

Patient Side Flow

Consult & Message Sections



Your health, our priority.

Powered by



**ZUELLIG
PHARMA**

making healthcare more accessible



Sign Up as Patient

Sign Up as Doctor

Already have an account? [Login here.](#)

Powered by



**ZUELLIG
PHARMA**

making healthcare more accessible

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 disclosure of my personal data by eZConsult in Terms of the [Privacy Policy](#). I Confirm that all information I provide is accurate and complete.

Next

Hello again,
Welcome Back!



Email

Password



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.

Email

john.doe@gmail.com

Send



You have an unpaid consultation
Click for more info



Hello,
John Doe



Book a Consultation

For Myself



For My Child



Others



A person below 18 years old must be accompanied by an adult (parent/ guardian) during the consultation.

Other Services



Order
Medicine



Book
Lab Test



Covid 19 Vaccine

COMING SOON...



Covid 19
Tests

COMING SOON...



Vaccinations

COMING SOON...

Your Appointments

Upcoming

Pending



Dr. Pamila (First Time)

Paid

Monday, November 9th 2020
5:59 am - 6:09 am
Ongoing



Dr. Joseph (Follow Up)

Paid

Tuesday, September 20th 2020
5:15 pm - 5:30 pm
Ongoing



Dr. Emily Anderson (First Time)

Free

Monday, November 9th 2020
5:59 am - 6:09 am
Ongoing



Dr. Aiden Smith (Follow Up)

Tuesday, September 20th 2020
5:15 pm - 5:30 pm
Ongoing

Payment



Consult



Message



History



Account



You have an unpaid consultation

Click for more info



You will not be able to attend the consultation until the outstanding payment has been paid.

[Proceed to Payment Information](#)

Book a Consultation

For Myself



For My Child



Others



A person below 18 years old must be accompanied by an adult (parent/ guardian) during the consultation.

Other Services



Order Medicine



Book Lab Test



Covid 19 Vaccine

COMING SOON...



Covid 19 Tests

COMING SOON...



Vaccinations

COMING SOON...

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Payment



Consult



Message



History




Account

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John Doe




Book a Consultation


For Myself



For My Child




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Covid 19
Tests

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Vaccinations


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Payment



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5:15 pm - 5:30 pm

Ongoing



You have an unpaid consultation

Click for more info



Hello,
John Doe



Book a Consultation

For Myself



For My Child



Others

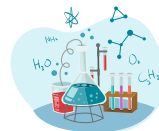


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Other Services



Order
Medicine



Book
Lab Test



Covid 19 Vaccine

COMING SOON...



Covid 19
Tests

COMING SOON...



Vaccinations

COMING SOON...

Your Appointments

Upcoming

Pending



Dr. Pamila (First Time)

Monday, November 9th 2020

5:59 am - 6:09 am

Ongoing



Consult



Message



History



Account



You have an unpaid consultation



Click for more info

Hello,
John Doe



Book a Consultation

For Myself



For My Child



Others

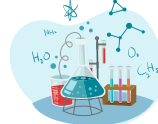


A person below 18 years old must be accompanied by an adult (parent/ guardian) during the consultation.

Other Services



Order
Medicine



Book
Lab Test



Covid 19 Vaccine

COMING SOON...



Covid 19
Tests

COMING SOON...



Vaccinations

COMING SOON...

Your Appointments

Upcoming

Pending

Dr. Pamila (First Time)

Monday, November 9th 2020

5:59 am - 6:09 am

Ongoing

Reschedule



Reject



Consult



Message



History



Account



Declaration

Please complete the following COVID-19 declaration before proceeding.

1 - Have you travelled abroad (i.e. to any countries outside of philippines) in the **past 14 days**?

Yes No

2 - Do you have **flu-like symptoms** (e.g. fever, cough, runny nose, sore throat or loss of taste/smell etc)?

Yes No

3 - Do you, in the **past 14 days**, come in close contact with someone who:

- 1 - is a confirmed **COVID-19 case**;
- 2 - is part of a **COVID-19 cluster**?

Yes No

4 - Have you returned from the **Middle East*** in the **past 14 days**?

* High Risk Middle Eastern countries (for MERS-CoV) include: Jordan, Kuwait Lebanon, Oman, Qatar, Saudi Arabia, United Arab Emirates and Yemen

Yes No

Next



Consult



Message



History



Account



Let's start

Which of the following symptoms are you experiencing?



Sinusitis, Flue, Cold, Sore Throat

Fever

Rash, Skin, Wound

Upset Stomach

Headache, Dizziness

Others

A person below 18 years old must be accompanied by an adult (parent/ guardian) during the consultation.

Next



Choose your Doctor

Select Partner ▼

🔍 Search doctors and specialities



Dr. Emily Anderson ♥

Free

20 years experience

MBBS, MD
Neurologist, Psychiatrist

PAFP

Speaks - English, Hindi

Consultation Fee ₱ 200.00

Follow Up Fee ₱ 100.00

Share

Book Appointment

Dr. Aiden Smith ♡

25 years experience

MBBS, MD
Eye, Gastroenterologist

PAFP

Speaks - English, Hindi

Consultation Fee ₱ 200.00

Follow Up Fee ₱ 100.00

Share

Book Appointment



Choose your Doctor

Select Partner



A



Lorem ipsum lorem



Lorem ipsum lorem

B



Lorem ipsum

C



Lorem ipsum lorem



Lorem ipsum lorem



Lorem ipsum



Lorem ipsum lorem



Lorem ipsum



Lorem ipsum



Choose your Doctor

Select Partner



P



Lorem ipsum lorem



Lorem ipsum lorem

Q



Lorem ipsum

R



Lorem ipsum lorem



Lorem ipsum lorem

S



Lorem ipsum lorem





Lorem ipsum lorem



Lorem ipsum

Choose your Doctor

Select Partner ▼


 Search doctors and specialities ✕



- Lorem Ipsum lorem
- Lorem Ipsum
- Lorem Ipsum lorem
- Lorem Ipsum
- Lorem Ipsum lorem
- Lorem Ipsum

Free

Consultation Fee ₱ 200.00 Follow Up Fee ₱ 100.00

Share Book Appointment



Dr. Aiden Smith 

25 years experience

MBBS, MD

Eye, Gastroenterologist

PAFP

Speaks - English, Hindi

Consultation Fee ₱ 200.00 Follow Up Fee ₱ 100.00

Share Book Appointment



Choose your Doctor

Select Partner ▼

Search doctors and specialities



Dr. Emily Anderson **Free**

Set Filters



Speciality ▼

Availability ▼

Available Date

June 2020 ▼

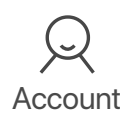
- Fri 07
- Sat 08
- Sun 09**
- Mon 10
- Tue 11
- Wed 12

