



Login As

Patient

Pharmacy Owner

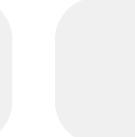
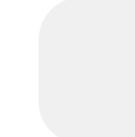
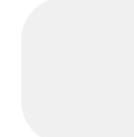
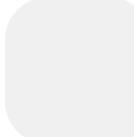
Clinic Owner

Doctor

Please enter the OTP send to your registered phone number.

6

8



00:59

[Resend OTP](#)

[Verify OTP](#)

Login

Login

Don't have an account? [Sign Up](#)



Sign Up

Name Name**CPSO** CPSO Details

0/500

Billing Number Billing Number**Email Address** Email Address**Clinic Name** Clinic Name

▼

Phone Number +1 ▾ Phone Number**Skills**

- Specialist
- Walk-In Physician
- Family Physician
- Custom

Add Other Skills Add Other Skills

0/500

Sign Up

Clinics

 Search the Clinic by name

Clinic Name

📍 Address1, City, State

📞 +1 7890455634



+2
more

Clinic Name

📍 Address1, City, State

📞 +1 7890455634



+2
more

Clinic Name

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📞 +1 7890455634



+2
more

Clinic Name

📍 Address1, City, State

📞 +1 7890455634



+2
more

City Clinic



Clinic Name:

City Clinic

Clinic Address:

Phase 8, Mohali

Clinic Owner Name:

Dennis Smith

Fax Number:

7880968979

Clinic EMR URL:

city.clinic.com

Clinic Email Address:

city@yopmail.com

Owner Phone Number:

+1 7845327890

Clinic Type:

Walk-In

Services:

Walk-In Appointment

Family Doctor Appointment

Blood Work

Physical Exam

Paediatric Consultation

Flu Shot and Vaccine

PCR

Accept New Patients

Rapid Test

Clinic Timing:

10:00 AM-10:00 PM

Leave Clinic



Login

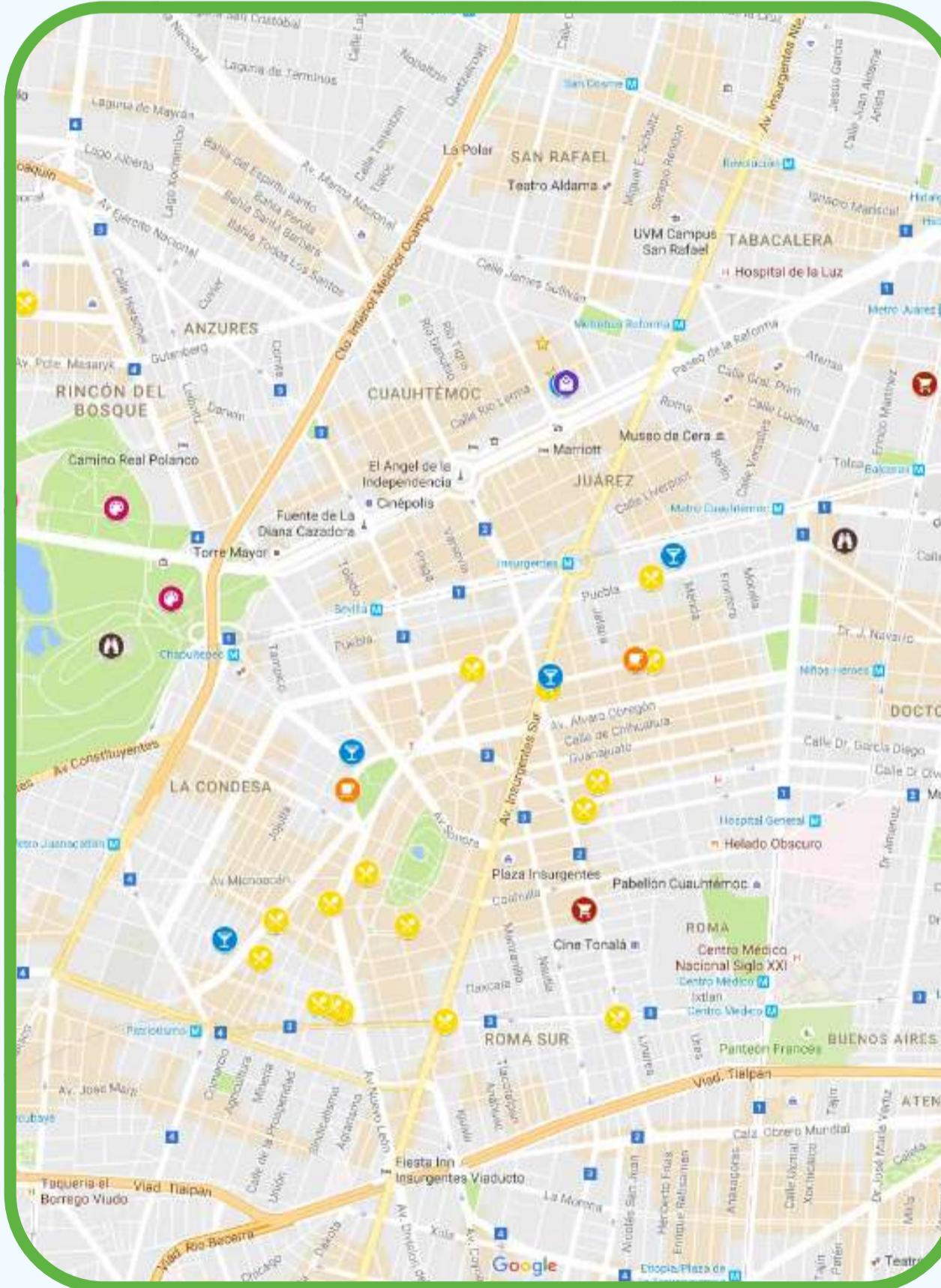
Phone Number

+1 ▾ Phone Number

Login

Don't have an account? [Sign Up](#)

Q Search 



Clinics

Clinic Name

📍 Address1, City, State

📞 +1 7890455634



+2
more

Clinic Name

📍 Address1, City, State

📞 +1 7890455634



+2
more

City Clinic



Clinic Address:

Phase 8, Mohali

Clinic Owner Name:

Dennis Smith

Fax Number:

7880968979

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Clinic Type:

Walk-In

Services:

Walk-In Appointment

Family Doctor Appointment

Blood Work

Physical Exam

Paediatric Consultation

Flu Shot and Vaccine

PCR

Accept New Patients

Rapid Test

Clinic Timing:

10:00 AM-10:00 PM

Booking



Sign Up

Pharmacy Name

Pharmacy Name

Pharmacy Licence

[Verify](#)

Pharmacy Licence

Pharmacy Owner Name

Pharmacy Owner Name

Fax Number

Fax Number

Address

Address

Pharmacy Email Address

Pharmacy Email Address

Owner/ Admin Phone Number

+1 ▾ Owner/ Admin Phone Number

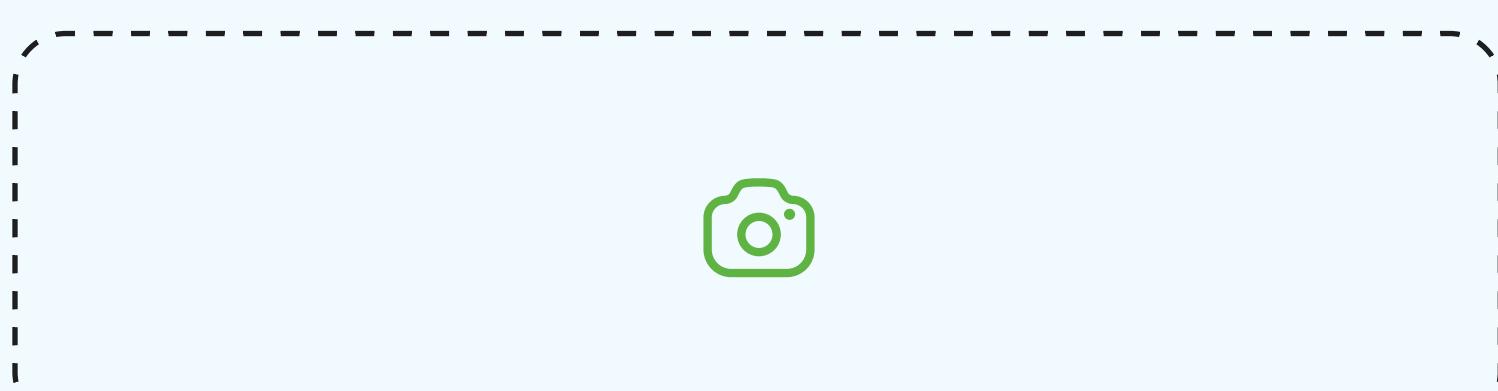
Services At Your Pharmacy

- Request Prescription or Refill
- Flu Shot and Vaccine
- PCR
- Rapid Test
- Offer Delivery

