address				
Patient Prescription Availment Type: Senior/PWD				
Test Patient Sex: Male Age: 70	Prescription no. : P000253 Nov 20, 2020 8:56am			
Drug Name	Remarks			
ELUORINE (AQUAFRESH) OT PASTE 0.15% 2100ML LIDOCANE SYGYGIUM AROMATICUM TOOTH ACHE) OT DROP 0.7+10% 00ML	Dosage: 3tabs Frequency: 3 Times per day Take after food For 15 days Dosage: 3tabs Frequency: 3 Times per day Take after food For 15 days			
/lobile: 2536174778 .andline: 8989578699	ি Dr. Test Doctor ট্রি eZConsult			
Downlo	ad			

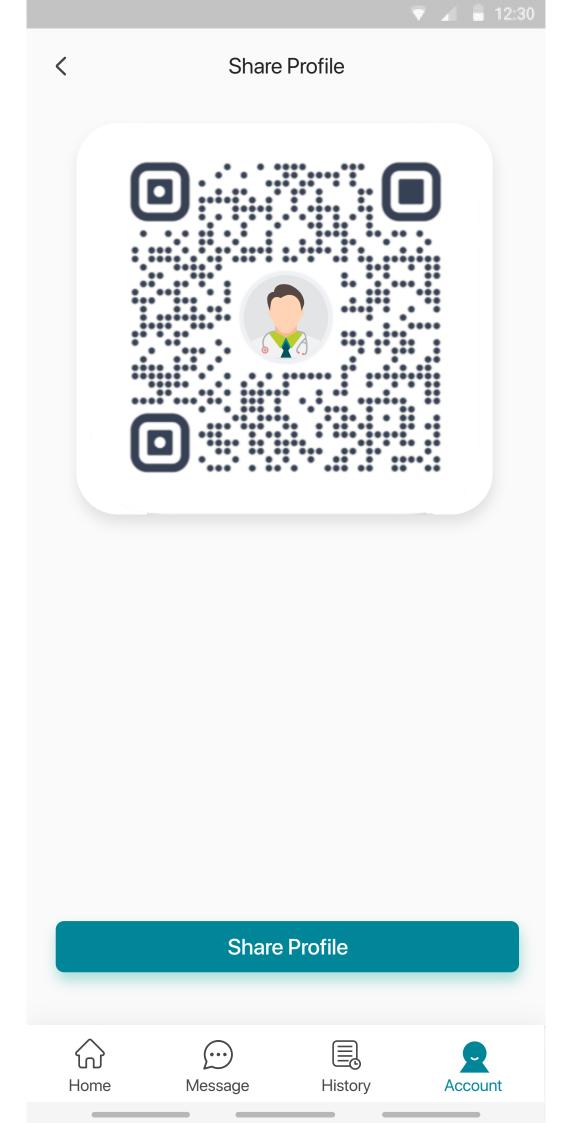


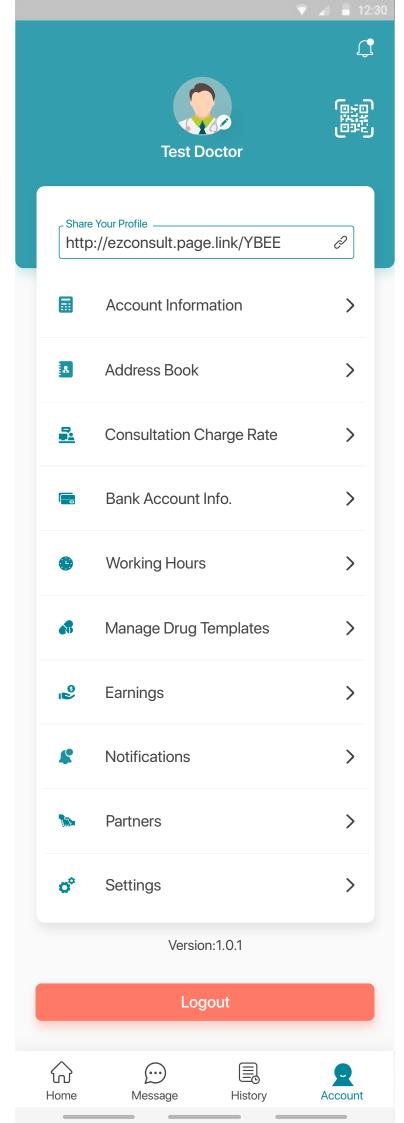
Test Clinic Test Address 8585				
ltem		Price		
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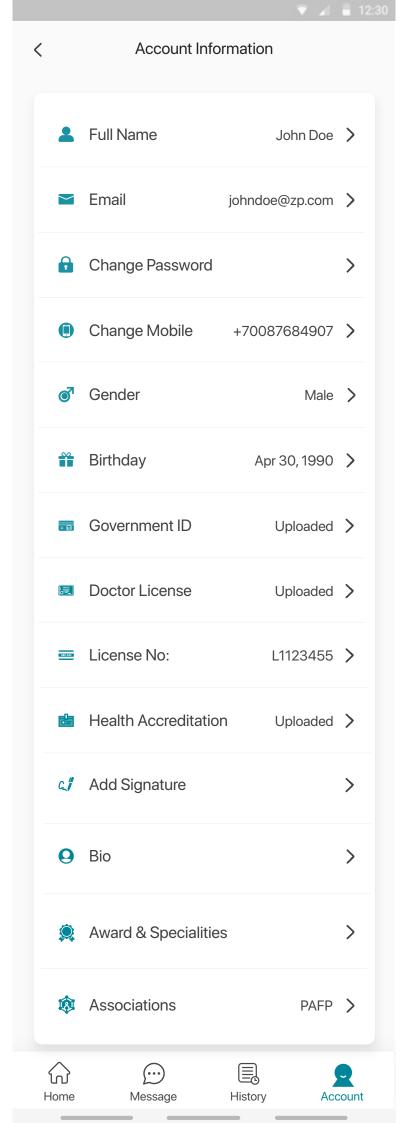


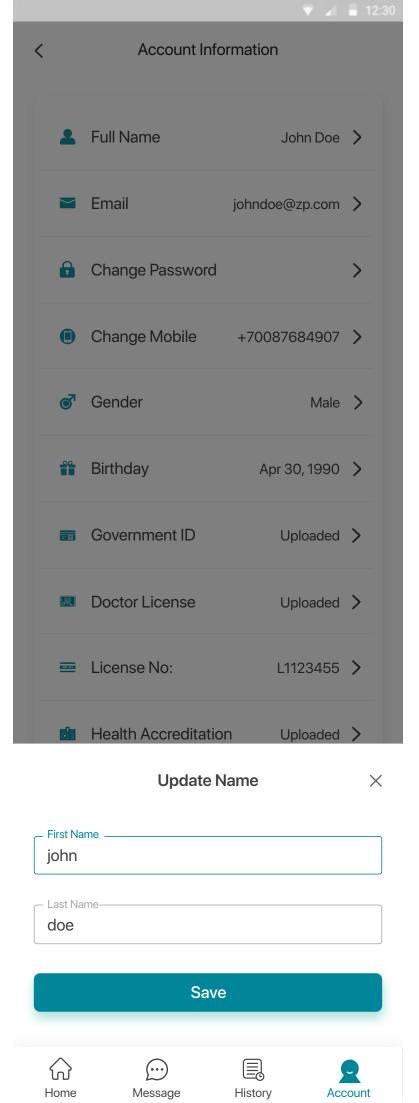


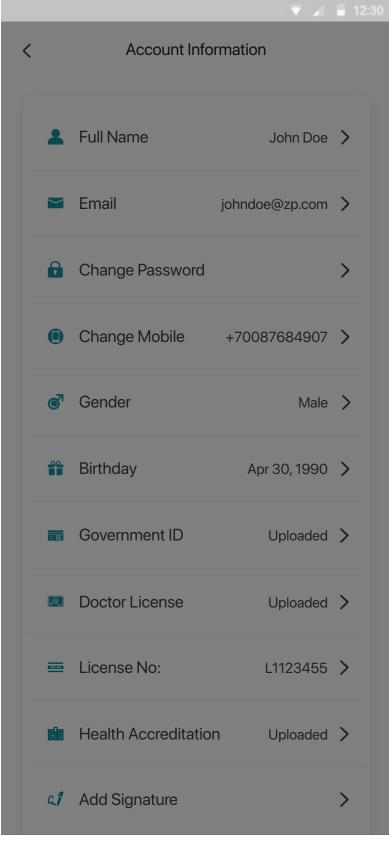






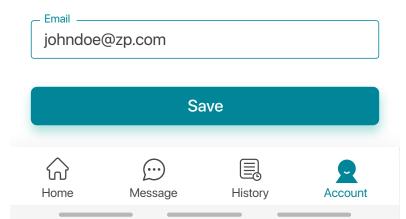


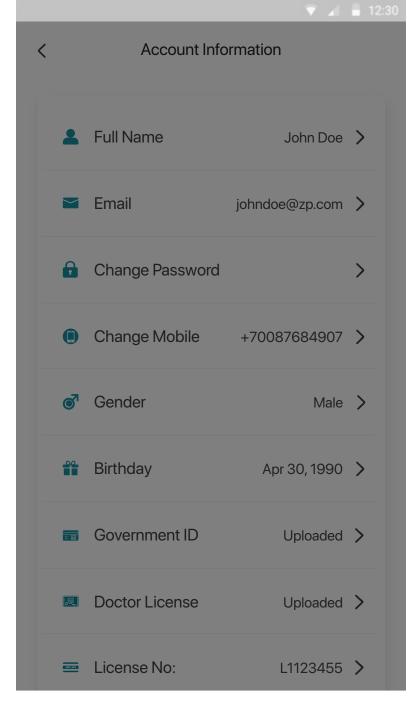




Update Email

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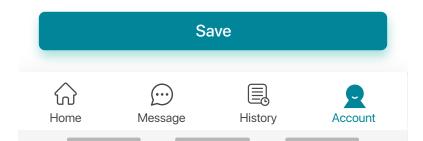


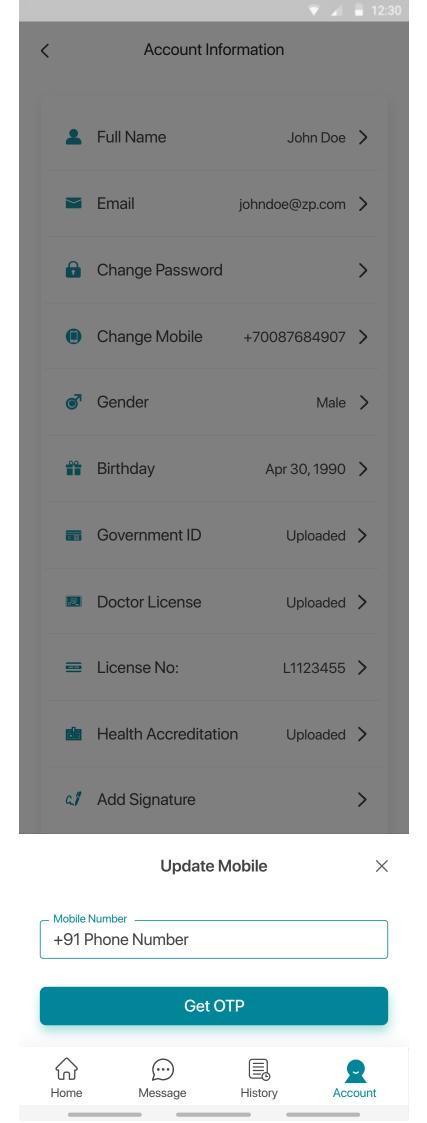
Update Password imes

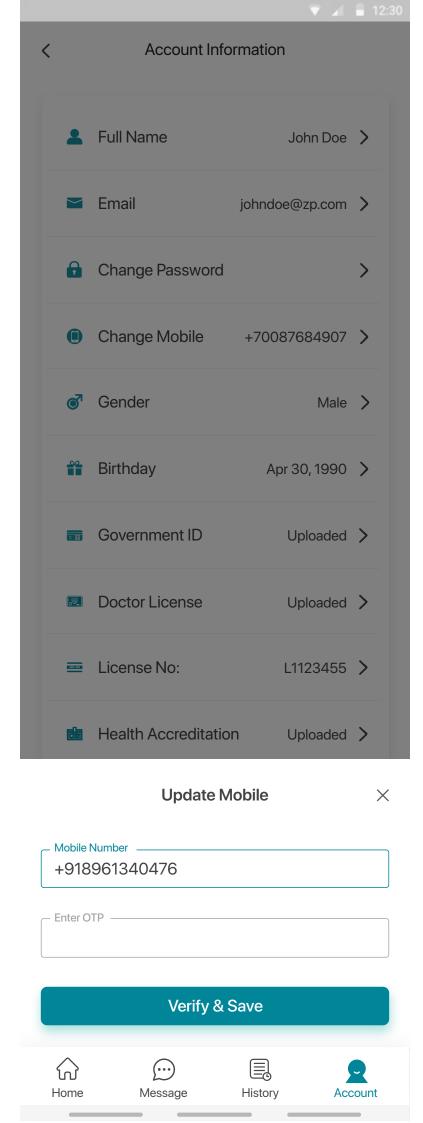
- Current Password		

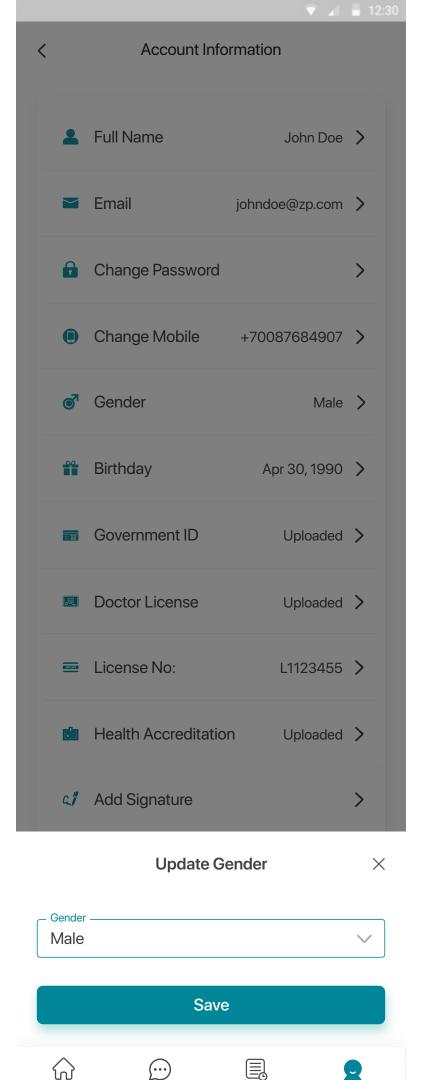
New Password

Confirm New Password







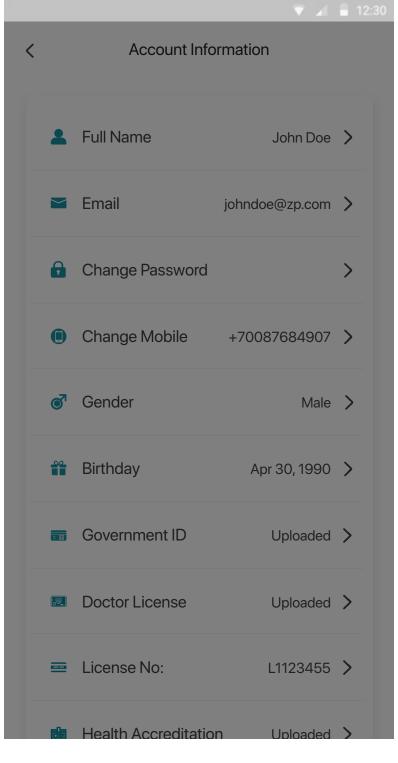


History

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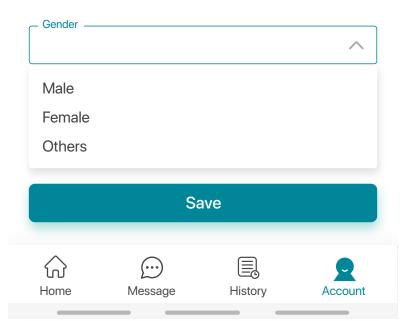
Home

