MEDICAL MEMORY

HEALTHCARE PROVIDERS:
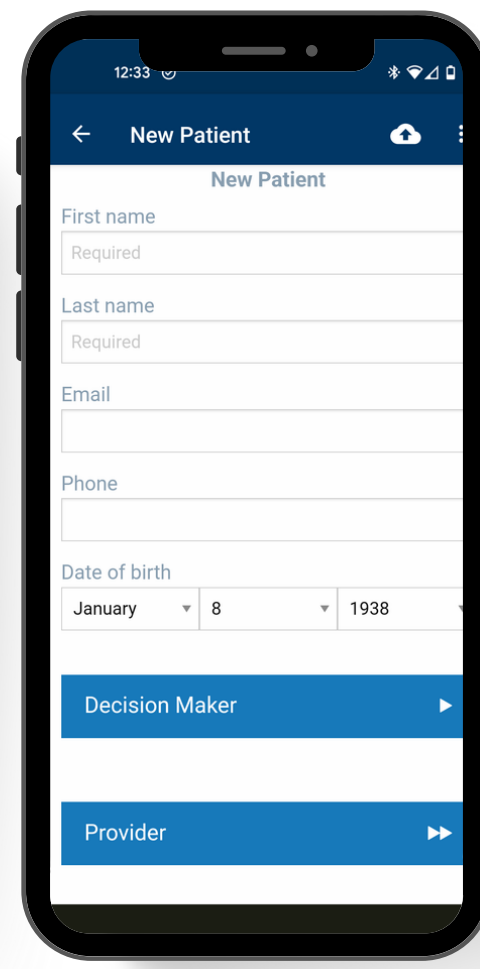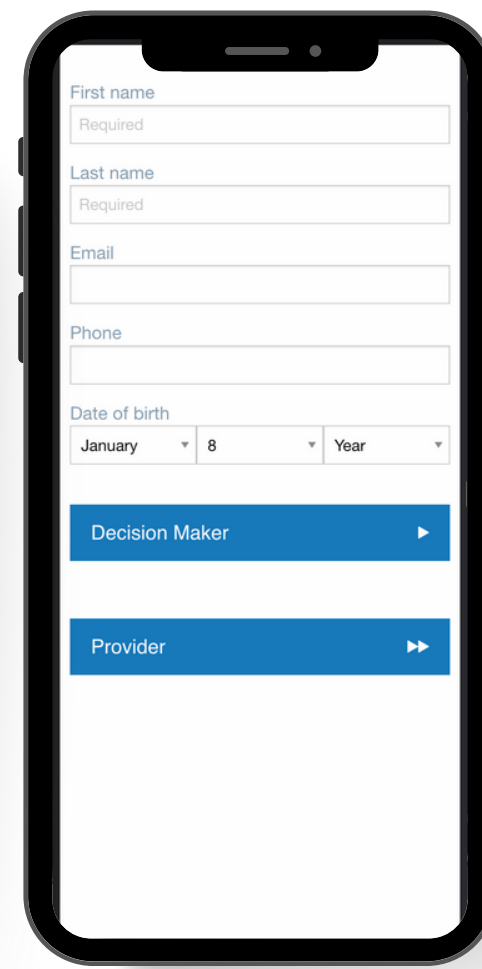# READY TO RECORD?
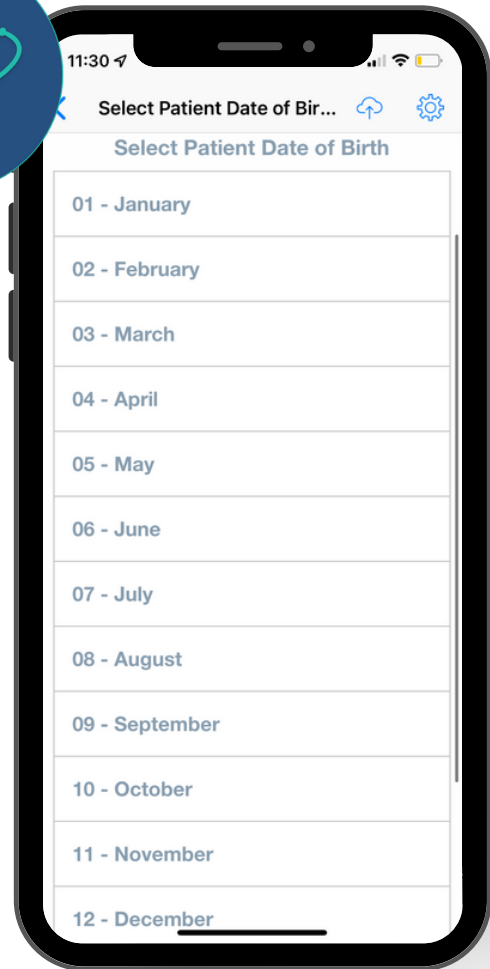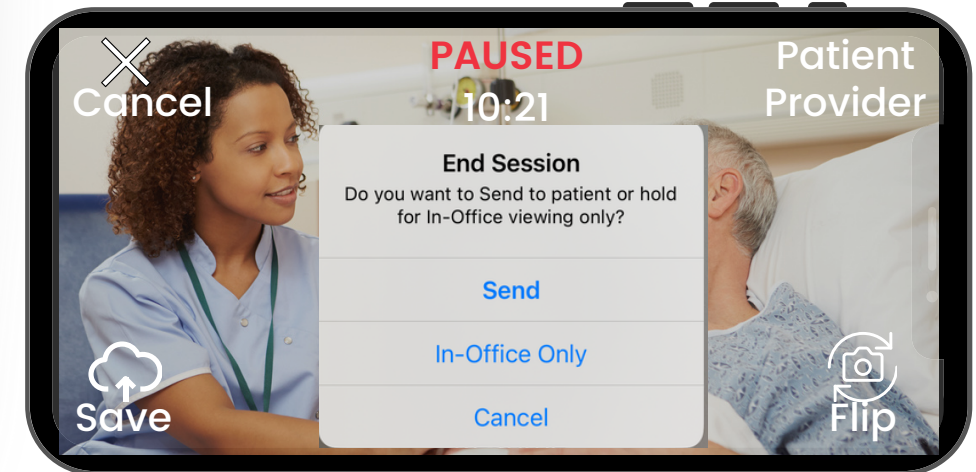
CHOOSE PATIENTS' DATE OF BIRTH