Consultation Fee



Clear Filters

Apply Filters





Choose your Doctor

Select Partner

Search doctors and specialities



Speciality **Dr. Emily Anderson** **Free**

Set Filters

- Speciality
- Lorem Ipsum lorem
 - Lorem Ipsum
 - Lorem Ipsum lorem
 - Lorem Ipsum
 - Lorem Ipsum lorem
 - Lorem Ipsum
 - Lorem Ipsum lorem
 - Lorem Ipsum
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 - Lorem Ipsum

Fi
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ed
2

₱ 200

₱ 400

Clear Filters

Apply Filters

Consult


Message

History

Account

Choose your Doctor

Select Partner ▼

Search doctors and specialities 

 **Dr. Emily Anderson**  **Free**

Set Filters ×

Speciality ▼

- Availability ▲
- Available
 - Not Available
 - Lorem ipsum

Fri 07 Sat 08 **Sun 09** Mon 10 Tue 11 Wed 12

Consultation Fee




Clear Filters

Apply Filters


Consult


Message


History


Account



Choose your Doctor

Select Partner



Set Filters



Speciality



Availability



Available Date

June 2020 ^

2018

2019

2020

2021

2022

2023

Jan

Feb

Mar

Apr

May

Jun

Fri
07

Sat
08

Sun
09

Mon
10

Tue
11

Wed
12

Consultation Fee

Min. Fee

Max. Fee



₱ 200

₱ 400

Clear Filters

Apply Filters



Consult



Message



History



Account



Doctor Profile



Dr. Aiden Smith

Free

25 years experience

MBBS, MD

Eye, Gastroenterologist

PAFP

Speaks - English, HindiConsultation Fee
₱ 200.00Follow Up Fee
₱ 100.00

Available Slots

01:15-01:25 01:30-01:40 01:45-01:55

Personal Information

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem ipsum
ipsum lorem ipsum lorem ipsum lorem ipsum

Specialities

General Physician

Certificate & Awards

Lorem Ipsum

Clinic Address

Lorem Ipsum

Space for text, space for text, space for text

Book Appointment



Consult



Message



History



Account



Book Appointment



Dr. Aiden Smith ❤️

25 years experience

PAFP

MBBS, MD

Eye, Gastroenterologist

Speaks - English, Hindi

June 2020 ▾

- Fri 09
- Sat 08
- Sun 09**
- Mon 10
- Tue 11
- Wed 12

Choose the Del Monte Schedule for Monday

- Morning**
- Day
- Evening

- 00:00-00:10** 00:15-00:25 00:30-00:40 00:45-00:55
- 01:00-01:10 01:15-01:25 01:30-01:40 01:45-01:55
- 02:00-01:20 02:15-02:25 02:30-02:40 02:45-02:55
- 02:00-01:20 02:15-02:25 02:30-02:40 02:45-02:55
- 03:00-03:20 03:15-03:25 03:30-03:40 08:15-08:25
- 08:30-08:40 08:45-04:55 09:00-09:10 09:15-09:25
- 09:30-09:40 09:45-09:55

Yes, i will make an Appointment



Book Appointment



Dr. Aiden Smith ❤️

25 years experience

PAFP

MBBS, MD

Eye, Gastroenterologist

Speaks - English, Hindi

June 2020 ^

2018	2019	2020	2021	2022	2023
Jan	Feb	Mar	Apr	May	Jun
Fri 09	Sat 08	Sun 09	Mon 10	Tue 11	Wed 12

Choose the Del Monte Schedule for Monday

Morning
 Day
 Evening

00:00-00:10	00:15-00:25	00:30-00:40	00:45-00:55
01:00-01:10	01:15-01:25	01:30-01:40	01:45-01:55
02:00-01:20	02:15-02:25	02:30-02:40	02:45-02:55
02:00-01:20	02:15-02:25	02:30-02:40	02:45-02:55
03:00-03:20	03:15-03:25	03:30-03:40	08:15-08:25
08:30-08:40	08:45-04:55	09:00-09:10	09:15-09:25
09:30-09:40	09:45-09:55		

Yes, i will make an Appointment



Consult



Message



History



Account



**Your Appointment is pending approval
by the doctor**


Once your booking request has been accepted,
you will be able to message your doctor during
the consultation period.

Home


Consult


Message


History


Account

< Notifications



Delivery Hub Rejected

Your prescription has been rejected by the Waltermart North EDSA delivery hub



Prescription prepared

Dr. Cmi Doctor has ordered same lab tests



Delivery Hub Rejected

Your prescription has been rejected by the Waltermart North EDSA delivery hub



Prescription prepared

Dr. Cmi Doctor has ordered same lab tests



Prescription prepared


Dr. Cmi Doctor has ordered same lab tests





Add Child

Full Name

Date of Birth 

Gender 

Relationship


Save



Add Child

Full Name

Date of Birth 

Gender 

Male

Female

Save



Add Child

Full Name

Date of Birth 

2018 2019 **2020** 2021 2022 2023

Jan **Feb** Mar Apr May Jun

7 08 **09** 10 11 1

Set

Save

Hello,
John Doe



Book a Consultation

For Myself



For My Child



Others



A person below 18 years old must be accompanied by a adult

Consultation for



Samon

Age - 10 Yrs

Gender - Male

Relationship - Child



Samon

Age - 10 Yrs

Gender - Male

Relationship - Child



Samon

Age - 10 Yrs

Gender - Male


Relationship - Child

Add New Profile



Add Others

Full Name

Date of Birth 

Gender 


Relationship


Save



Add Others

Full Name

Date of Birth 

Gender 

Male

Female

Save



Add Others

Full Name

Date of Birth 

2018 2019 **2020** 2021 2022 2023

Jan **Feb** Mar Apr May Jun

7 08 **09** 10 11 1

Set

Save

Hello,
John Doe



Book a Consultation

Consultation for



Other 1

Age - 12 Yrs

Gender - Male

Relationship - Other 1



Other 2

Age - 11 Yrs

Gender - Male

Relationship - Other 2



Other 3

Age - 18 Yrs

Gender - Male

Relationship - Other 3



Other 4

Age - 15 Yrs

Gender - Male

Relationship - Other 4

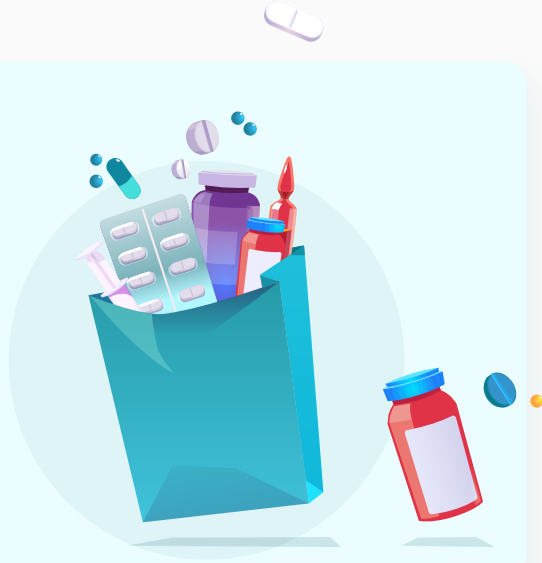
Add New Profile



Order Medicine

We will Manage your Medicine

- Home Delivery
- Quick Ordering
- Free Delivery



Upload Prescription

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem ipsum
lorem ipsum lorem ipsum



eZConsult
Prescription



Upload
Prescription

Our Partner

[All Partners >](#)