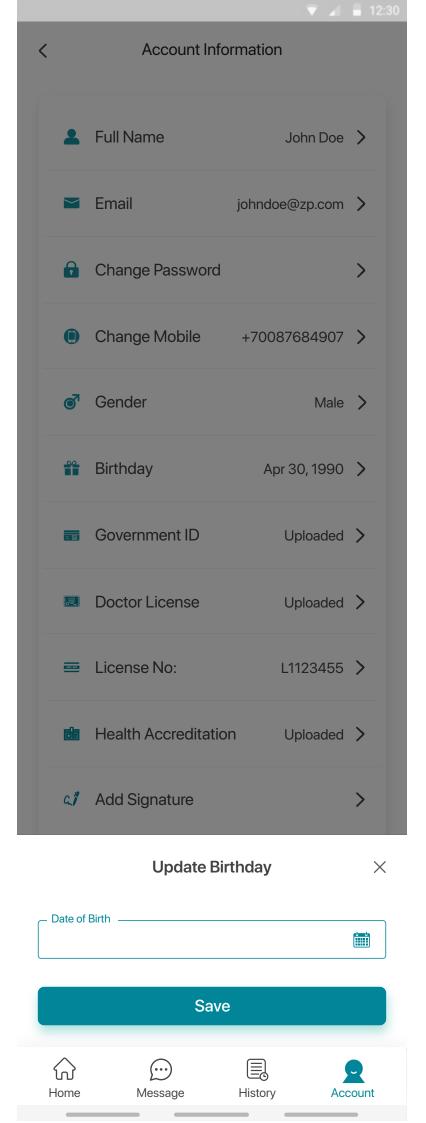
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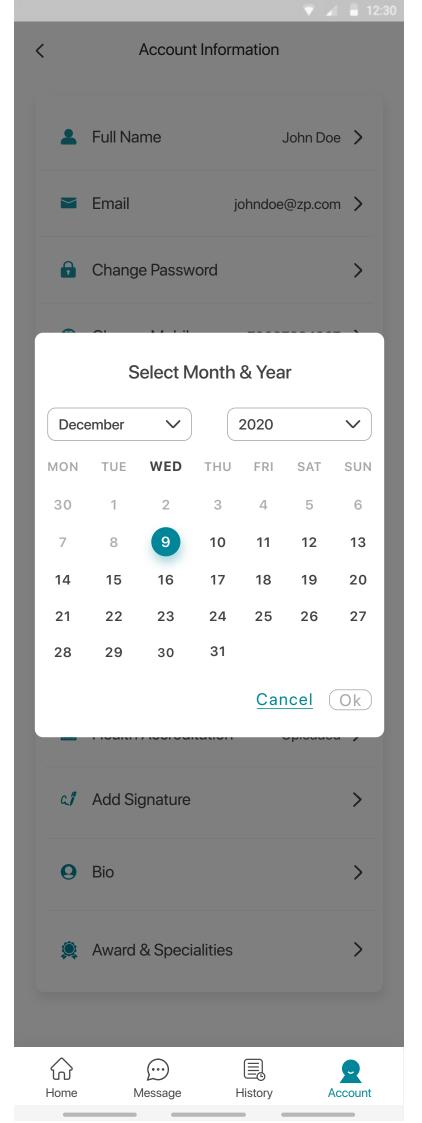


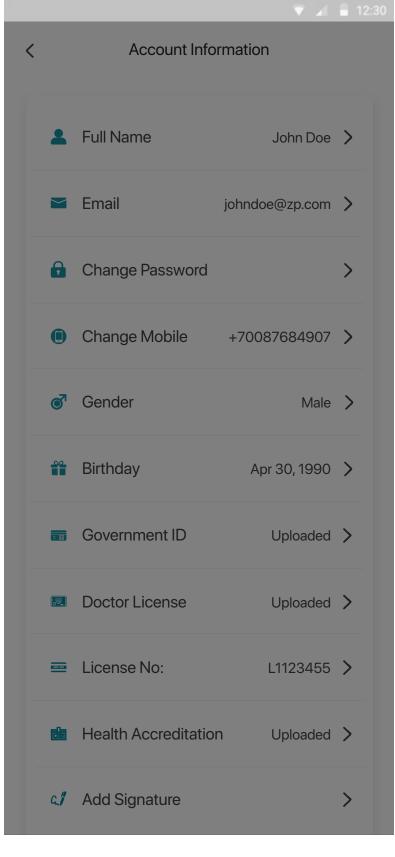
Update Gender

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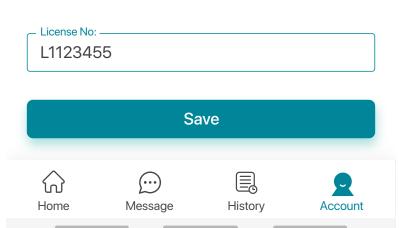


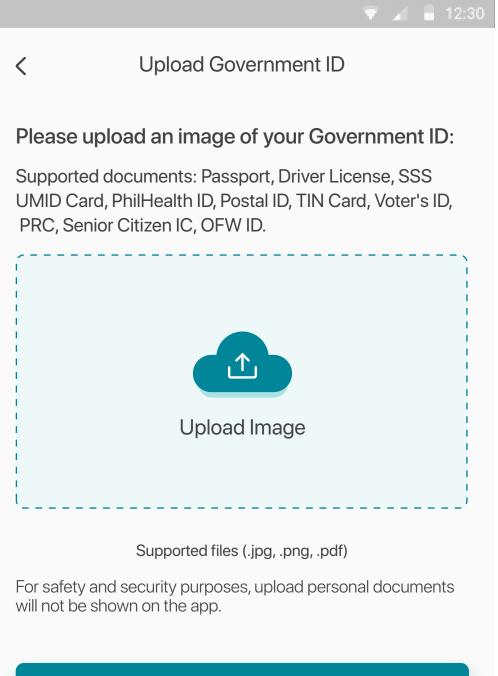


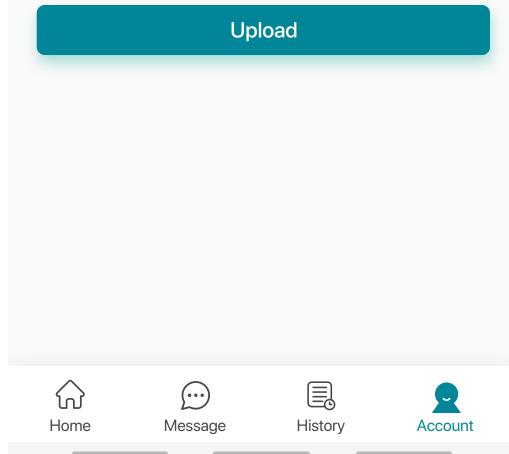


Update License Number

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Upload Government ID

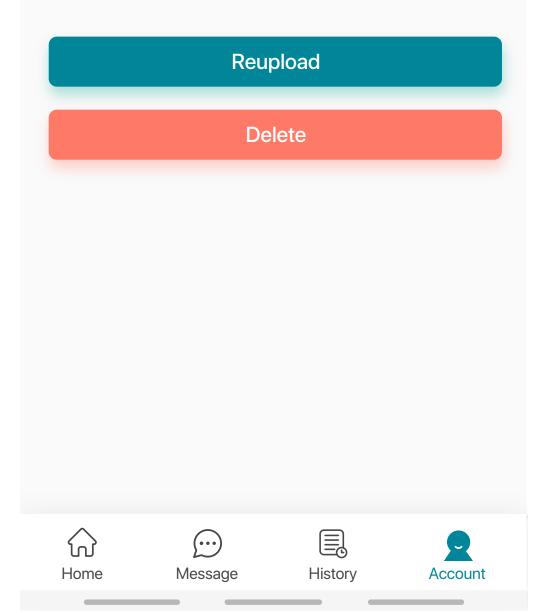
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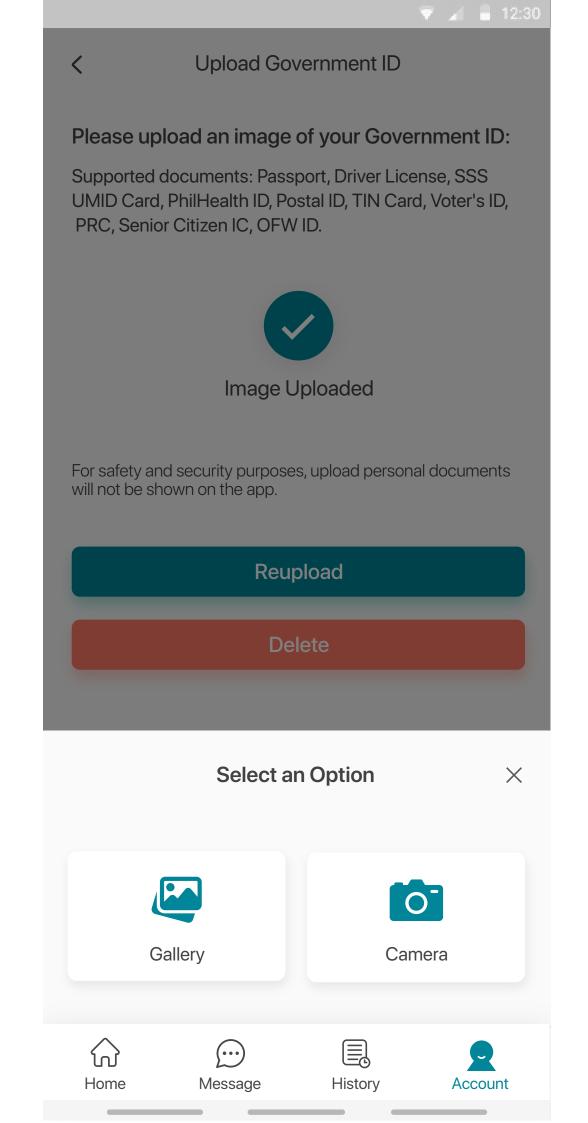
Please upload an image of your Government ID:

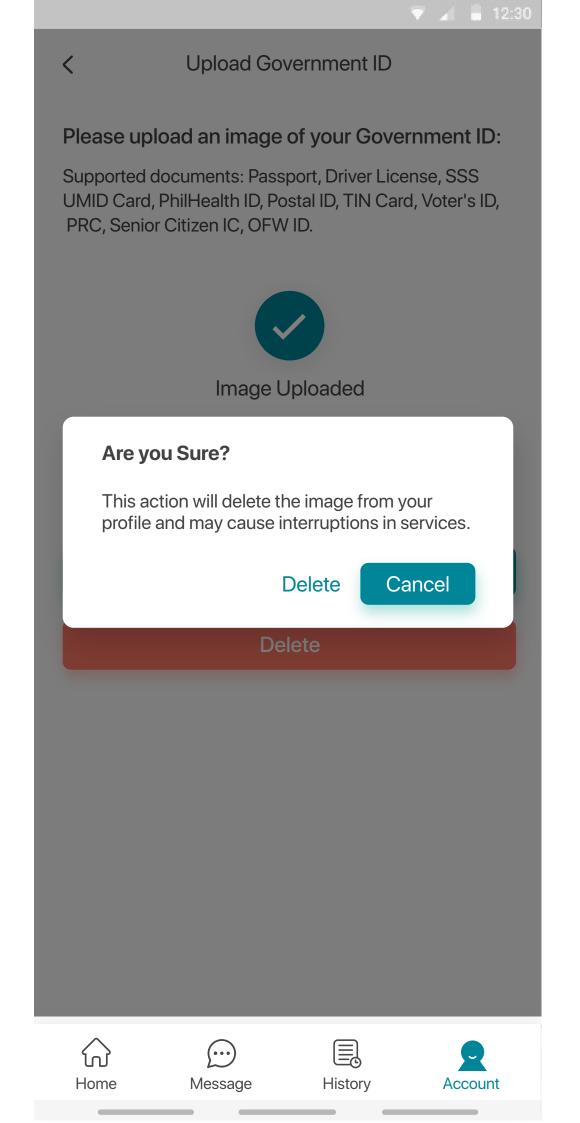
Supported documents: Passport, Driver License, SSS UMID Card, PhilHealth ID, Postal ID, TIN Card, Voter's ID, PRC, Senior Citizen IC, OFW ID.

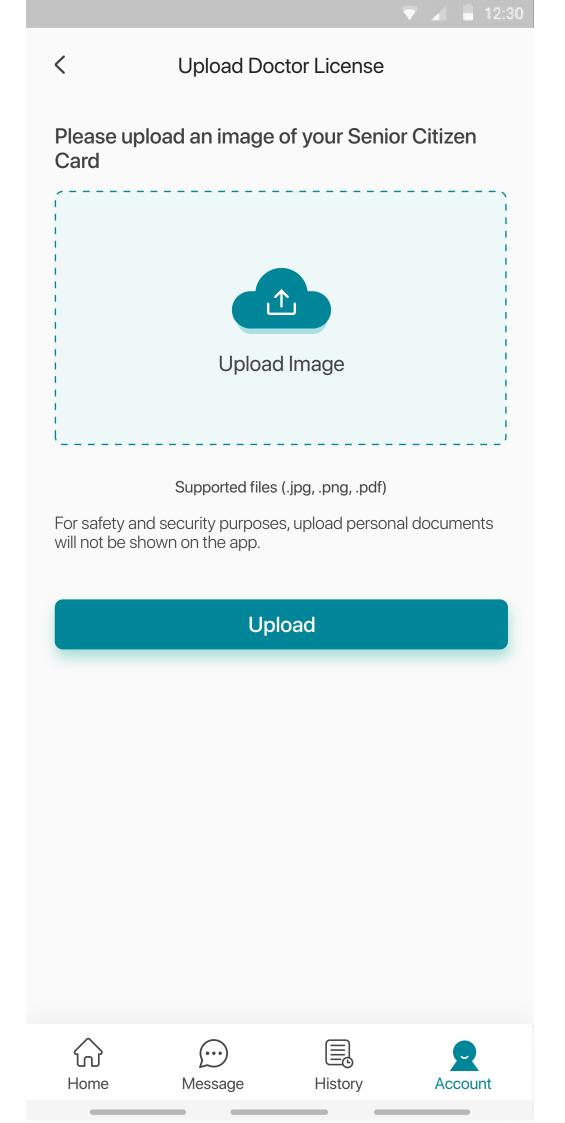


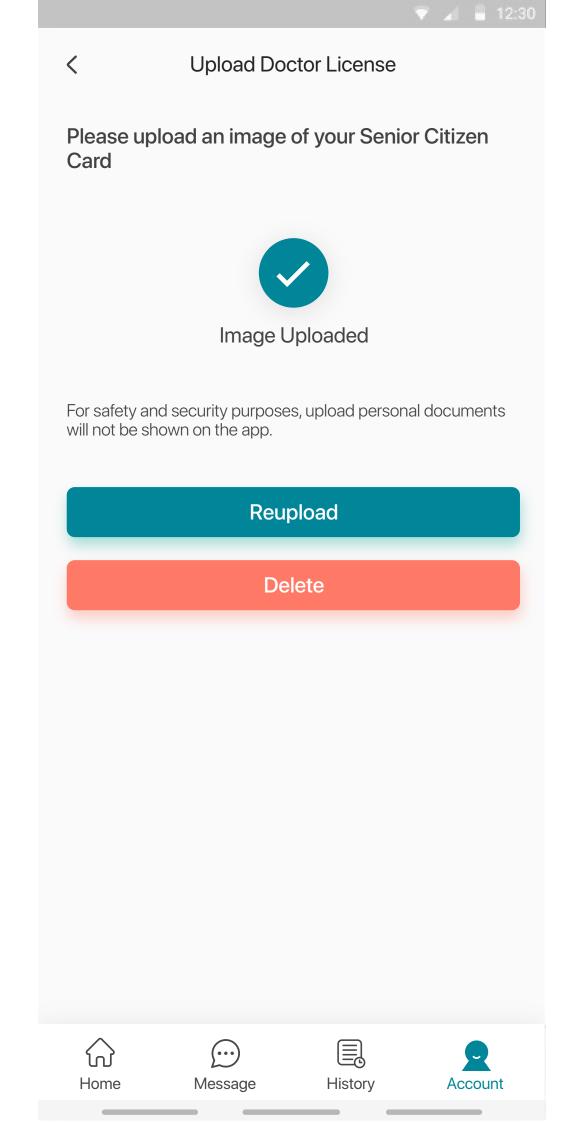
For safety and security purposes, upload personal documents will not be shown on the app.