Pharmacy Timing

Pharmacy Timing

Upload Pharmacy Photos



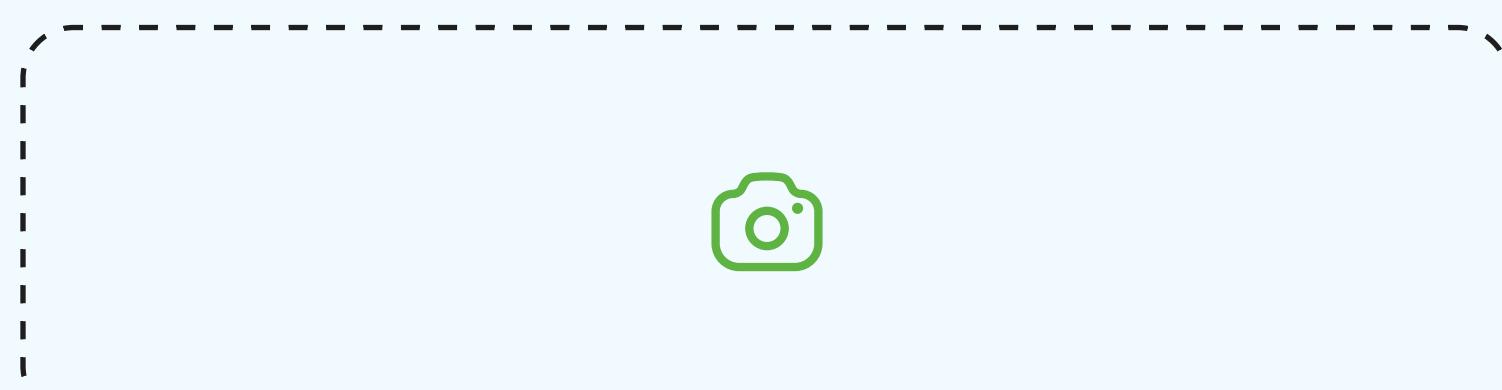
[Sign Up](#)



Add Pharmacy

Pharmacy Name**Pharmacy Licence**[Verify](#)**Pharmacy Owner Name****Fax Number****Address****Pharmacy Email Address****Owner/ Admin Phone Number****Services At Your Pharmacy**

- Request Prescription or Refill
- Flu Shot and Vaccine
- PCR
- Rapid Test
- Offer Delivery

Pharmacy Timing**Upload Pharmacy Photos****Add Pharmacy**

Messages

 Search the Clinic by name



City Pharmacy

Hello!

12/05/2023, 17:07 PM



City Pharmacy

Hello!

12/05/2023, 17:07 PM



City Pharmacy

Hello!

12/05/2023, 17:07 PM



City Pharmacy

Hello!

12/05/2023, 17:07 PM



City Pharmacy

Hello!

12/05/2023, 17:07 PM



City Pharmacy

Hello!

12/05/2023, 17:07 PM



City Pharmacy

Yesterday

Hello!

17:07 PM

Hello!

17:07 PM

Today

How are you?

17:07 PM

Lorem ipsum is a dummy text.

17:07 PM

Type your message...





City Pharmacy



Pharmacy Name:

City Pharmacy

Pharmacy Licence

GKLO2598746312

Pharmacy Owner Name:

Dennis Smith

Fax Number:

7880968979

Address:

Phase 6, Mohali

Pharmacy Email Address:

city@yopmail.com

Contact Number

+1 7845327890

Services:

Request Prescription or Refill

Rapid Test

PCR

Flu Shot and Vaccine

Offer Delivery

Pharmacy Timing:

10:00 AM-10:00 PM



Edit Account Details

**Pharmacy Name**

City Pharmacy

Pharmacy Licence[Verify](#)

GDUW6859543578

Pharmacy Owner Name

Dennis Smith

Fax Number

4698668526

Address

Phase 6, Mohali

Pharmacy Email Address

citypharmacy@yopmail.com

Contact Number

+1 ▾ 5896743210

Update

Account Details

Add & Remove Pharmacy

Profile

Notifications

Terms & Conditions

Privacy Policy

Logout

Patient Prescription

1. Novel prescription method or process.
2. Innovative medication dosage form.
3. Innovative patient monitoring system.
4. Unique prescription delivery mechanism.
5. Non-obvious prescription-related invention.



Are you sure, you want to logout?

Yes

No