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem



Consult



Message



History



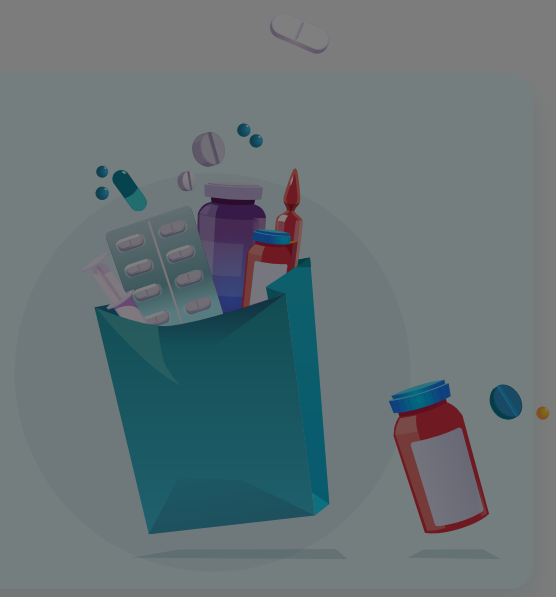
Account



Order Medicine

We will Manage your Medicine

- Home Delivery
- Quick Ordering
- Free Delivery



Upload Prescription

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem ipsum
lorem ipsum lorem ipsum



eZConsult
Prescription



Upload
Prescription

Our Partner

All Partners >

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem



Gallery



Camera



John Doe
Patient

John Prescription

View Prescription

10 November 2020 | 11:30 am

Symptoms - Headache, Bodyache



Crocin Advance - 500mg

Details - Strips of 15 Tablets

Order Now

John Prescription

View Prescription

18 February 2020 | 02:30 pm

Symptoms - Headache, Bodyache, Migraine



Crocin Advance - 500mg

Details - Strips of 15 Tablets



Vasograin Tablets - 250mg

Details - Strips of 5 Tablets

Order Now

John Prescription

View Prescription

22 September 2019 | 05:30 pm

Symptoms - Headache, Bodyache, Migraine



Consult



Message



History



Account



Medicines



Deliver To

Medicines



Crocin Advance - 500mg

Details - Strips of 15 Tablets



Vasograin Tablets - 250mg

Details - Strips of 5 Tablets



Next



Consult



Message



History



Account



Medicines



John Doe(Office)

Select Delivery Address

John Doe (Office)
2A, Seaside Road



John Doe(Home)
31, Park Street



[Add New Address](#)

Back

Next



Consult



Message



History



Account



Patient Details

Booked for

Address



John Doe



John Doe
(Office)



Our Partner will call you to confirm the order

Order Details

Crocin Advance - 500mg

Vasograin Tablets - 250mg

Order Now



Consult



Message



History



Account



Add Address

Name

Phone Number

City

Pin

Address

Home

Office

Address 1

Address 2

Address 3

Add



Consult



Message



History



Account



Edit Address

Name

Phone Number

City

Pin

Address

Home

Office

Address 1

Address 2

Address 3

Save Changes



Your order has been submitted to our business partner successfully.

A confirmation email with instructions will be sent to your registered email.

Done



Book Lab Test

All about your Health

- Lorem Ipsum
- Lorem Ipsum
- Lorem Ipsum



Upload Laboratory Test

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem ipsum
lorem ipsum lorem ipsum



eZConsult
Laboratory Test



Upload
Laboratory Test

Our Partner

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem



Consult



Message



History



Account



Book Lab Test

All about your Health

- Lorem Ipsum
- Lorem Ipsum
- Lorem Ipsum



Upload Laboratory Test

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem ipsum
lorem ipsum lorem ipsum



eZConsult
Laboratory Test



Upload
Laboratory Test

Our Partner

Lorem ipsum lorem ipsum lorem ipsum lorem ipsum lorem



Gallery



Camera



John Doe
Patient

John Laboratory Test

View Test

10 November 2020 | 11:30 am

Symptoms - Headache, Bodyache



Full Body Checkup

Details - Space for text, space for text

Book

John Laboratory Test

View Test

18 February 2020 | 02:30 pm

Symptoms - Headache, Bodyache, Migraine



Advance Full Body Checkup

Details - Space for text, space for text



Diabetes Test

Details - Space for text, space for text

Book

John Laboratory Test

View Test

22 September 2019 | 05:30 pm

Symptoms - Headache, Bodyache, Migraine



Choose nearest Laboratories

Select Location 



Choose nearest Laboratories

Select Location



Del Monte

31, Park Street



HP Plus Katipunan

2A, Seaside Road



Marikina

12, Bolivia Apartment



Retiro

7H, Ho Chi Min Street



SM Aura

31, Park Street



Surigao

65, Ho Chi Min Street



Tarlac

38C, Seaside Road



Valenzuela

31K, Park Street



Consult



Message



History



Account



Book Laboratory Test



Del Monte
31, Park Street

Choose Date & Day

June 2020

Fri
07

Sat
08

Sun
09

Mon
10

Tue
11

Wed
12

Choose the Del Monte Schedule for Monday



Morning



Day



Evening

07:00 AM

07:30 AM

08:00 AM

08:30 AM

09:00 AM

09:30 AM

10:00 AM

10:30 AM

11:00 AM

11:30 AM

12:00 PM



Consult



Message



History



Account

< Book Laboratory Test




 **Del Monte**
31, Park Street

Choose Date & Day

June 2020 ▾

- Fri 07
- Sat 08
- Sun 09**
- Mon 10
- Tue 11
- Wed 12

Choose the Del Monte Schedule for Monday

-  Morning
-  Day
-  Evening

- 07:00 AM**
- 07:30 AM
- 08:00 AM
- 08:30 AM
- 09:00 AM
- 09:30 AM
- 10:00 AM
- 10:30 AM
- 11:00 AM
- 11:30 AM
- 12:00 PM

Confirm the booking with **Del Monte** schedule for **Monday** at **07:00 AM**

Submit




Your booking has been submitted to our business partner successfully.

A confirmation email with instructions will be sent to your registered email.