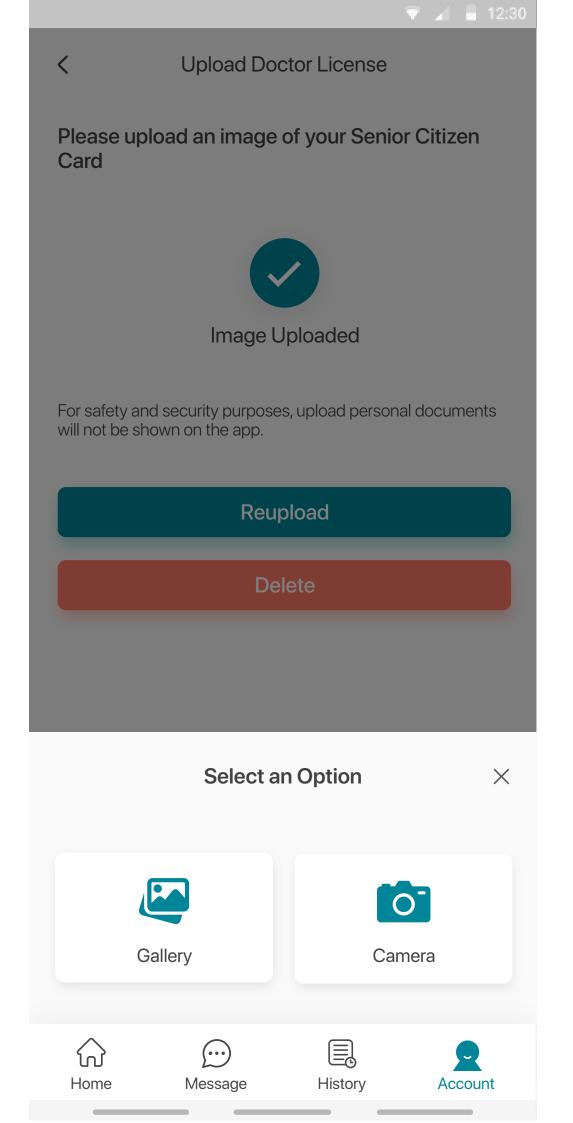


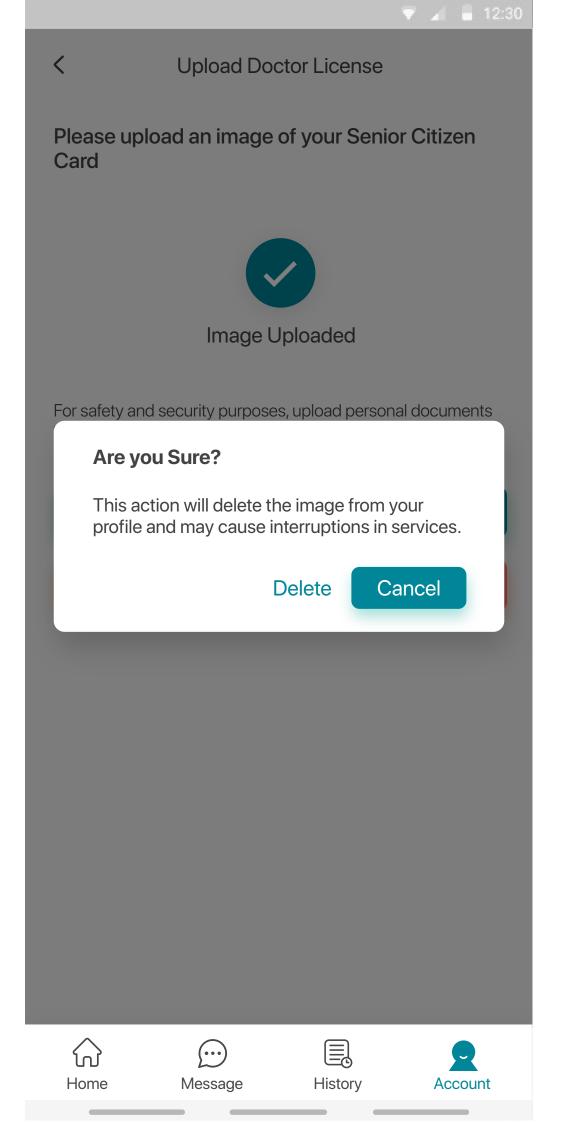


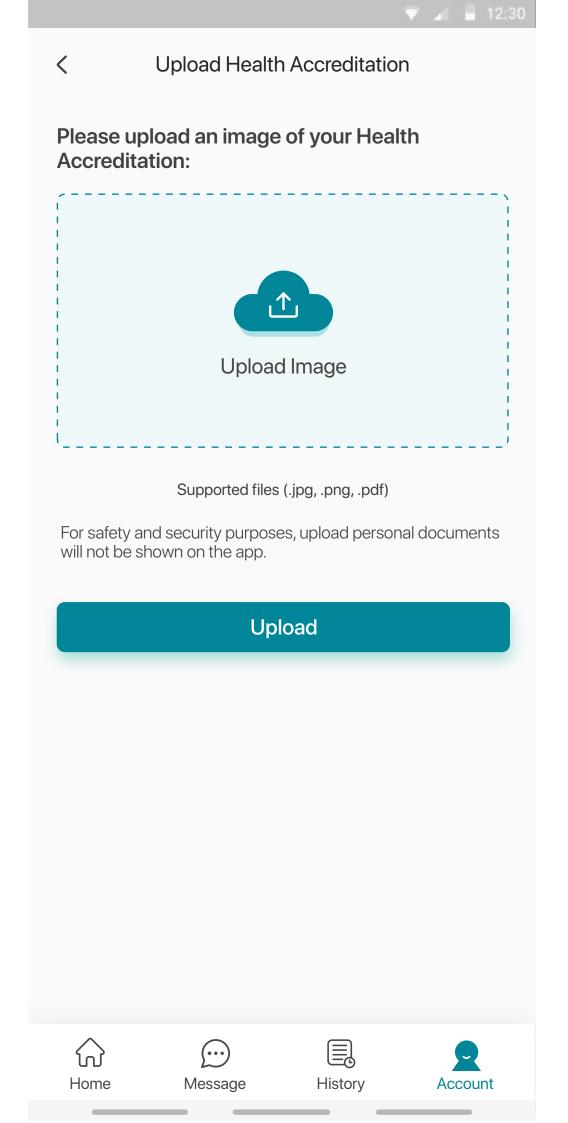


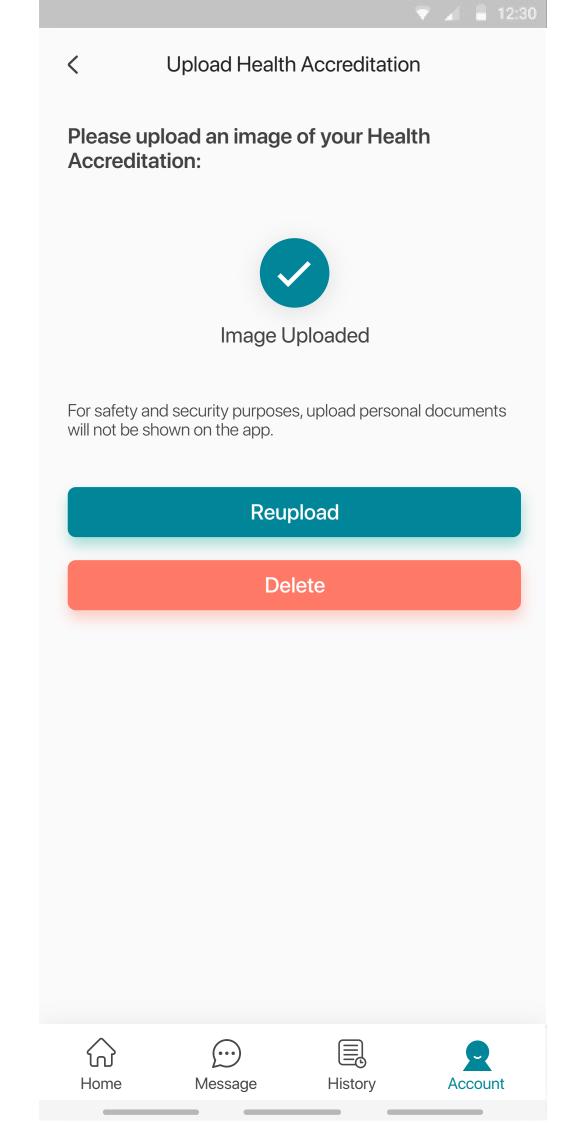


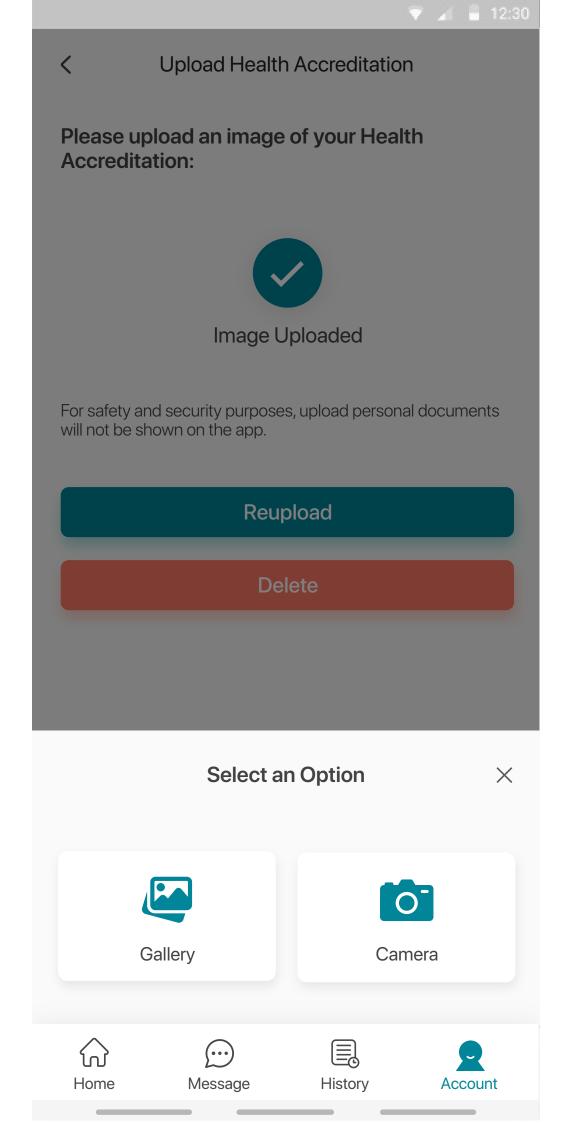


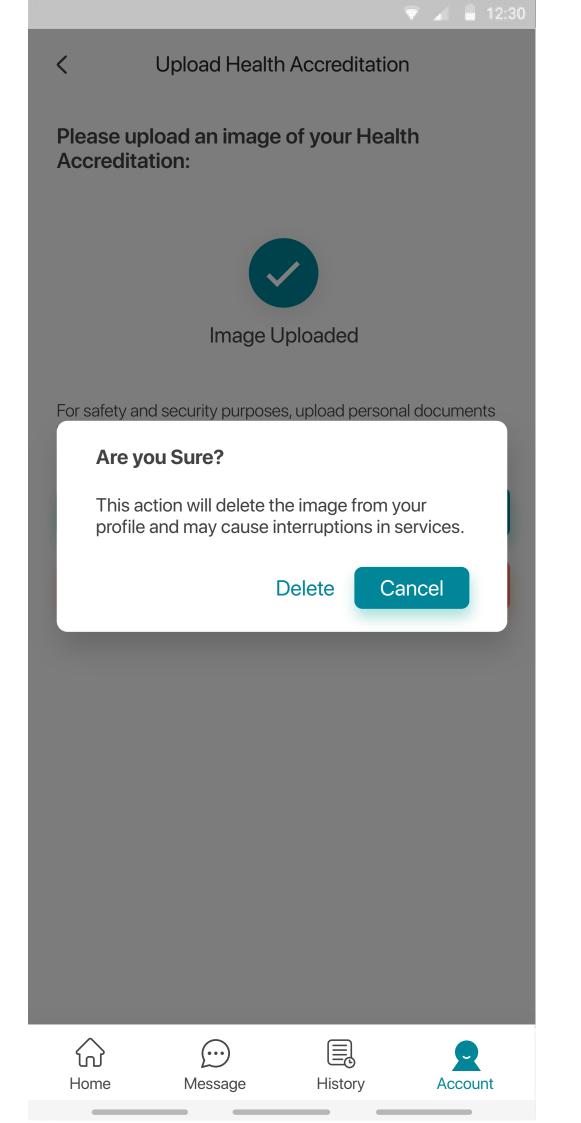


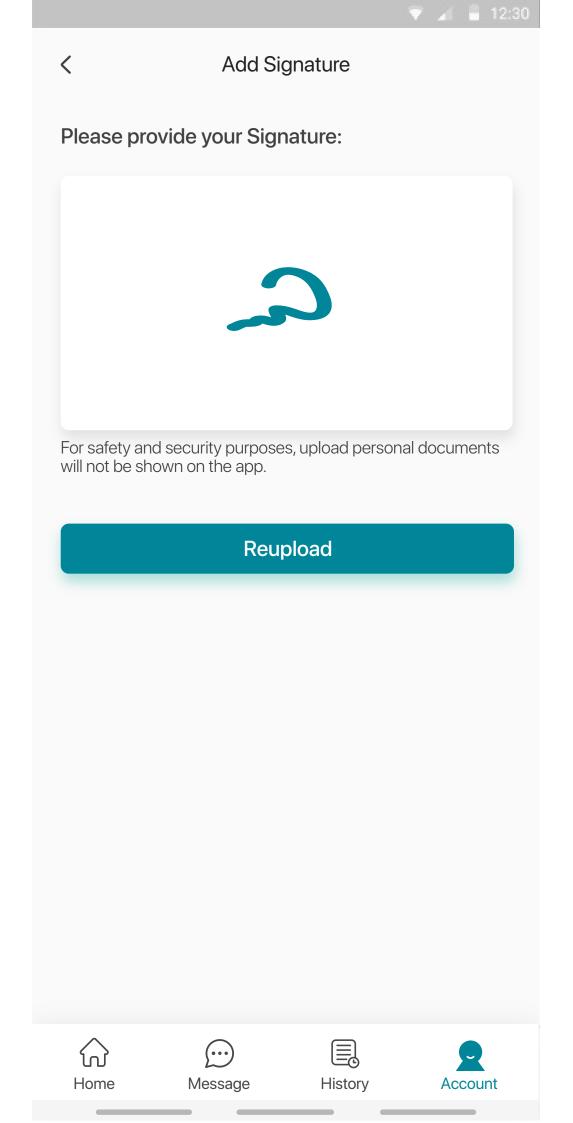


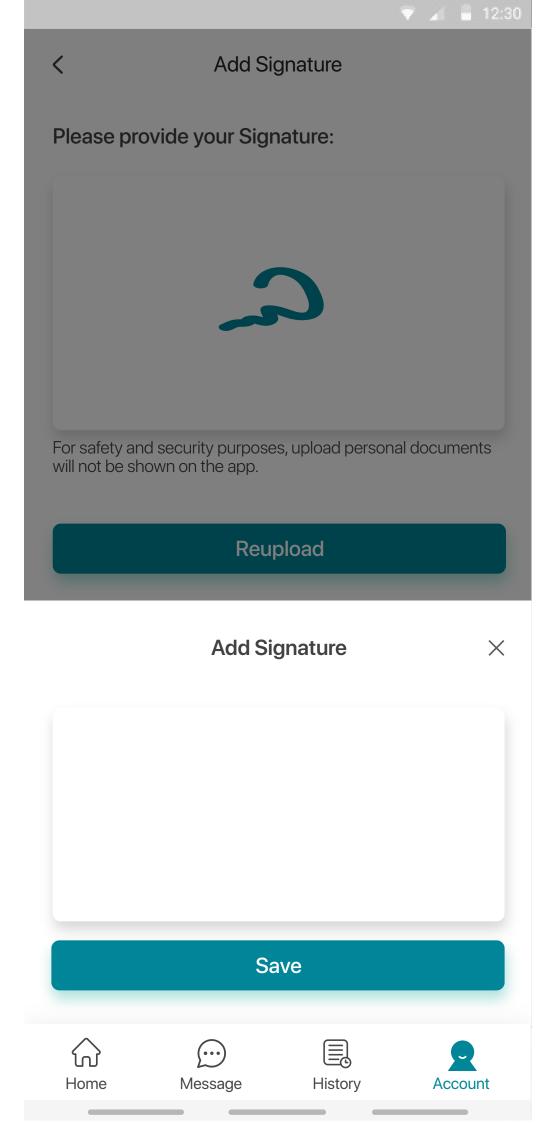












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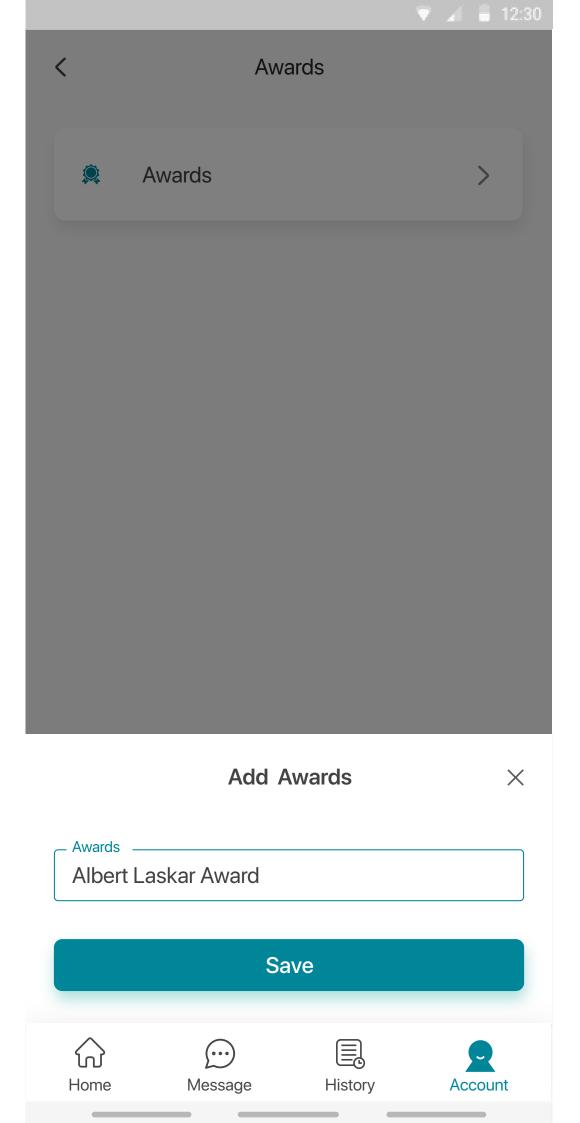