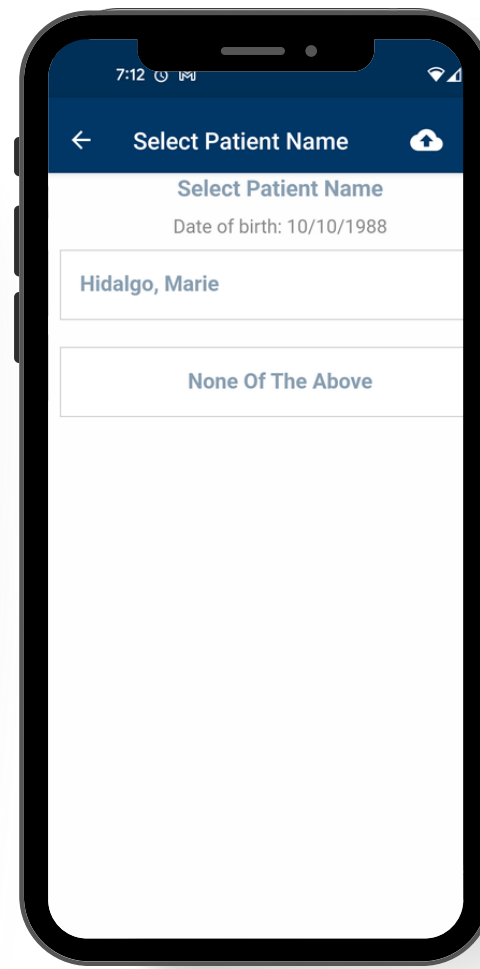
CHOOSE ENROLLED PATIENT NAME

PATIENT NOT ENROLLED? FILL IN PATIENT NAME, EMAIL OR PATIENT CELL

ENTER DECISION MAKER TO AUTO SHARE (OPTIONAL) CHOOSE PROVIDER & PICK 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.