Done

Book Laboratory Test




 **Del Monte**
31, Park Street

Choose Date & Day

June 2020 ^

2018	2019	2020	2021	2022	2023
Jan	Feb	Mar	Apr	May	Jun
Fri 07	Sat 08	Sun 09	Mon 10	Tue 11	Wed 12

Choose the Del Monte Schedule for Monday

 Morning
  Day
  Evening

07:00 AM	07:30 AM	08:00 AM	08:30 AM
09:00 AM	09:30 AM	10:00 AM	10:30 AM
11:00 AM	11:30 AM	12:00 PM	



Book Laboratory Test




 **Del Monte**
31, Park Street

Choose Date & Day

June 2020 ^

2018	2019	2020	2021	2022	2023
Jan	Feb	Mar	Apr	May	Jun
Fri 07	Sat 08	Sun 09	Mon 10	Tue 11	Wed 12

Choose the Del Monte Schedule for Monday

 Morning
  Day
  Evening

07:00 AM	07:30 AM	08:00 AM	08:30 AM
09:00 AM	09:30 AM	10:00 AM	10:30 AM
11:00 AM	11:30 AM	12:00 PM	

Confirm the booking with **Del Monte** schedule for **Monday** at **07:00 AM**

Submit

Messages

Talk with your doctor

Search



Dr. Emily Anderson

6:00 PM

Medical certificate issued

1



Dr. Aiden Smith

2:20 PM

Lorem Ipsum lorem ipsum



Dr. Pamilla

1:30 PM

Lorem Ipsum lorem ipsum






Dr. John Doe



11:20 AM



Lorem Ipsum lorem ipsum



2



<  **Dr. Emily Anderson**
General Physician

 Hey, How can I help you? 
10:45 AM

Hey, This is jane doe, I need your help 

10:47 AM



 Okay, tell me what's the problem? 
10:45 AM


I have stomach problem from last 2 days 

10:47 AM



 Okay 
10:45 AM

Can you help? 


10:47 AM

<  **Dr. Emily Anderson**
General Physician



 Hey, How can I help you? 

10:45 AM


Hey, This is jane doe, I need your help 



10:47 AM

 Okay, tell me what's the problem? 

10:45 AM

I have stomach problem from last 2 days 



10:47 AM



 Okay 

10:45 AM

Can you help? 



10:47 AM



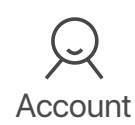
Consult




Message







History







Account


<  Dr. Emily Anderson
General Physician

 Hey, How can I help you? 
10:45 AM

Hey, This is jane doe, I need your help 
10:47 AM 


 Okay, tell me what's the problem? 
10:45 AM


I have stomach problem from last 2 days 
10:47 AM 


 Okay 
10:45 AM

Can you help? 
10:47 AM 

^ 


Gallery


Camera

<  **Dr. Emily Anderson**
General Physician



Hey, How can I help you? ▾

10:45 AM

Hey, This is jane doe, I need your help ▾



10:47 AM



Okay, tell me what's the problem? ▾

10:45 AM

I have stomach problem from last 2 days ▾

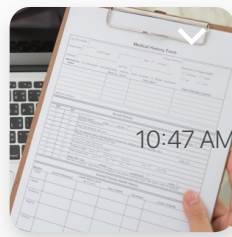


10:47 AM



Okay ▾

10:45 AM



10:47 AM



10:47 AM

0:20



▾




10:47 AM




Jane typing...





Consult


Message


History


Account

<  **Dr. Emily Anderson**
General Physician



Hey, How can I help you? ▾

10:45 AM

Hey, This is jane doe, I need your help ▾



10:47 AM



Okay, tell me what's the problem? ▾

10:45 AM

I have stomach problem from last 2 days ▾



10:47 AM



Okay ▾

10:45 AM



10:47 AM

0:20




10:47 AM




Jane typing...








Consult




Message




History




Account



<  **Dr. Emily Anderson**
General Physician

 Hey, How can I help you? 
10:45 AM 



 Hey, This is jane doe, I need your help 
10:47 AM


 Okay, tell me what's the problem? 
10:45 AM



 I have stomach problem from last 2 days 
10:47 AM

 Okay 
10:45 AM


 Can you help? 
10:47 AM



<  **Dr. Emily Anderson**
General Physician

 Hey, How can I help you? 


10:45 AM

Hey, This is jane doe, I need your help 



Reply
Delete

 Okay, tell me what's the problem... 

10:45 AM

I have stomach problem from last 2 days 



10:47 AM


 Okay 



10:45 AM



Can you help? 



10:47 AM

 | Type a message... 



<  **Dr. Emily Anderson**
General Physician



 Hey, How can I help you? 
10:45 AM

Hey, This is jane doe, I need your help 

10:47 AM

 Okay, tell me what's the problem? 
10:45 AM



Reply


I have stomach problem from last 2 days 

10:47 AM



 Okay 
10:45 AM



Can you help? 



10:47 AM



 | Type a message... 

<  Dr. Emily Anderson
General Physician


 Hey, How can I help you? 
10:45 AM

Hey, This is jane doe, I need your help 
10:47 AM 



 Okay, tell me what's the problem? 
10:45 AM


I have stomach problem from last 2 days 




Reply
Delete

 Okay
10:45 AM


Can you help? 
10:47 AM 

 | Type a message... 

<  **Dr. Emily Anderson**
General Physician



 Hey, How can I help you? 

10:45 AM


Hey, This is jane doe, I need your help 



10:47 AM



 Okay, tell me what's the problem? 

10:45 AM

I have stomach problem from last 2 days 



10:47 AM

 Okay 



10:45 AM


Reply



Can you help? 




10:47 AM

 | Type a message... 

<  **Dr. Emily Anderson**
General Physician



 Hey, How can I help you? 

10:45 AM


Hey, This is jane doe, I need your help 



10:47 AM

 Okay, tell me what's the problem? 

10:45 AM

I have stomach problem from last 2 days 



10:47 AM

 Okay 

10:45 AM






Can you help? 



- Reply
- Delete

 | Type a message... 

Consultation History

-  Pending >
-  Confirmed >
-  Follow-up >
-  Finished >
-  Rejected >



Pending



No Consultation Found



Confirmed

Search by Doctor's Name

Unpaid



Dr Test Doctor

Tue, Nov 24, 2020 | 02:15 pm



Summary



Referral Letter



Prescription



Lab Tests



Medical Certificate



Receipt

Payment

Paid



Dr Test Doctor

Tue, Nov 24, 2020 | 02:15 pm

Ongoing



Summary



Referral Letter



Prescription



Lab Tests



Medical Certificate



Receipt

Consult

Message

History

Account



Follow-up

Q Search by Doctor's Name



Dr Test Doctor

Free

Consultation for test child

Tue, Nov 24, 2020 | 02:15 pm



Summary



Referral Letter



Prescription



Lab Tests



Medical Certificate



Receipt

Paid



Dr Test Doctor

Consultation for test child

Tue, Nov 24, 2020 | 02:15 pm



Summary



Referral Letter



Prescription



Lab Tests



Medical Certificate



Receipt



Consult



Message



History



Account



Search by Doctor's Name

Paid



Dr Test Doctor

Consultation for test child

Tue, Nov 24, 2020 | 02:15 pm



Summary



Referral Letter



Prescription



Lab Tests



Medical Certificate



Receipt

Free



Dr Test Doctor

Consultation for test child

Tue, Nov 24, 2020 | 02:15 pm



Summary



Referral Letter



Prescription



Lab Tests



Medical Certificate



Receipt



Consult



Message



History



Account



Rejected

Q Search by Doctor's Name



Dr Test Doctor

Consultation for test child

🕒 Tue, Nov 24, 2020 | 02:15 pm

Cancelled



Summary



Referral Letter



Prescription



Lab Tests



Medical Certificate



Receipt



Dr Test Doctor

Consultation for test child

🕒 Tue, Nov 24, 2020 | 02:15 pm

Lapsed



Summary



Referral Letter



Lab Tests



Medical Certificate



Receipt



Consult



Message



History



Account



Referral 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 Pain during 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.