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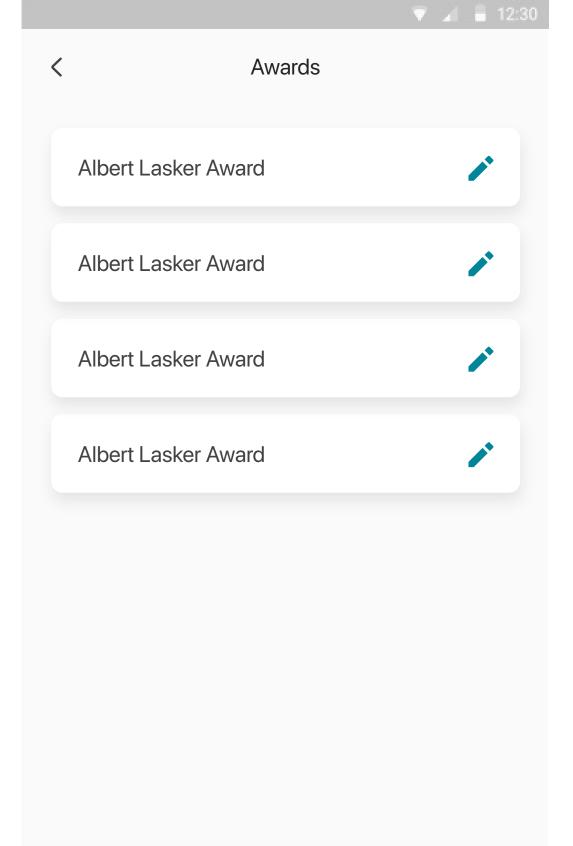


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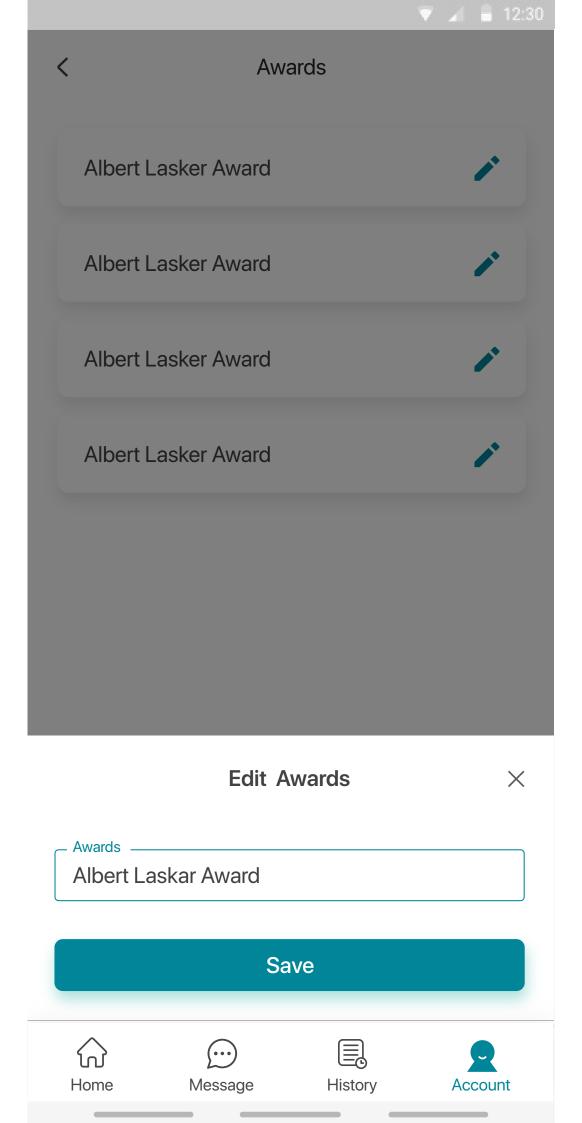


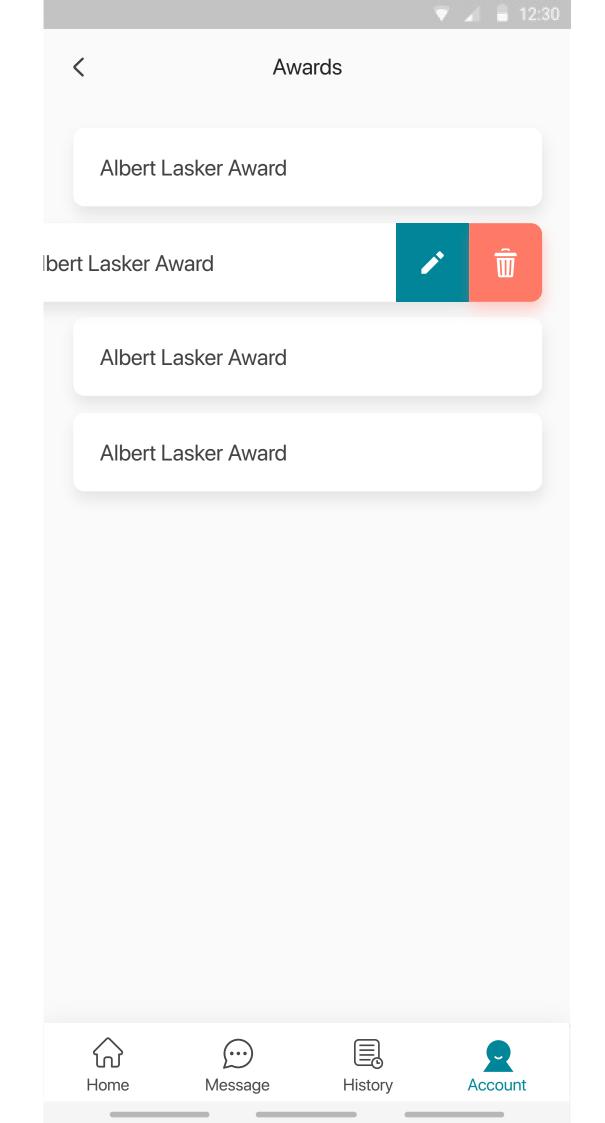


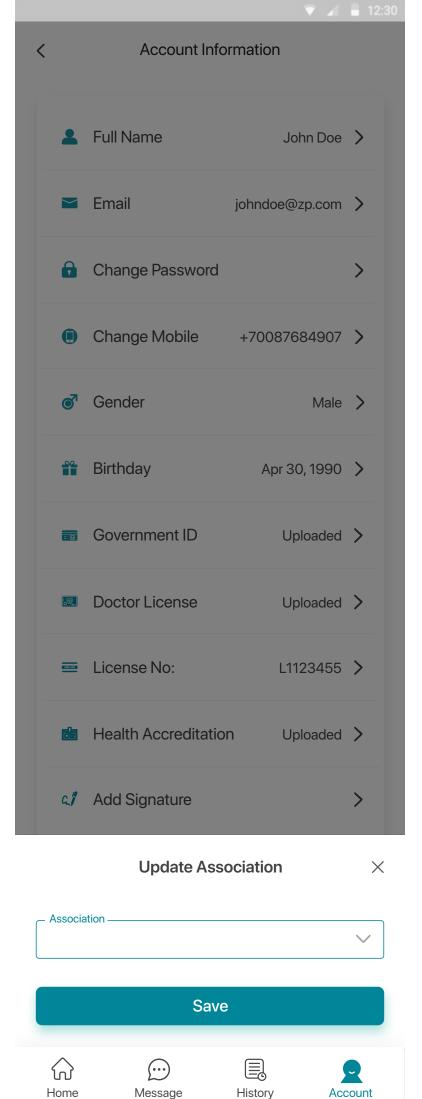
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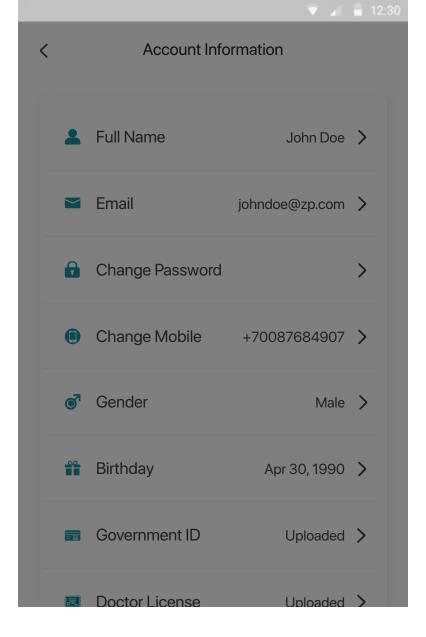






