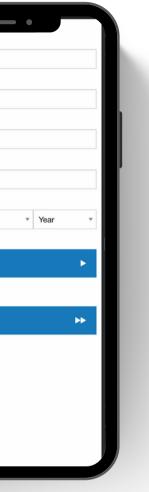
MEDICAL MEMORY

## HEALTHCARE PROVIDERS: READY TO RECORD?

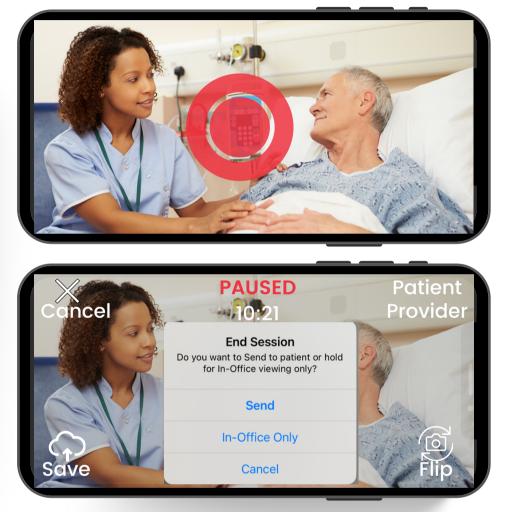
11:30 7 Select Patient Date of Bir ↔ ♦	7:12 U IMI ♥⊿ ← Select Patient Name ♠	$12:33 \oplus * \textcircled{2} \square$ $\leftarrow \text{ New Patient} \qquad \textcircled{2}$	First name Required
01 - January	Select Patient Name Date of birth; 10/10/1988	New Patient First name	Last name Required
02 - February	Hidalgo, Marie	Required Last name	Email
03 - March 04 - April	None Of The Above	Required Email	Phone Date of birth
05 - May		Phone	January v 8
06 - June		Date of birth	Decision Maker
07 - July		January * 8 * 1938	Provider
08 - August 09 - September		Decision Maker	
10 - October			
11 - November		Provider <b>&gt;&gt;</b>	
12 - Decem <u>ber</u>			
CHOOSE PATIENTS' DATE OF BIRTH	CHOOSE ENROLLED PATIENT NAME	PATIENT NOT ENROLLED? FILL IN PATIENT NAME, EMAIL OR PATIENT CELL	ENTER DEC AUTO SHA CHOOS & PICK

Jennifer Hidalgo – Client Support 855–500–0051 Jennifer@TheMedicalMemory.com

## Need Support? 1-855-500-0051 Support@TheMedicalMemory.com



SISION MAKER TO ARE (OPTIONAL) E PROVIDER YOUR NAME



## TURN DEVICE IN LANDSCAPE. TAP RED BUTTON TO RECORD.

TO PAUSE OR STOP, TAP PAUSE

FLIP TO BACK/FRONT CAMERA ON BOTTOM RIGHT. WHEN DONE CLICK SAVE BOTTOM LEFT THEN TAP SEND.