TEST PATIENT

With Regards



Doctor's Signature
Dr. Test Doctor



Download



Medical certificate



Medical Certificate

Name	Test Patient
Age	70
Gender	Male
Date	Nov 20, 2020 8:56am
Gender	Male
Certificate No.	MC00000735
Reason	Typhoid

Unfit Template 3

Dr. Test Doctor
License No:huui 123345

[Download](#)



Home



Message



History



Account



Summary

Notes For

Test Patient

Assigned Healthcare Practitioner

Dr. Test Doctor

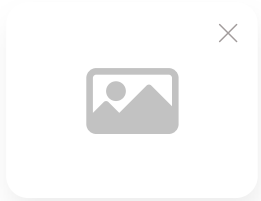
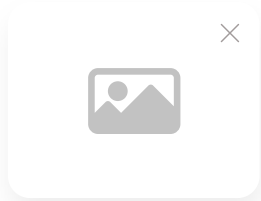
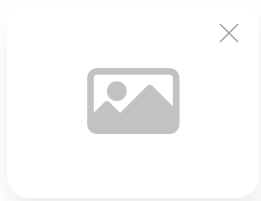
Consultation Date

Nov 20, 2020|9:15am

Notes

Lorem Ipsum Lorem Ipsum

Attached Files



Download



Prescription

Test Clinic

Test Address 8585

Patient Prescription

Availment Type: Senior/PWD

Test Patient	Prescription no. : P000253
Sex: Male	Nov 20, 2020 8:56am
Age: 70	

Drug Name	Remarks
-----------	---------

FLUORINE(AQUAFRESH) OT PASTE 0.15% 2100ML	Dosage: 3tabs Frequency: 3 Times per day Take after food For 15 days
--	---

LIDOCANE SYGGIUM AROMATICUM (TOOTH ACHE) OT DROP 0.7+10% 100ML	Dosage: 3tabs Frequency: 3 Times per day Take after food For 15 days
--	---

Mobile: 2536174778
Landline: 8989578699

Dr. Test Doctor

Download



Lab Tests

Test Clinic
Test Address, 8585

Test Request Form

Landline: 8987898789

Test Patient
Sex: Male
Age: 70

Invoice No.: L0000770

Test

X-Ray

ECG

With Regards

Dr. Test Doctor



Download



Consult



Message



History



Account



Receipt

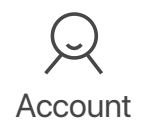
Test Clinic
Test Address 8585

Pat Patient Invoice No.: INV00015500
Attended By: Dr. Docto docto Nov 20, 2020|8:56am

Item	Price
Consultation Fee	0.00
Senior Citizen/PWD Card Holder	0.00

Paid By Grand Total 0.00

[Download](#)





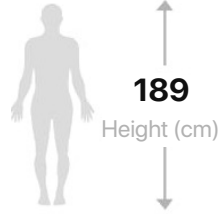
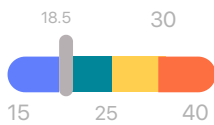
John Doe
Patient










26 **66.31**

Age Weight(kg)

18.8

BMI



-  Account Information >
-  Medical History >
-  Manage Child/Others >
-  Address Book >
-  Notifications >
-  Payment Information >
-  Insurance >
-  Favourite Doctors >
-  Settings >

Version:1.0.1

Logout



Account Information

 Full Name John Doe >

 Email johndoe@zp.com >


 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >

 Height 139cm >

 Government ID Uploaded >

 Senior Citizen Card Uploaded >

 PWD Card Uploaded >



Consult



Message











History



Account

Account Information

-  Full Name John Doe >
-  Email johndoe@zp.com >
-  Change Password >
-  Change Mobile +70087684907 >
-  Gender Male >
-  Birthday Apr 30, 1990 >
-  Weight 66.31kg >
-  Height 180cm >

Update Name ✕

First Name

Last Name


Save



Account Information

 Full Name John Doe >

 Email johndoe@zp.com >

 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >

 Height 139cm >

 Government ID Uploaded >

Update Email



Email

johndoe@zp.com

Save



Consult



Message



History



Account



Account Information



Full Name

John Doe >



Email

johndoe@zp.com >



Change Password >



Change Mobile

+70087684907 >



Gender

Male >



Birthday

Apr 30, 1990 >



Weight

60.01kg >

Update Password



Current Password

New Password

Confirm New Password

Save



Consult



Message



History




Account



Account Information

 Full Name John Doe >

 Email johndoe@zp.com >

 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >

 Height 139cm >

 Government ID Uploaded >

Update Mobile



Mobile Number

Get OTP



Consult



Message



History



Account



Account Information

 Full Name John Doe >

 Email johndoe@zp.com >

 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >

 Height 139cm >

Update Mobile



Mobile Number

+918961340476

Enter OTP

Verify & Save



Consult



Message



History




Account



Account Information

 Full Name John Doe >

 Email johndoe@zp.com >

 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >

 Height 139cm >

 Government ID Uploaded >

Update Gender



Gender

Male



Save



Consult



Message










History



Account

Account Information

-  Full Name John Doe >
-  Email johndoe@zp.com >
-  Change Password >
-  Change Mobile +70087684907 >
-  Gender Male >
-  Birthday Apr 30, 1990 >
-  Weight 66.31kg >

Update Gender ✕

Gender

- Male
- Female
- Others

Save



Account Information

 Full Name John Doe >

 Email johndoe@zp.com >

 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >

 Height 139cm >

 Government ID Uploaded >

Update Birthday



Date of Birth



Save



Consult



Message



History



Account



Account Information



Full Name

John Doe >



Email

johndoe@zp.com >

Select Month & Year

December ▾

2020 ▾

MON	TUE	WED	THU	FRI	SAT	SUN
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[Cancel](#)

Ok



Government ID

Uploaded >



Senior Citizen Card

Uploaded >



PWD Card

Uploaded >



Consult



Message



History




Account



Account Information

 Full Name John Doe >

 Email johndoe@zp.com >

 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >

Update Weight



Weight(kg)



Save


Consult


Message



History


Account

Account Information

 Full Name John Doe >

 Email johndoe@zp.com >

 Change Password >

 Change Mobile +70087684907 >

 Gender Male >

 Birthday Apr 30, 1990 >

 Weight 66.31kg >


Update Height



Height(cm)

183
184
185
186
187

Save


Consult


Message


History


Account



Upload Government ID

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.