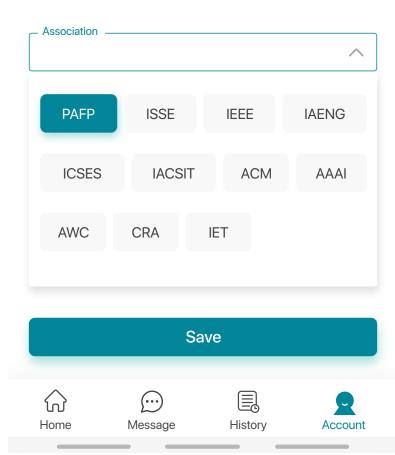


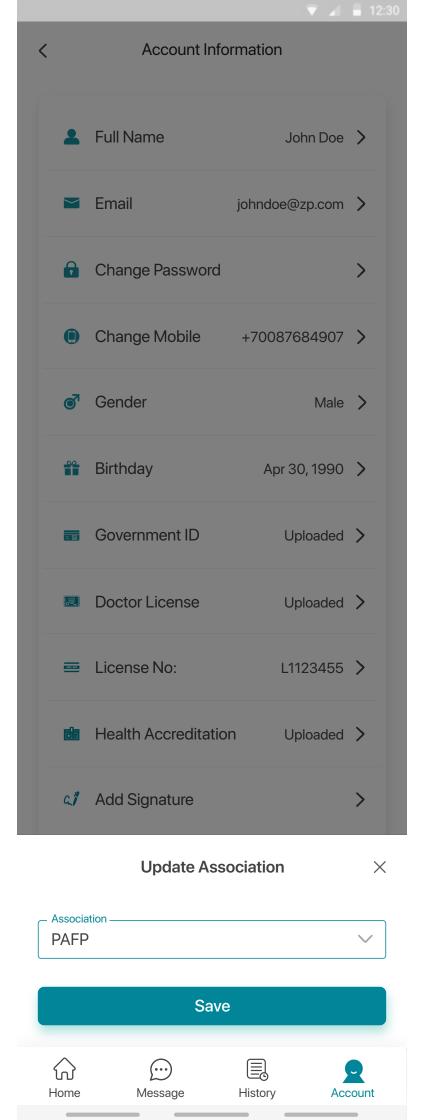


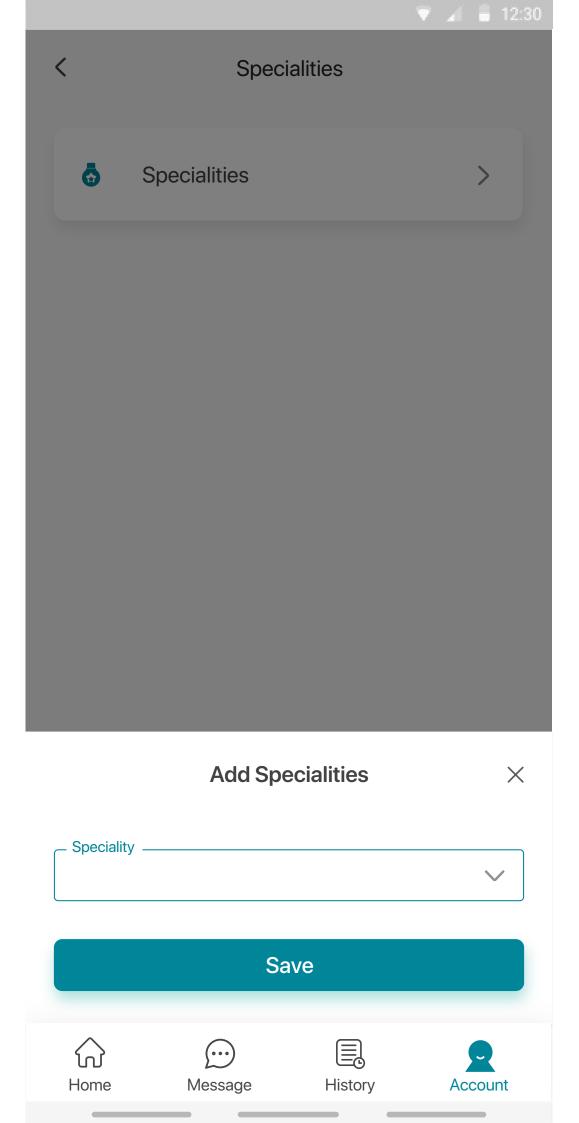


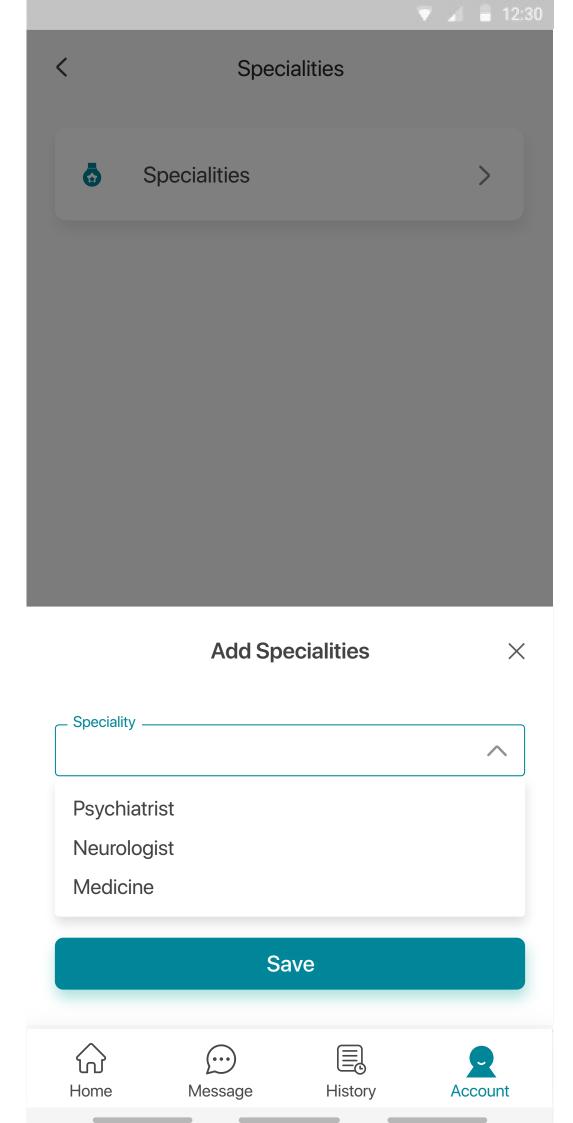
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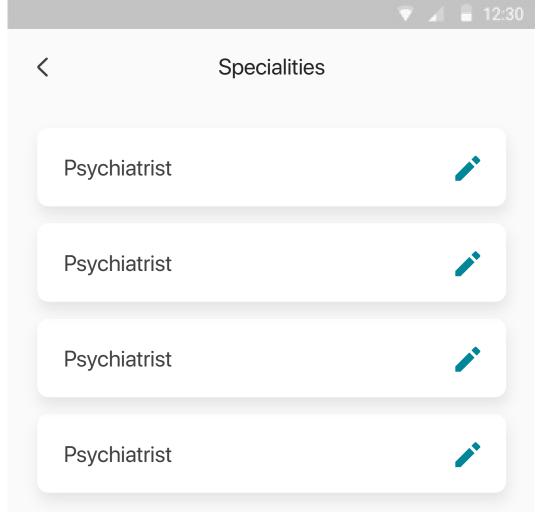
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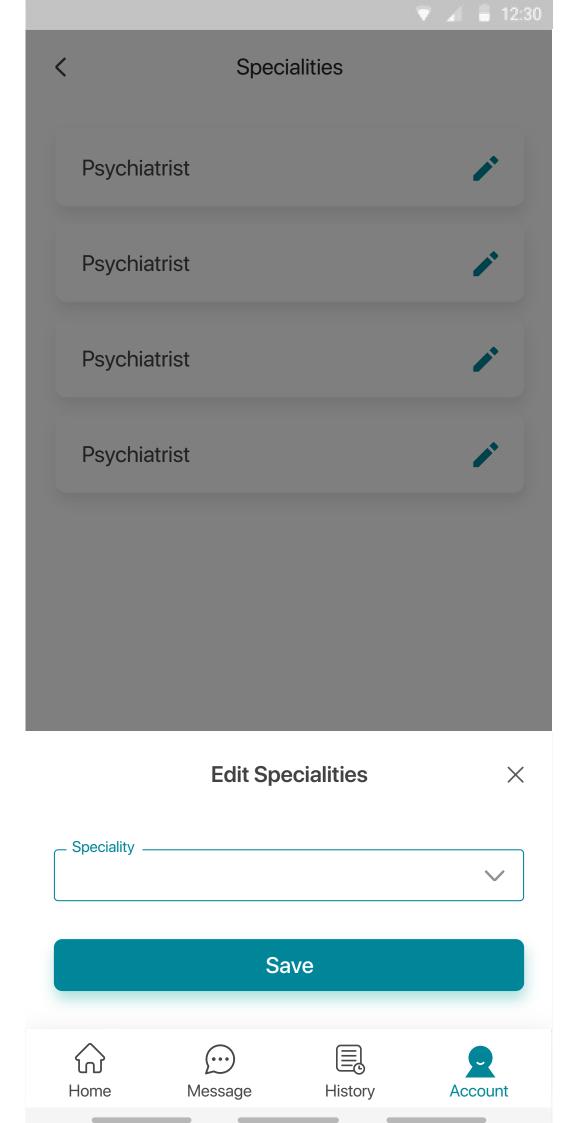


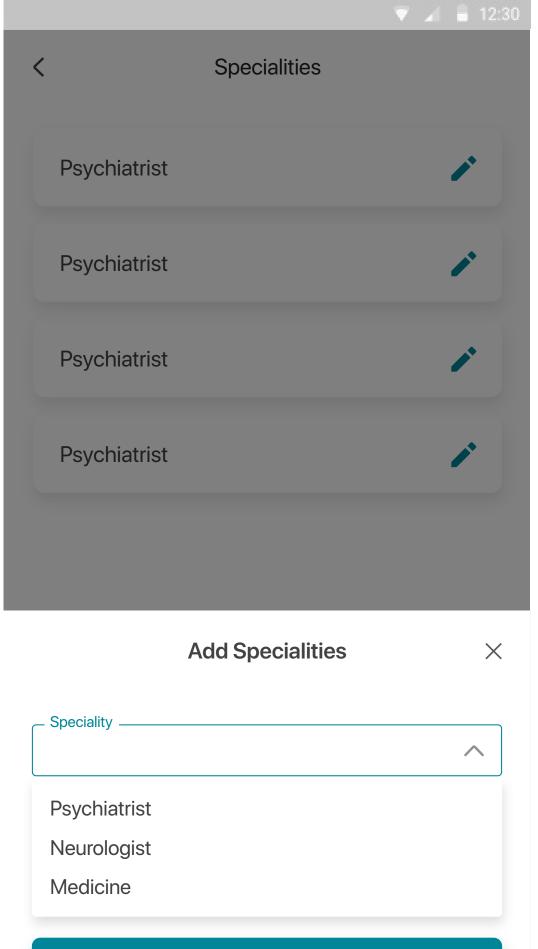


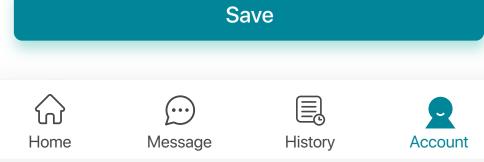


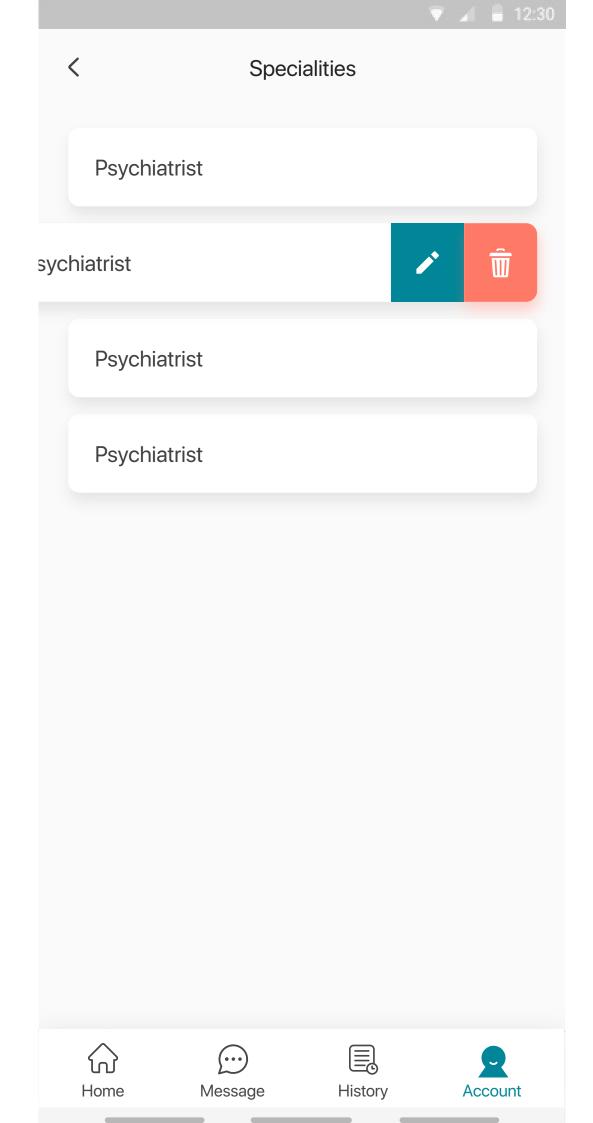


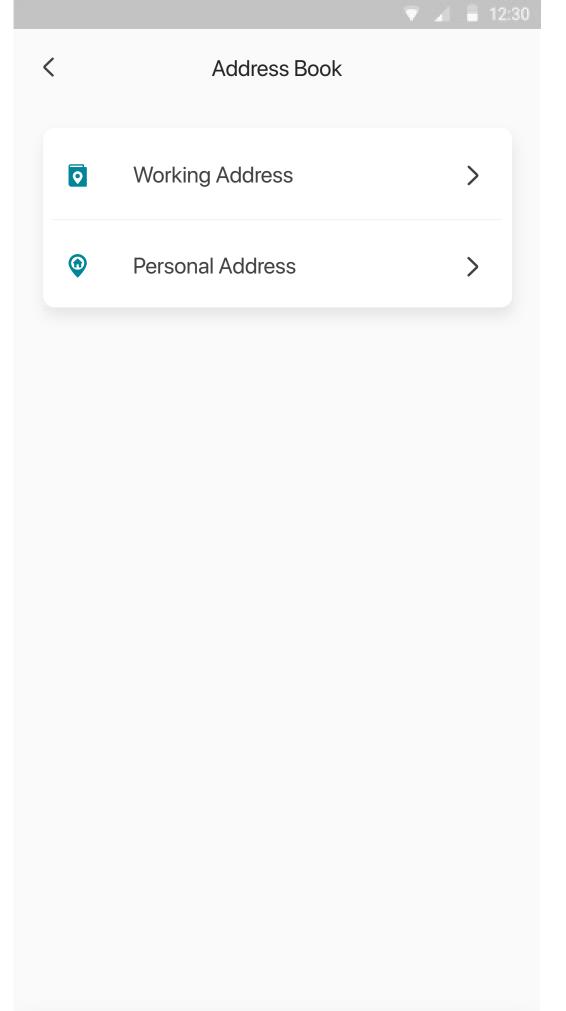














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Working Address

Test Clinic Address

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Postal Code Landline Mobile Phillipines 4456 5588788900 896100089

Test Clinic

Address Postal Code Landline Mobile Phillipines 4456 5588788900 896100089

Test Clinic

Address Postal Code Landline Mobile

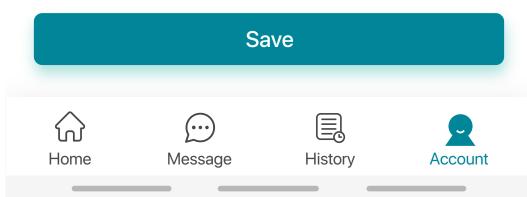


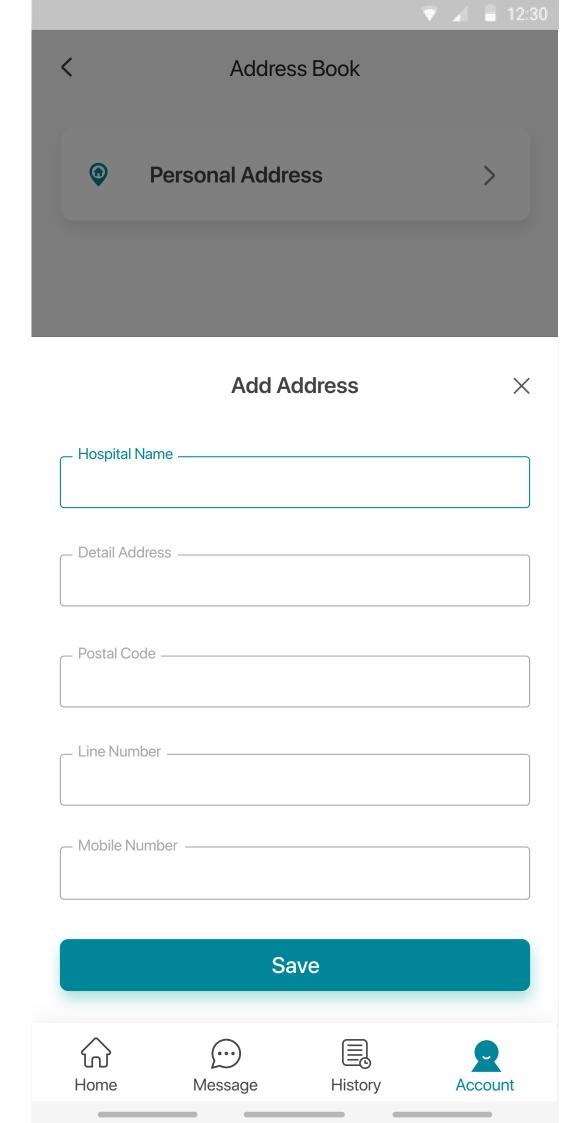






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Personal Address

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Address Postal Code Landline Mobile

