



Login As

Patient

Pharmacy Owner

Clinic Owner

Doctor

Login

Please enter the OTP send to your registered phone number.

68

00:59

[Resend OTP](#)

Verify OTP

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

📍 Address1, City, State

📞 +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

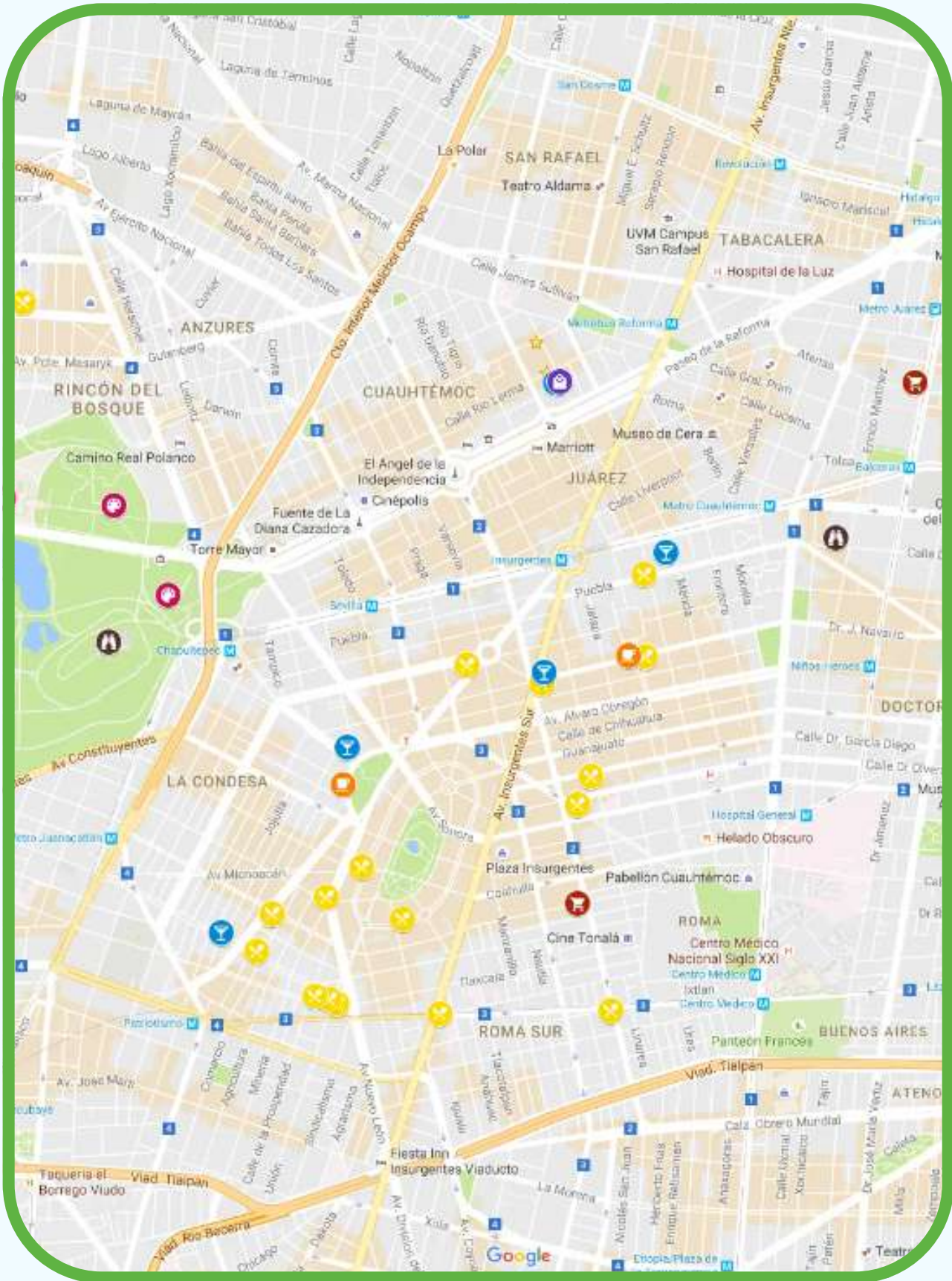
Phone Number

+1 ▼ Phone Number

Login

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

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

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

[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 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



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

Pharmcy Email Address

citypharmacy@yopmail.com

Contact Number

+1  5896743210

Update

My Pharmacy

[Account Details](#)[Add & Remove Pharmacy](#)[Profile](#)[Notifications](#)[Terms & Conditions](#)[Privacy Policy](#)[Logout](#)

Patient Prescription

1. Novel prescription method
2. Inventive medication dose
3. Innovative patient monitor
4. Unique prescription deliv
5. Non-obvious prescription-related

1. Novel prescription method or process.
2. Inventive 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