Upload Image

Supported files (.jpg, .png, .pdf)

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

Upload



Consult



Message



History



Account



Upload Government ID

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.



Image Uploaded

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

Reupload

Delete



Consult



Message



History



Account

Upload Government ID

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.



Image Uploaded

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

Reupload

Delete

Select an Option



Gallery



Camera



Consult



Message



History



Account

Upload Government ID

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.



Are you Sure?

This action will delete the image from your profile and may cause interruptions in services.

Delete

Reupload

Delete



Upload Senior Citizen Card

Please upload an image of your Senior Citizen Card



Upload Image

Supported files (.jpg, .png, .pdf)

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

Upload



Consult



Message



History



Account



Upload Senior Citizen Card

Please upload an image of your Senior Citizen Card



Image Uploaded

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

Reupload

Delete



Consult



Message



History



Account

< Upload Senior Citizen Card

Please upload an image of your Senior Citizen Card



Image Uploaded

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

Reupload

Delete

Select an Option



Gallery



Camera

Consult

Message

History

Account

< Upload Senior Citizen Card

Please upload an image of your Senior Citizen Card



Image Uploaded

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

Are you Sure?

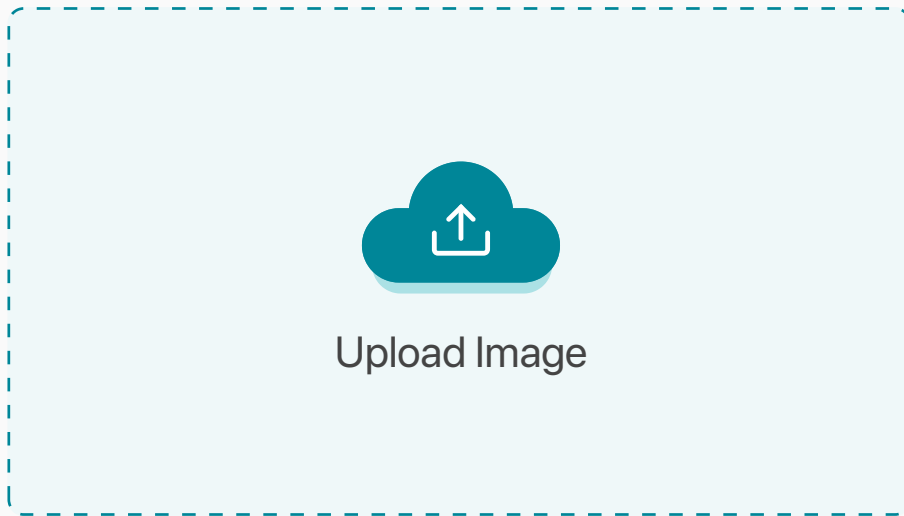
This action will delete the image from your profile and may cause interruptions in services.

Delete



Upload PWD Card

Please upload an image of your PWD Card:



Supported files (.jpg, .png, .pdf)

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

Upload



Consult



Message



History



Account



Upload PWD Card

Please upload an image of your PWD Card:



Image Uploaded

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

Reupload

Delete



Consult



Message



History



Account



Upload PWD Card

Please upload an image of your PWD Card:



Image Uploaded

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

Reupload

Delete

Select an Option



Gallery



Camera



Consult



Message



History



Account



Upload PWD Card

Please upload an image of your PWD Card:



Image Uploaded

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

Are you Sure?

This action will delete the image from your profile and may cause interruptions in services.

Delete





Medical History



Drug Allergies



Medical Conditions



Surgical History



Laboratory Test



Consult



Message



History



Account



Drug Allergies



No Data Found





Drug Allergies



No Data Found

Add Drug Allergy



Drug Allergies

Reaction

Save



Drug Allergies

Name Test Drug A
Reaction Nil



Name Test Drug A
Reaction Nil



Drug Allergies

Name Test Drug A
Reaction Nil



Name Test Drug A
Reaction Nil



Edit Drug Allergy



Drug Allergies

Test Drug A

Reaction

Nil

Save

Delete



Consult



Message



History



Account



Medical Conditions



No Data Found






No Data Found

Add Medical Condition




Display on Profile


Please Select the Date, Month, Year 


Description

Save




< Medical Conditions

Medical Conditions
Test Medic 

Medical Conditions
Test Medic 


Medical Conditions
Test Medic 

< Medical Conditions

- Medical Conditions
Test Medic 
- Medical Conditions
Test Medic 
- Medical Conditions
Test Medic 

Edit Medical Condition 

Display on Profile

Please Select the Date, Month, Year 

Description

Save

Delete



Select Month & Year

December ▾

2020 ▾

MON	TUE	WED	THU	FRI	SAT	SUN
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[Cancel](#)





Surgical History

Surgical History

Test Medic



Surgical History

Test Medic



Surgical History

Test Medic



Consult



Message






History



Account


Surgical History

- Surgical History**
Test Medic 
- Surgical History**
Test Medic 
- Surgical History**
Test Medic 

Add Surgical History



Display on Profile

Please Select the Date, Month, Year 

Description

Save

Surgical History

Surgical History

Test Medic



Surgical History

Test Medic



Surgical History

Test Medic



Edit Surgical History



Display on Profile



Please Select the Date, Month, Year



Description

Save

Delete



Consult



Message



History



Account

Surgical History

Surgical History
Test Medic



Select Month & Year

December ▾

2020 ▾

MON	TUE	WED	THU	FRI	SAT	SUN
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[Cancel](#)

Ok

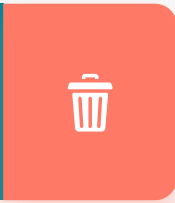


Surgical History

Test Medic

Surgical History

: Medic



Surgical History

Test Medic



Consult



Message



History



Account



Lab Test Upload

September 19, 2020 | 02:30 pm

Consultation with Dr. CBNITS Doctor



September 19, 2020 | 02:30 pm

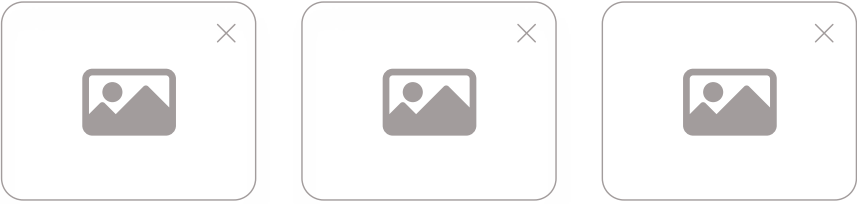
Consultation with Dr. CBNITS Doctor



< Lab Test Upload


Share With doctor

Uploaded Images



This section contains three image thumbnails, each with a small 'x' icon in the top right corner for deletion. The thumbnails are arranged horizontally and represent uploaded images.