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Phillipines 4456 5588788900 896100089

Test Personal Address

Address Postal Code Landline Mobile Phillipines 4456 5588788900 896100089

Test Personal Address

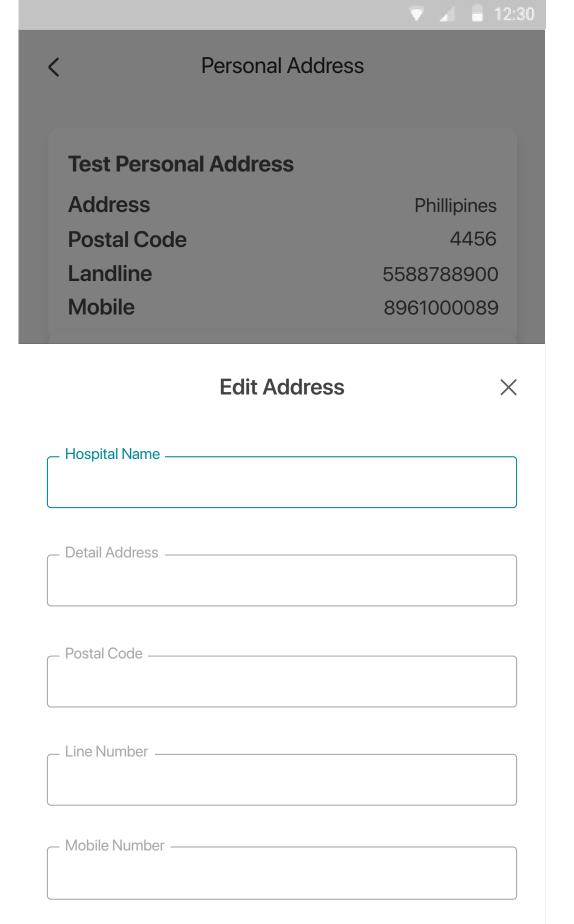
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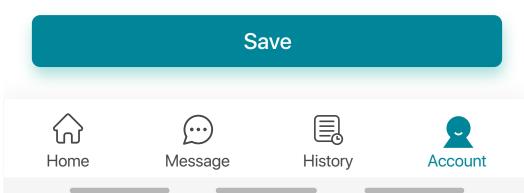


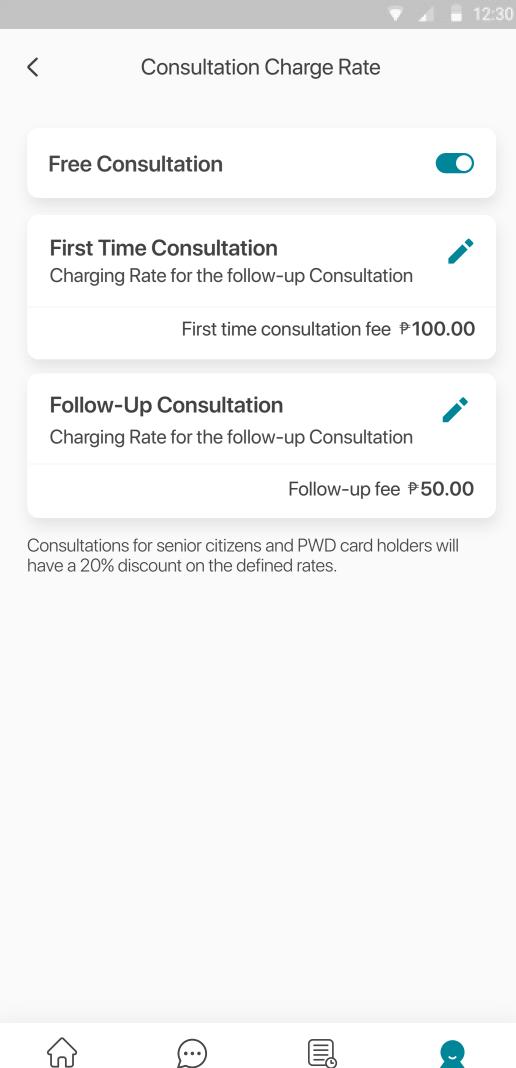










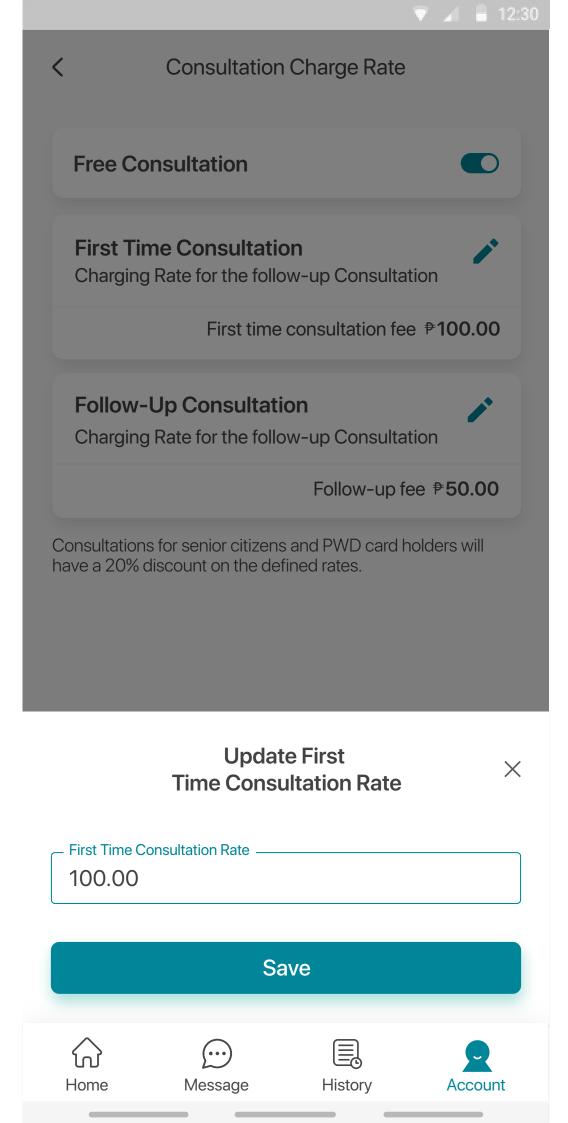


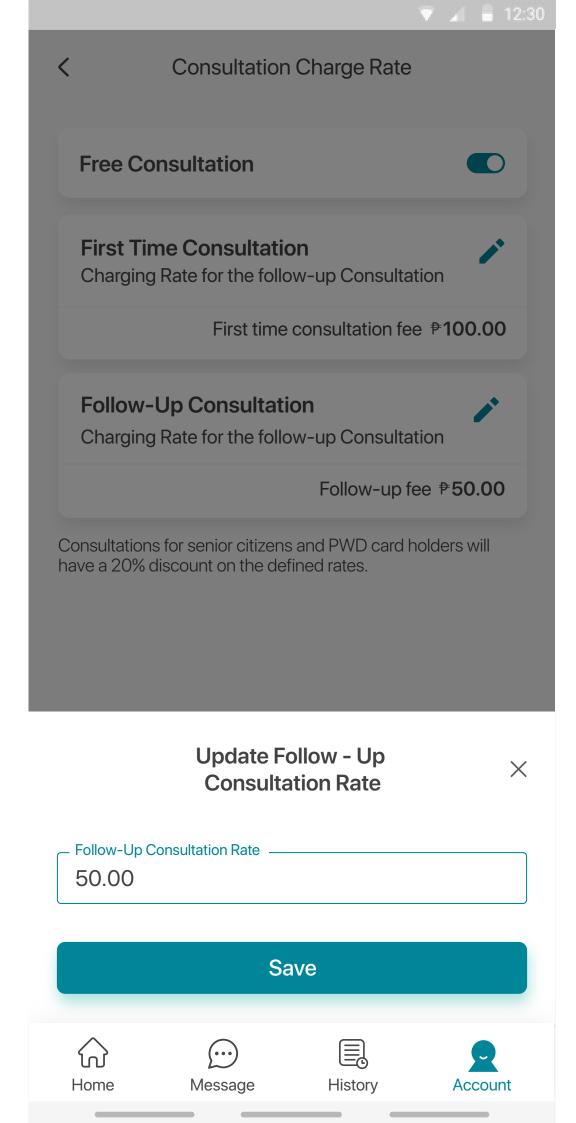
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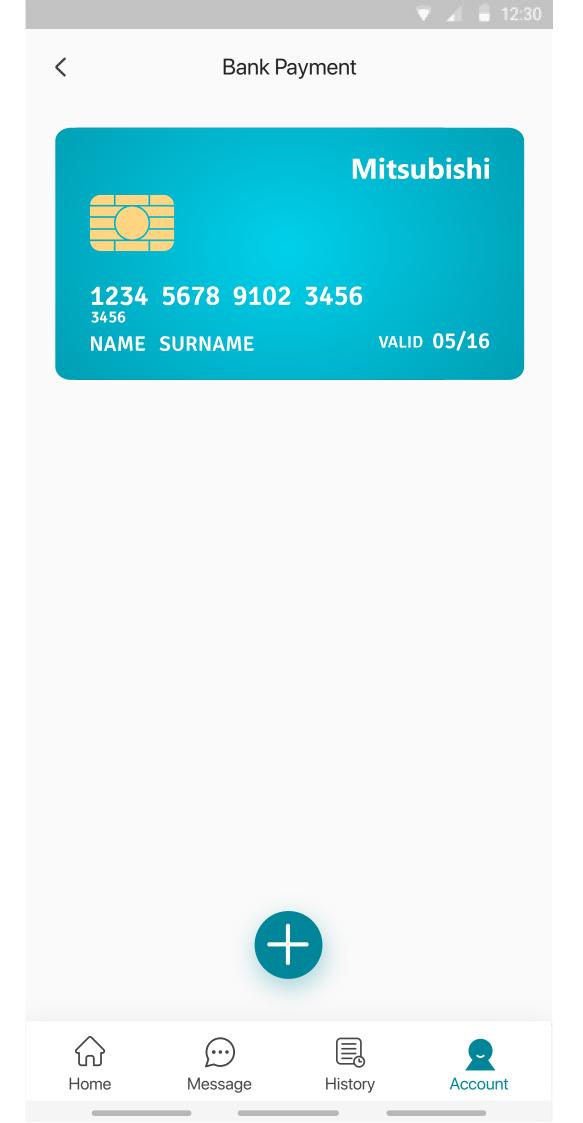


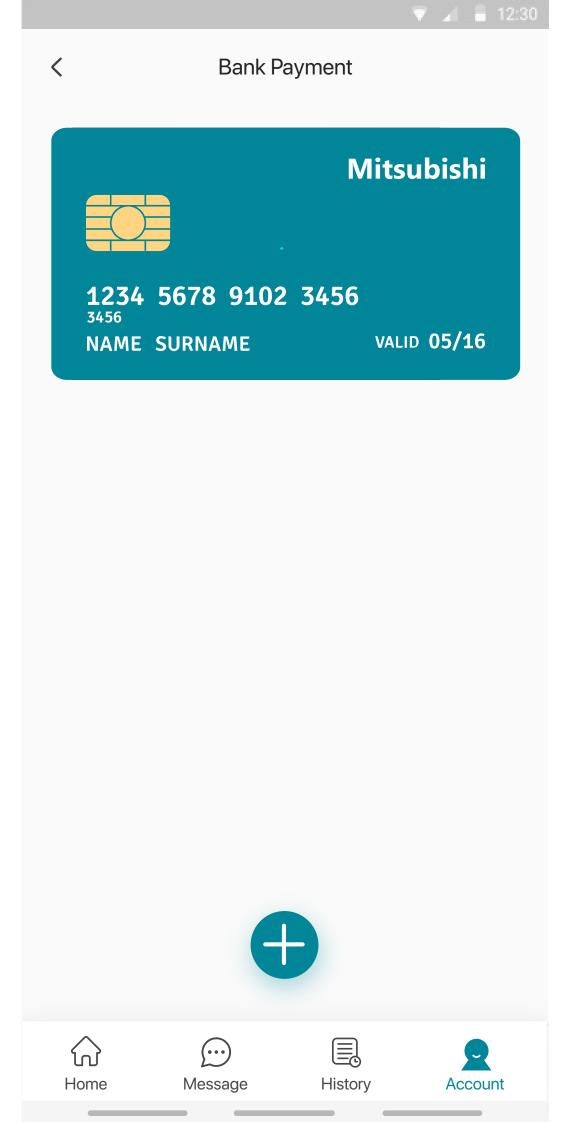














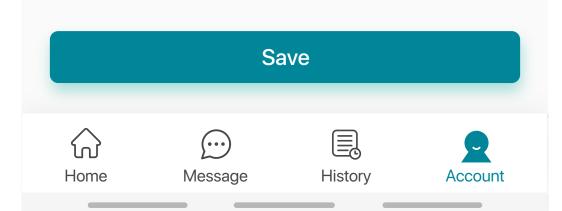
<	Bank Payment	
Add Bank Acc	ount Number	