Add Attachments

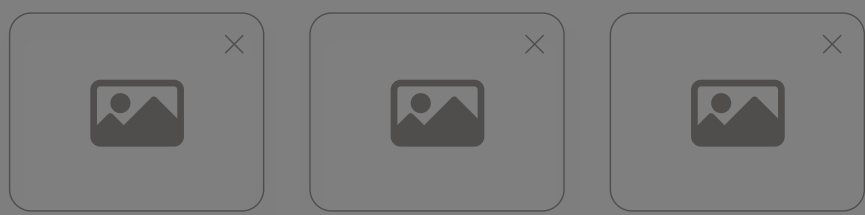


A large teal circular button with a white plus sign is centered in this section, indicating the option to add more attachments.

Lab Test Upload

Share With doctor

Uploaded Images



Add Attachments



Select an Option



Gallery



Camera



Consult



Message



History



Account

< Manage Child/Others

XXXXXX	Date of Birth Oct 20, 2015
Profile Type Child	Gender Female
Age 5	Relationship Daughter

XXXXXX	Date of Birth Oct 20, 2015
Profile Type Others	Gender Female
Age 5	Relationship Daughter

XXXXXX	Date of Birth Oct 20, 2015
Profile Type Child	Gender Female
Age 5	Relationship Daughter



< Manage Child/Others

XXXXX	Date of Birth Oct 20, 2015
Profile Type Child	Gender Female
Age 5	Relationship Daughter


XXXXX	Date of Birth Oct 20, 2015
Profile Type Child	Gender Female
Age 5	Relationship Daughter

XXXXX	Date of Birth Oct 20, 2015
-------	--------------------------------------

Add New Profile ×

Child

Others


Consult


Message


History


Account

< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter
XXXXXX	Date of Birth

Add Child



Full Name

Date of Birth

Gender

Relationship

Save



< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter

Edit Child ×

Profile Type

Date of Birth

Gender

Relationship

Save

Delete

< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female

Edit Child ×

Profile Type

- Child
- Others

Date of Birth

Gender

Relationship

Save

Delete

Manage Child/Others

XXXXXX

Date of Birth
Oct 20, 2015

Profile Type

Gender

Select Month & Year

December ▾

2020 ▾

MON	TUE	WED	THU	FRI	SAT	SUN
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[Cancel](#)

Ok

Profile Type
Child

Gender
Female

Age
5

Relationship
Daughter



< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter

Edit Child ×

Profile Type

Date of Birth

Gender

- Male
- Female
- Others

Save

Delete

Manage Child/Others

XXXXX

Date of Birth
Oct 20, 2015

Profile Type

Gender

Select Month & Year

December ▾

2020 ▾

MON	TUE	WED	THU	FRI	SAT	SUN
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[Cancel](#)

Ok

Profile Type
Child

Gender
Female

Age
5

Relationship
Daughter



< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter
XXXXXX	Date of Birth

Add Child



Full Name

Date of Birth

Gender

Male

Female

Others

Save

Manage Child/Others

XXXXX

Date of Birth
Oct 20, 2015

Profile Type

Gender

Select Month & Year

December ▾

2020 ▾

MON	TUE	WED	THU	FRI	SAT	SUN
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[Cancel](#)

Ok

Profile Type
Child

Gender
Female

Age
5

Relationship
Daughter



Manage Child/Others

XXXXX

Date of Birth
Oct 20, 2015

Profile Type

Gender

Select Month & Year

December ▾

2020 ▾

MON	TUE	WED	THU	FRI	SAT	SUN
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[Cancel](#)

Ok

Profile Type
Child

Gender
Female

Age
5

Relationship
Daughter



< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter
XXXXXX	Date of Birth

Add Others



Full Name

Date of Birth

Gender

- Male
- Female
- Others

Save

< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter

Edit Others ×

Profile Type

Date of Birth

Gender

Relationship

Save

Delete

< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female

Edit Others ×

Profile Type ^

Child
Others

Date of Birth 📅

Gender ✓

Relationship

Save

Delete

< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter

Edit Others ×

Profile Type 

Date of Birth 

Gender 

- Male
- Female
- Others

Save


Delete


< Manage Child/Others

XXXXXX	Date of Birth
	Oct 20, 2015
Profile Type	Gender
Child	Female
Age	Relationship
5	Daughter
XXXXXX	Date of Birth

Add Others ×

Full Name

Date of Birth 

Gender 

Relationship

Save



Address Book

Home

Address	Phillipines
Postal Code	4456
Mobile	8961000089
Landline	5588788900

Office

Address	Phillipines
Postal Code	4456
Mobile	8961000089
Landline	5588788900





Address Book

Make Default



Address



Address Tag



Consult



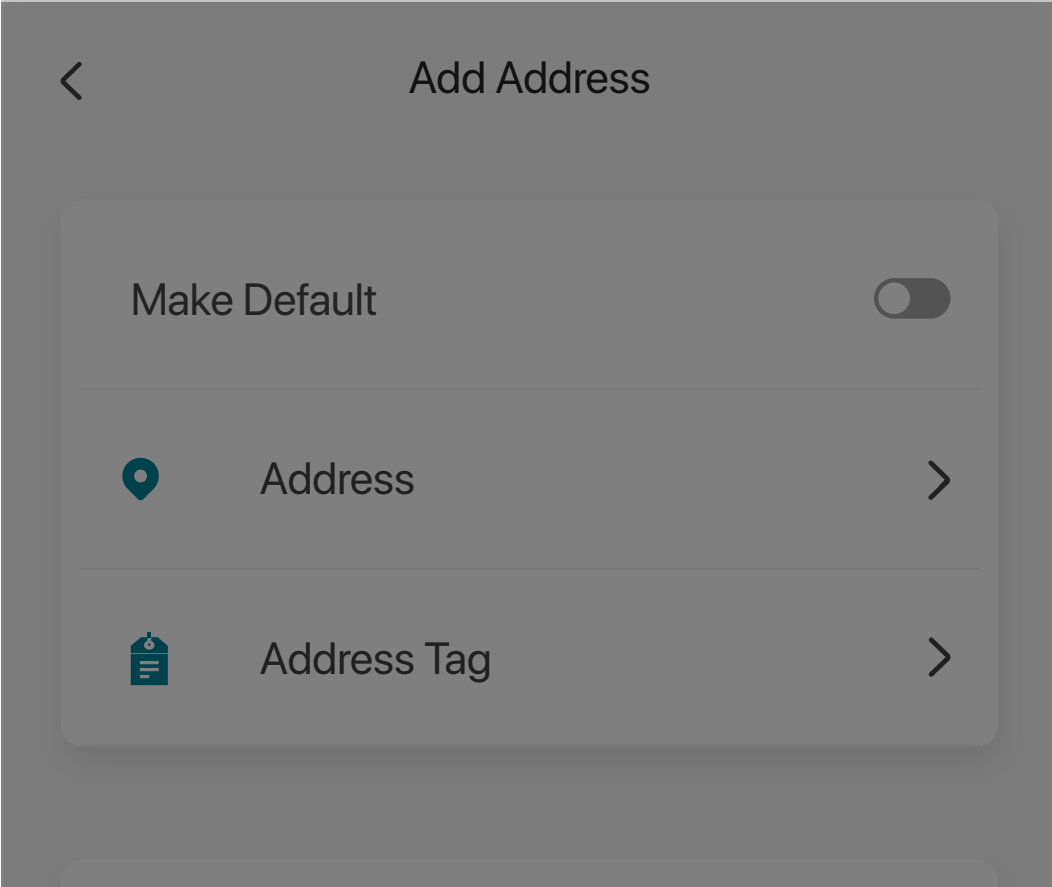
Message



History



Account



Add Address



Address

Postal Code

Mobile

Landline No:

Save



Consult



Message




History




Account

< Address Book


Make Default


 Address >


 Address Tag >

Select Address Tag



-  Home

-  Office

-  School

Save

Address Book

Home

Address Philippines
Postal Code 4456
Mobile 8961000089
Landline 5588788900

Office

Address Philippines

Edit Address ×

Address

Postal Code

Mobile

Landline No:

Save



Consultation for Myself

Pending



CBNITS Doctor

₱ 200.00

Tue, Nov 24, 2020 02:15 pm

Reason For Consultation

Fever, Headache, Dizziness

[Payment History](#)

Payment

Consultation for Soniya

Confirmed



CBNITS Doctor

₱ 200.00

Tue, Nov 24, 2020 02:15 pm

Reason For Consultation

Stomachache

[Payment History](#)

Payment

Consultation for Kou

Rejected




CBNITS Doctor

Tue, Nov 24, 2020 02:15 pm


Reason For Consultation

Headache, illusion of surroundings being bigger or smaller than they actually are, Feeling sick, Headache history shorter than 3 months.


Consultation for Myself Pending


 **CBNITS Doctor** ₱ 200.00
🕒 Tue, Nov 24, 2020 02:15 pm

Reason For Consultation
Fever, Headache, Dizziness


[Payment History](#)  **Payment**

Select Payment Method ✕

 **Credit Card**

 **GCash**

Consultation for Kou Rejected

 **CBNITS Doctor**
🕒 Tue, Nov 24, 2020 02:15 pm

Reason For Consultation
Headache, illusion of surroundings being bigger or smaller than they actually are, Feeling sick, Headache history shorter than 3 months.

< Payment History

Paid

Paid to Dr. CBNITS Doctor

🕒 Tue, Nov 24, 2020 02:15 pm

Ref. Number

45646775-sj7fg-4ddd-nd789bch

Inprogress

Your payment is currently being processed.

🕒 Tue, Nov 24, 2020 02:15 pm

Ref. Number

45646775-sj7fg-4ddd-nd789bch

Pending

Please proceed with the payment for your consultation with the Dr. Test Doctor

🕒 Tue, Nov 24, 2020 02:15 pm

Inprogress

Your payment is currently being processed.

🕒 Tue, Nov 24, 2020 02:15 pm

Ref. Number

45646775-sj7fg-4ddd-nd789bch



Payment Successful

Ref. Number: 45646775-sj7fg-4ddd-nd789bch

< Notifications

Medicine Shipped

• Your prescribed medicine has been shipped by delivery hub

Delivery Hub Accepted

Please accept delivery hub request to proceed

• **Prescription Prepared**

Dr hello doctor has prepared your prescription

Prescription Prepared

Dr hello doctor has prepared your prescription

Pharmacy Accepted

Please accept pharmacy request to proceed



Test Order


Dr hello doctor has ordered some laboratory tests




Pharmacy

SSD C RAYMUNDO - PASIG

C.Raymundo Cor F. Legapsi St.Maybunga,
Pasig City

Name FLUORINE(AQUAFRESH) OT PASTE
0.15% 2100ML 

Name LIDOCANE SYGYGIUM AROMATICUM
(TOOTH ACHE) OT DROP 0.7+10%
100ML 

Accept

Reject



Pharmacy

SSD C RAYMUNDO - PASIG

C.Raymundo Cor F. Legapsi St.Maybunga,
Pasig City

Name	FLUORINE(AQUAFRESH) OT PASTE 0.15% 2100ML	^
Qty		3
Order Qty		2
Available Qty		1
Additional Information		dfdsg

Name	LIDOCANE SYGYGIUM AROMATICUM (TOOTH ACHE) OT DROP 0.7+10% 100ML	v
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Accept

Reject



Pending

Payment was not received, Please retry to avoid any disruptions in booking transactions.

🕒 Tue, Nov 24, 2020 02:15 pm



Consult



Message



History



Account



Billers	MSYS_TEST_BILLER_2
Amount	₱51.00
Convenience Fee	₱0.00
Total Amount	₱51.00
Status	INITIAL

Payment Method

All transactions are secured and encrypted.

Select Payment Method

- Cash Payments
- Bayad Center
- 7-11
- Visa / Mastercard
- Visa / Mastercard
- BancNet
- BPI Online Banking (Realtime)
- UnionBank Online Banking (Realtime)



ent was not received, Please retry to any disruptions in booking actions.

ov 24, 2020 | 02:15 am



New Transactions



Consult



Message



History



Account



Insurance



No Insurance Available



Our Partners

P ^

PhilCare



Insurance Number +

Our Partners

P ^

PhilCare



Insurance Number +

Add Insurance Number X

Insurance Number
534677

Save



Insurance



534677



534677



534677



534677



Consult



Message











History



Account

< Insurance

- 
534677 
- 
534677 
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534677 
- 
534677 

Edit Insurance ×

Our Partners


Select 

Insurance Number

Save

Our Partners

Select 

Insurance Number 

< Insurance

- 
534677 
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534677 
- 
534677 

Edit Insurance ×

Our Partners

P 


PhilCare





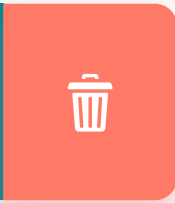
Insurance Number


Save


< Insurance


534677


4677


534677


534677



Favourite Doctots



Dr. dr doctor ❤️

Neurologist

Consultation Fee ₱ **68.00**

Follow Up Fee ₱ **68.00**



Dr. dr doctor ❤️

Psychiaristic

Consultation Fee ₱ **68.00**

Follow Up Fee ₱ **68.00**



Consult



Message



History



Account




App Language

Language 



App Language

Choose 

- English
- French
- Japanese
- Deutsch

Save


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History


Account



Settings

Finger Print/Face ID



Notification



Camera



Microphone



App language



Contact Us



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Contact Us



Contact Us

[Send us some feedback](#)

Contact us using our support numbers

0919-0829217

094562-82180

Monday-Friday 8am to 8pm

Saturday 8am to 5pm



Consult



Message



History



Account