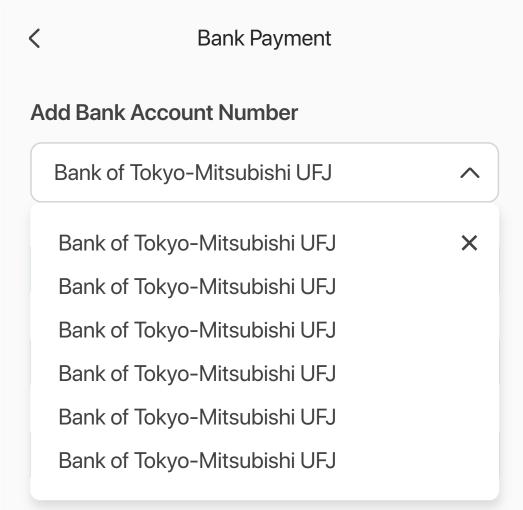
Select your bank

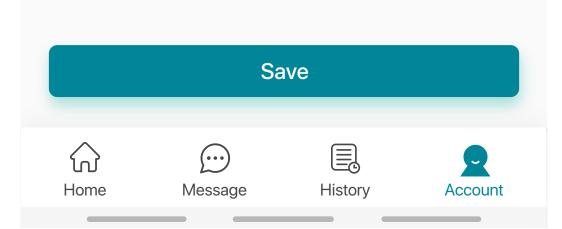
_ Account Holder Name _____

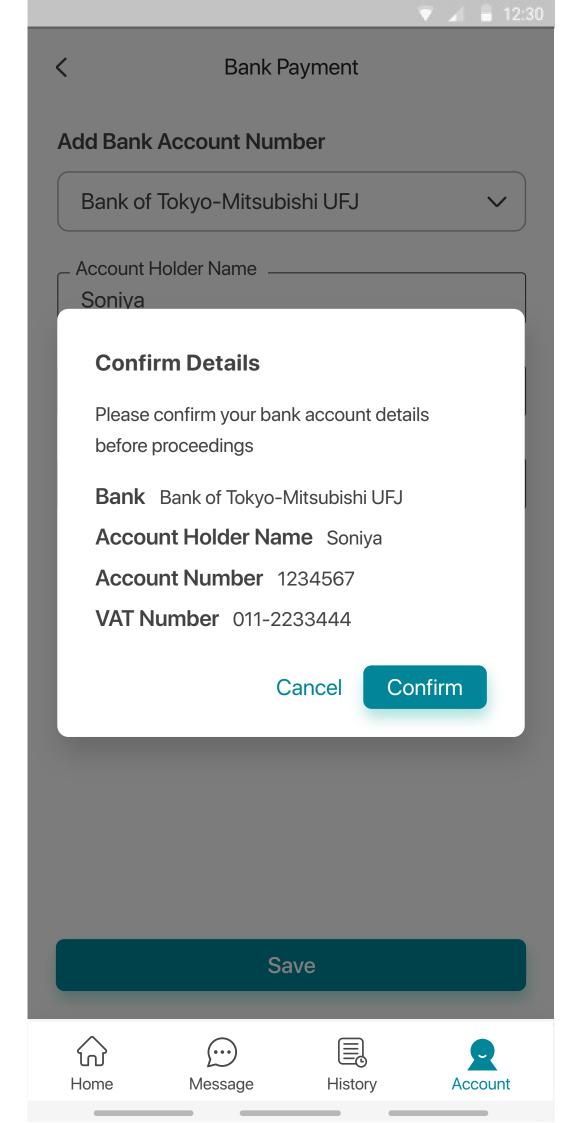
– Account Number –

- VAT Registration Number (Optional) _____











Add Bank Account Number

Bank of Tokyo-Mitsubishi UFJ

_ Account Holder Name _____

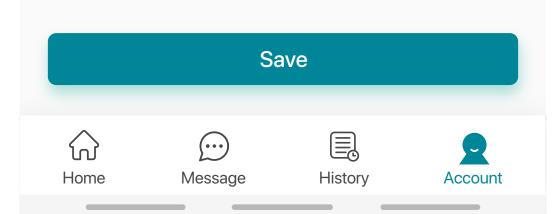
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– Account Number ––––– 12344556

VAT Registration Number (Optional) ____

011-34667700

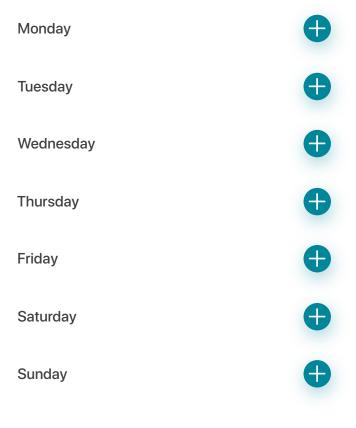




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To	
August 12, 2021	

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Apply for the Week

Apply for the Month



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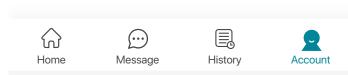
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Apply for the Week

Apply for the Month

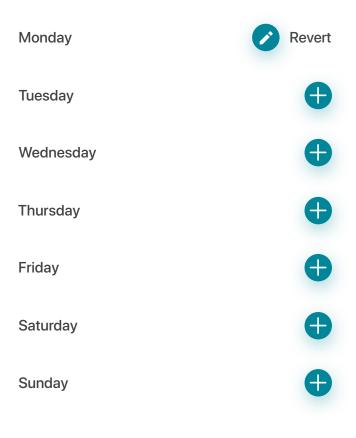




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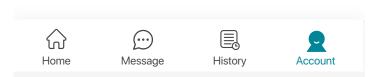
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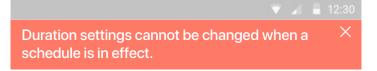


Apply for the Week

Apply for the Month



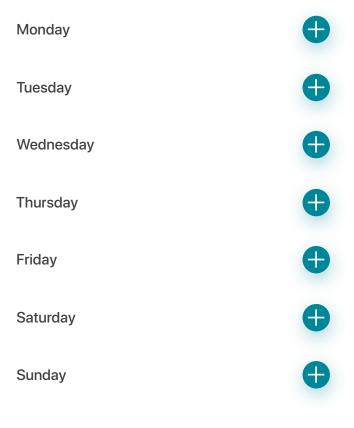
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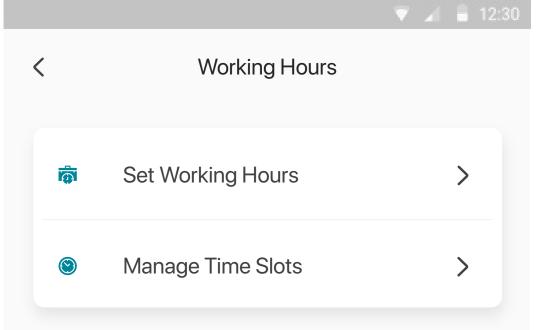
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Apply for the Week

Apply for the Month





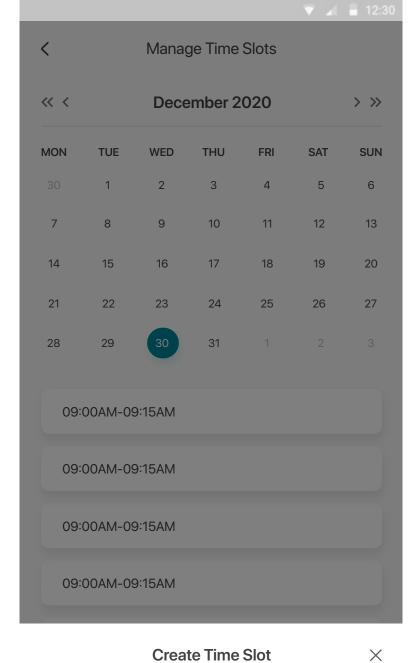


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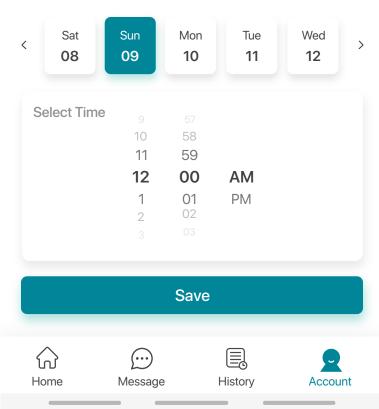


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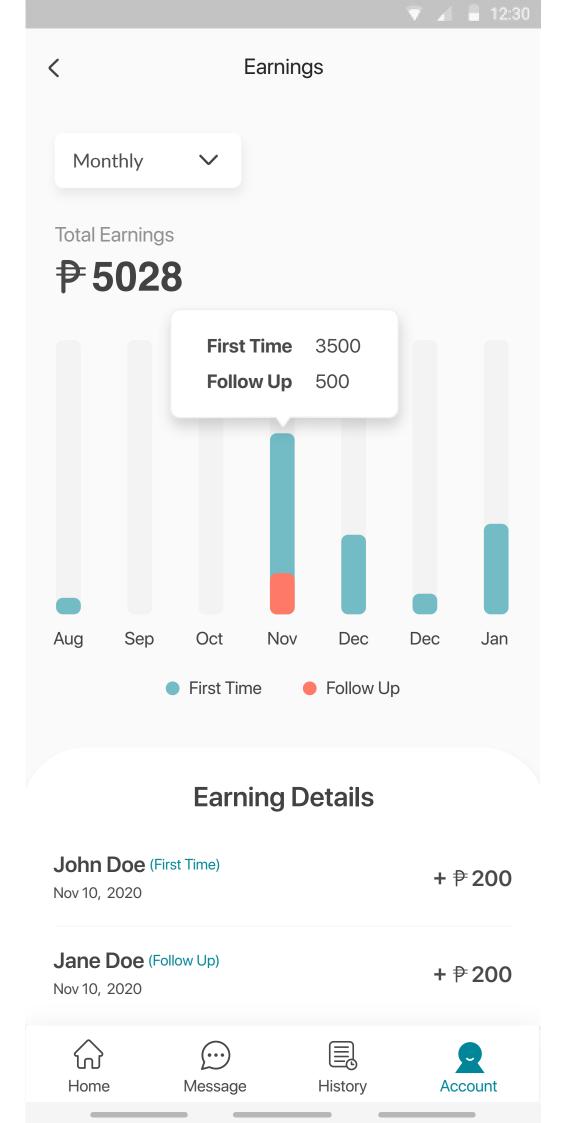


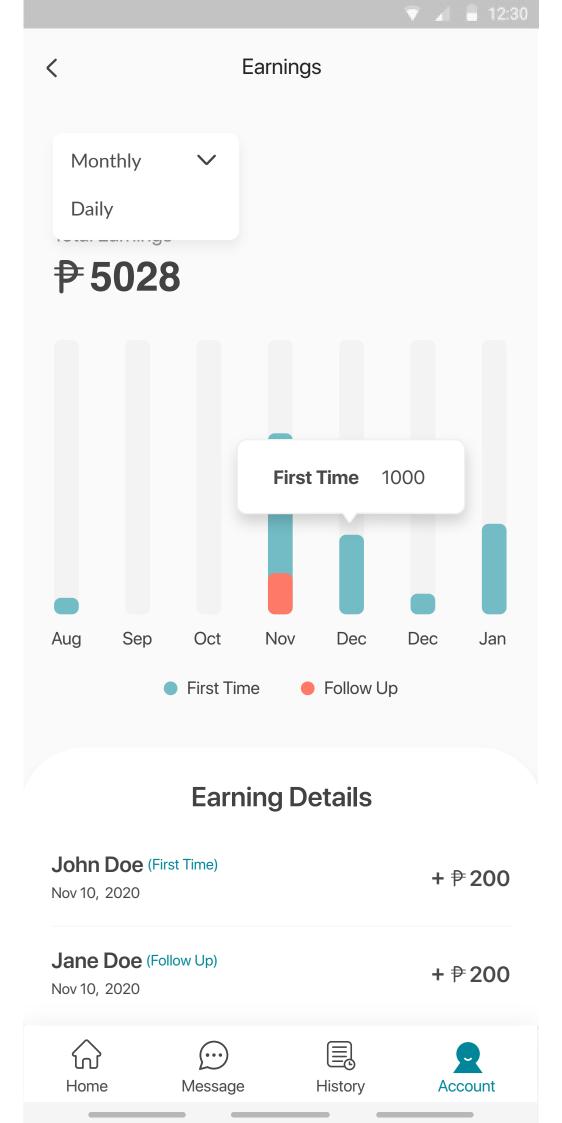




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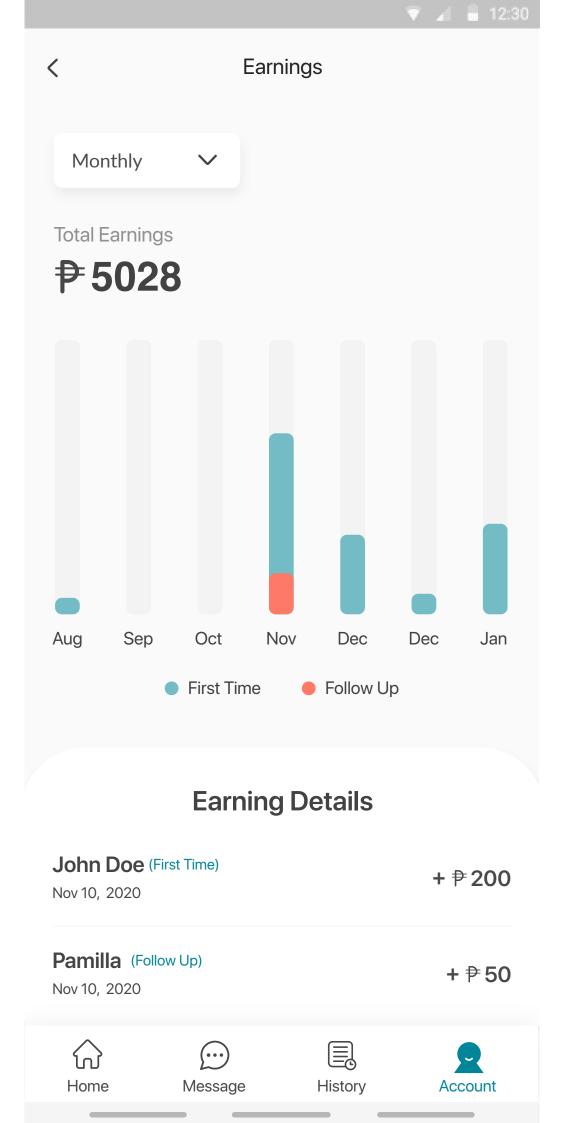


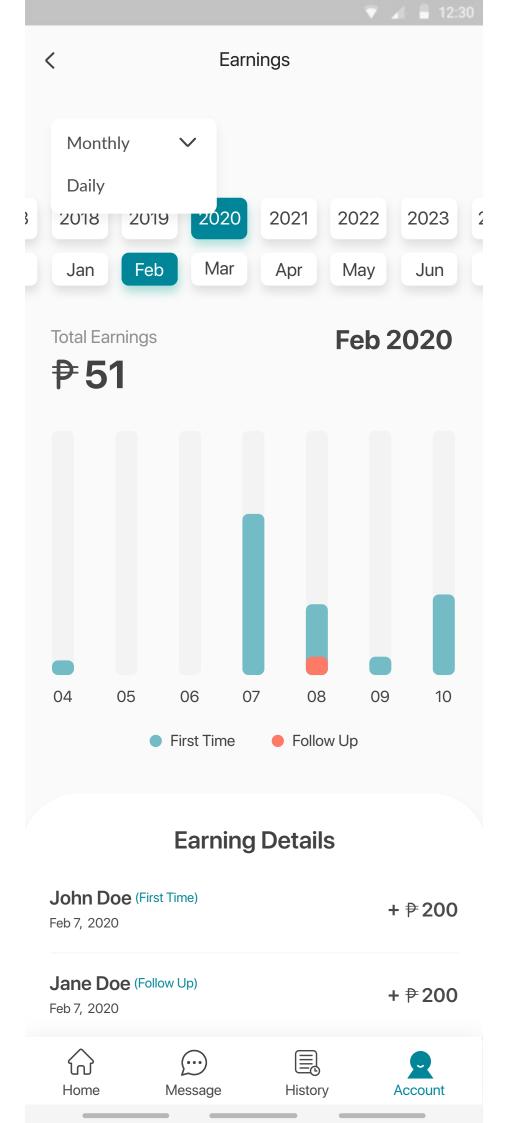




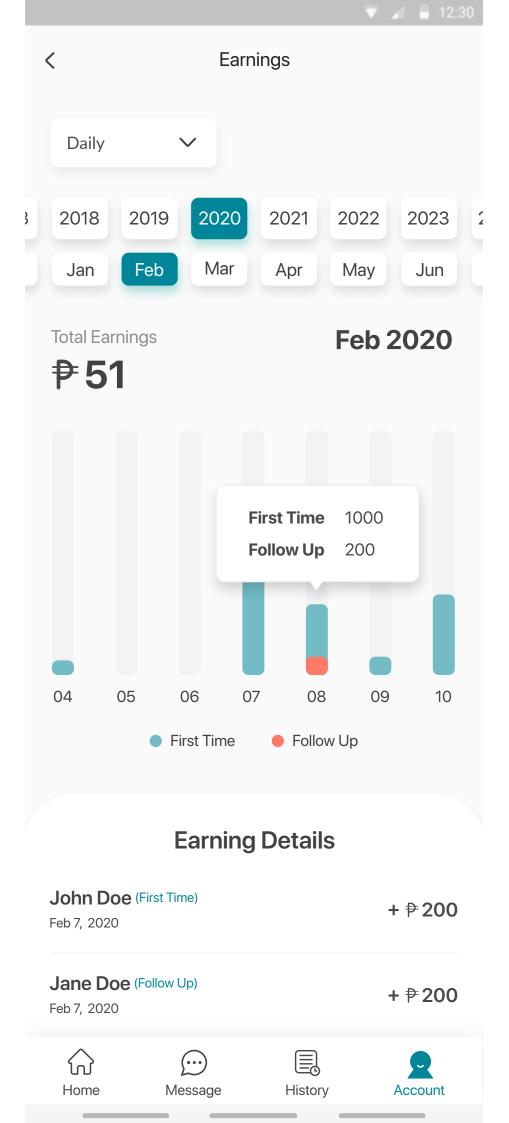


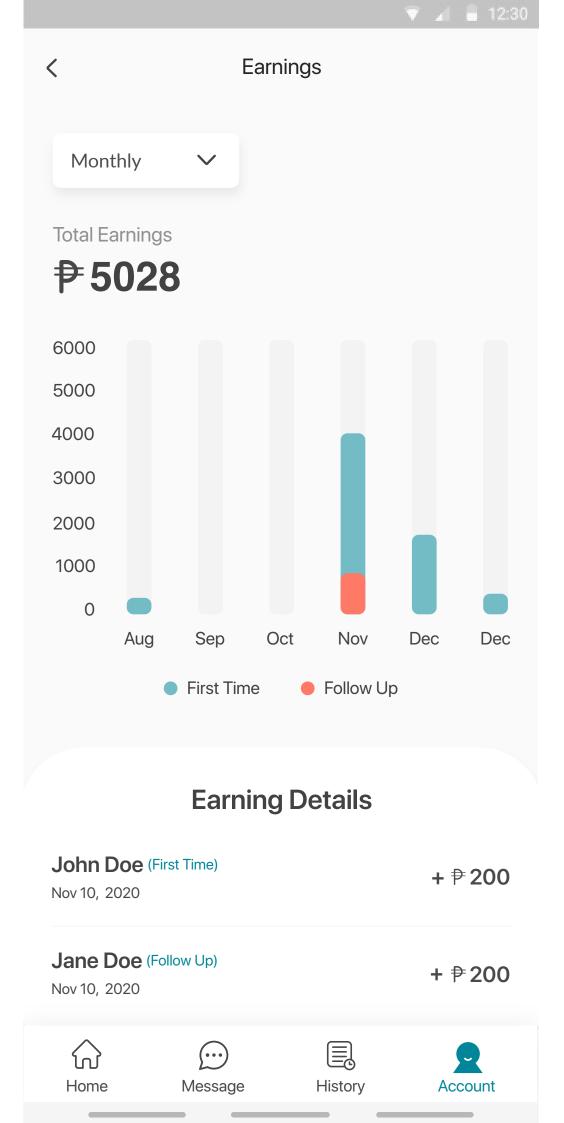












Notifications

Prescription Order Submitted

Pat patients submitted a prescription order to SSD C RAYMUNDO-PASING (Southstar).

Tue, Nov 24, 2020 | 02:15 am

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Consultation Required

Patient patient Mainak requested a new consultation.

Tue, Nov 24, 2020 | 02:15 am

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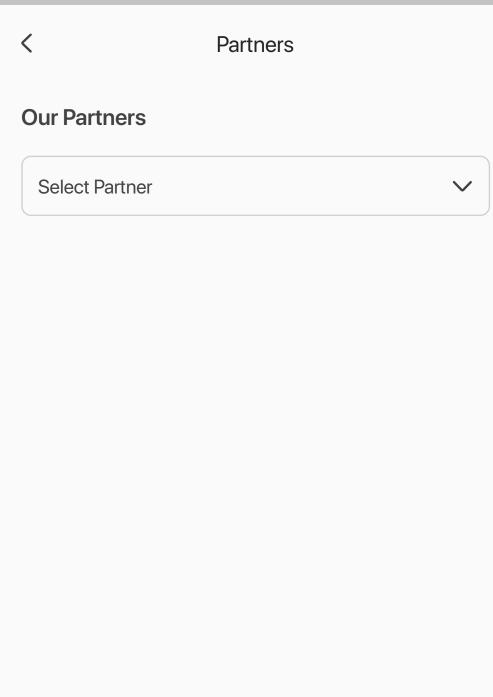








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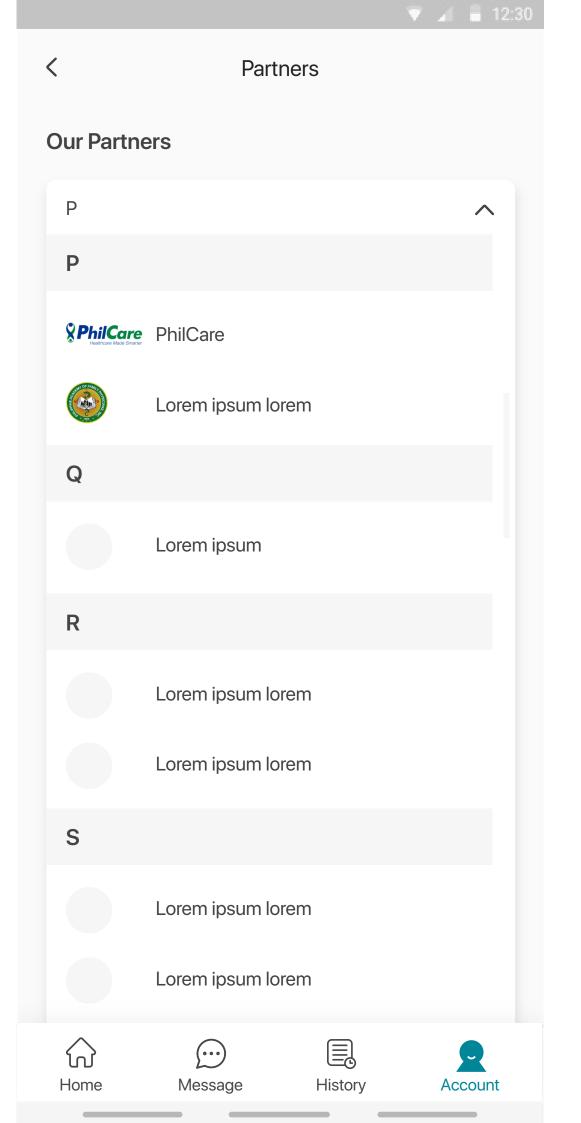




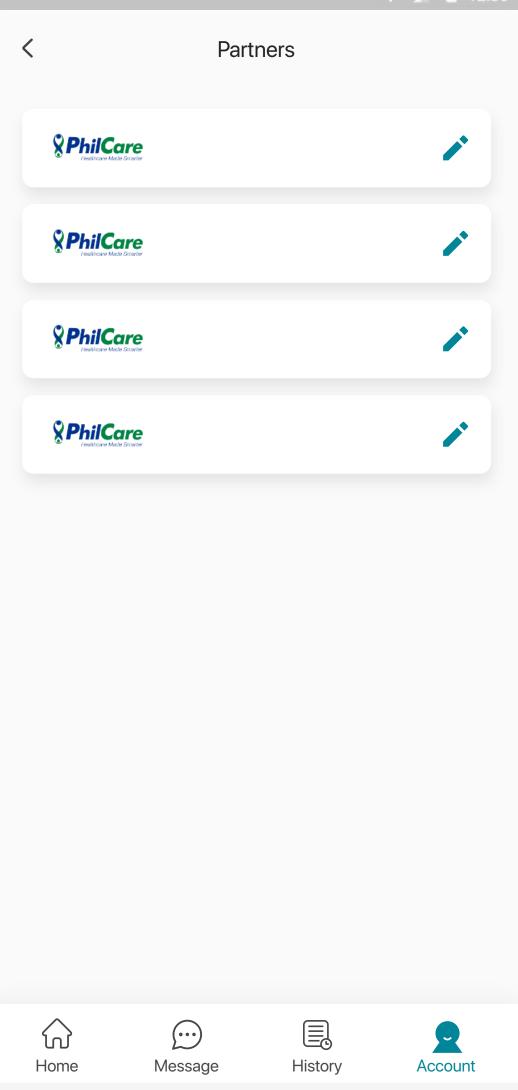
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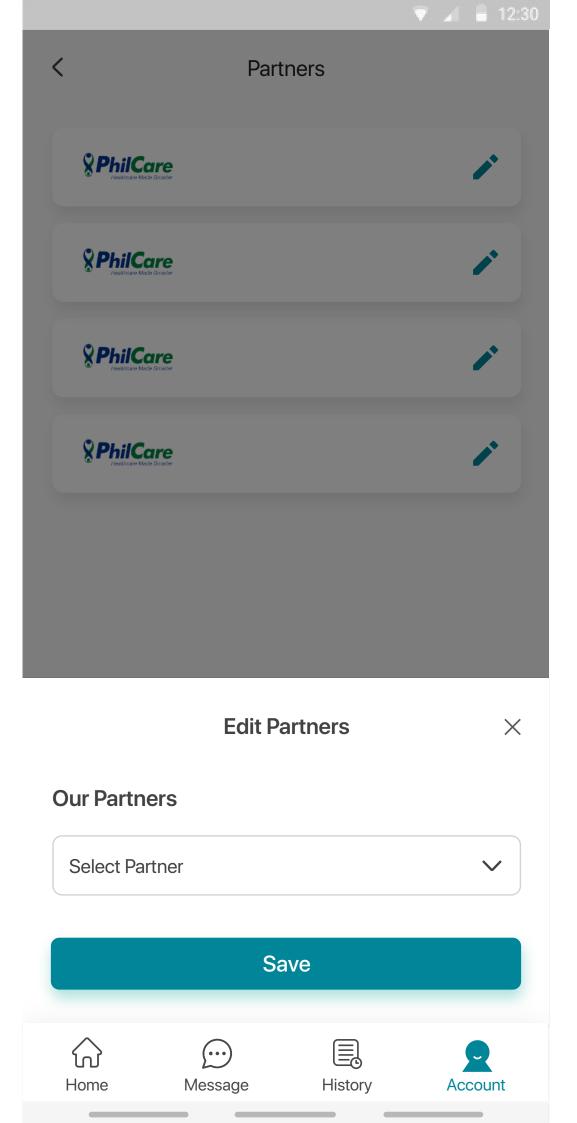


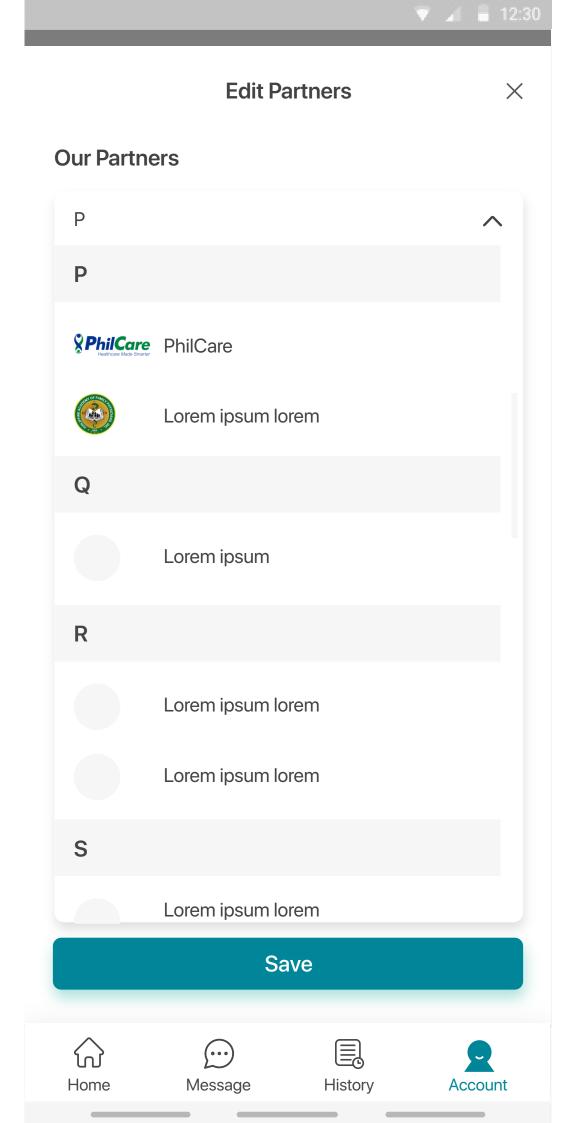


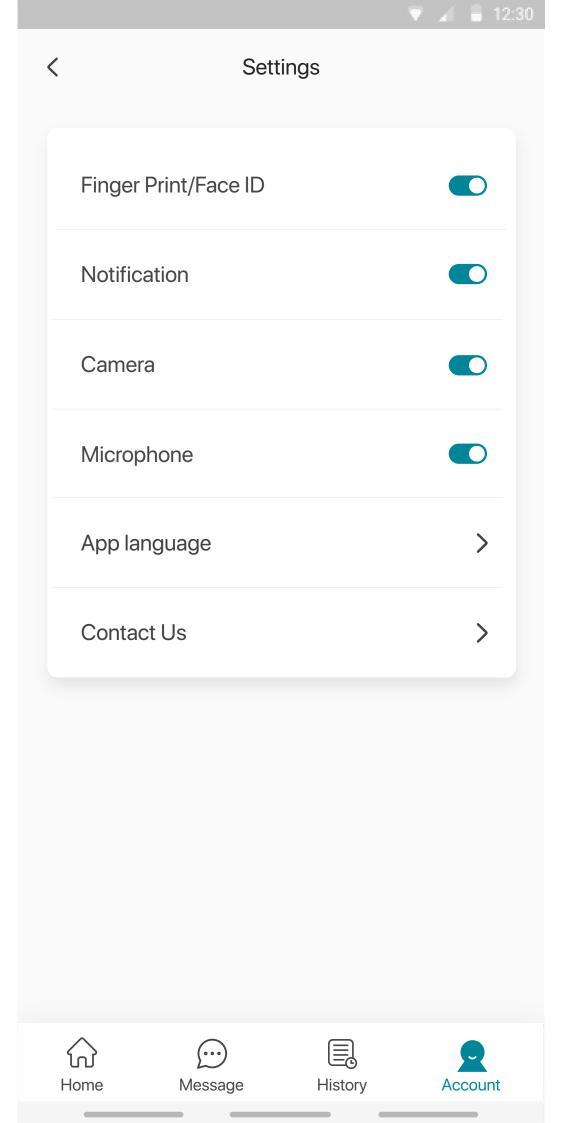












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