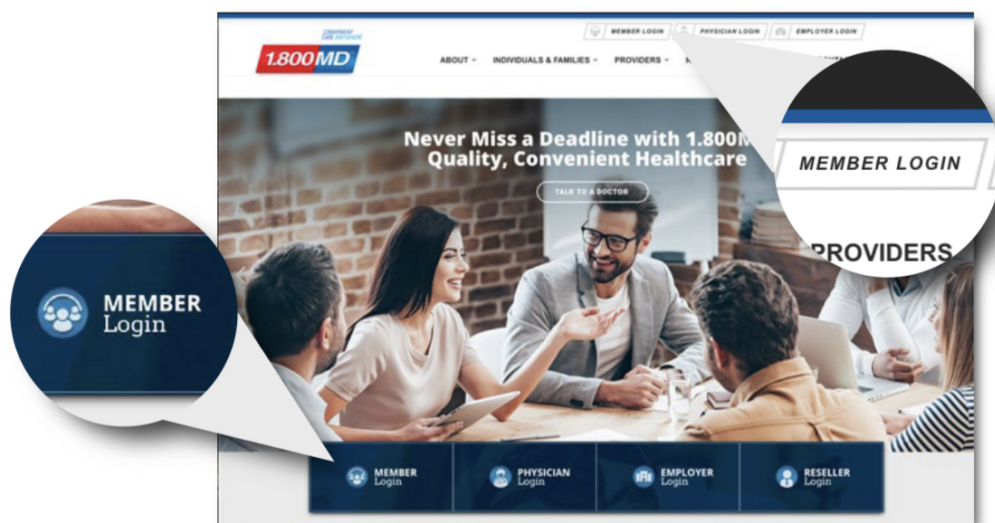


CÓMO ACCEDER

Hable Con Un Médico 24/7/365

1

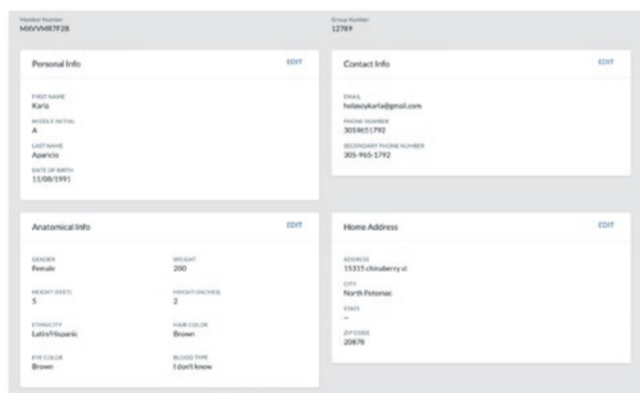
Visite www.1800md.com o llame al 1-800-530-8666 e inicie su sesión.



Para una mejor experiencia utilice Chrome o Firefox

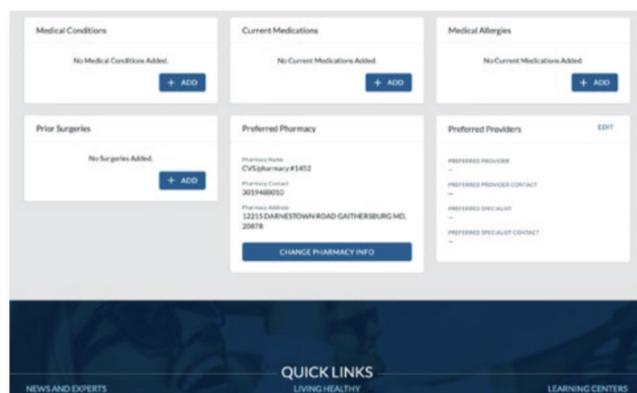
2

Una vez que inicie su sesión, ingrese su **historial médico**.



Personal Info		Contact Info	
First Name	Karla	Email	helenkurl@gmail.com
Middle Initial	A	Phone Number	305-965-1792
Last Name	Aponte	Secondary Phone Number	305-965-1792
Date of Birth	11/08/1993		

Anatomical Info		Home Address	
Gender	Female	Address	15315 chiveberry st.
Weight	200	City	North Potomac
Height	5	State	MD
Ethnicity	Latino/Hispanic	Zip Code	20879
Hair Color	Brown		
Eye Color	Brown		



Medical Conditions	Current Medications	Medical Allergies
No Medical Conditions Added.	No Current Medications Added.	No Current Medications Added.
+ ADD	+ ADD	+ ADD

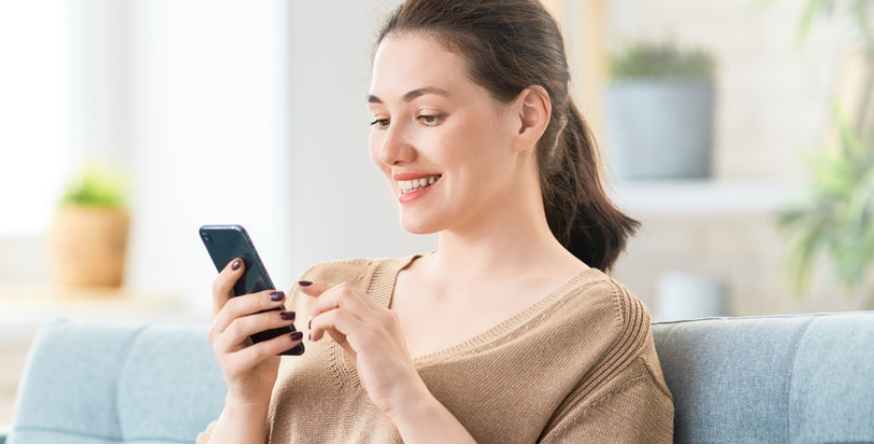
Prior Surgeries	Preferred Pharmacy	Preferred Providers
No Surgeries Added.	Pharmacy Name: CVS Pharmacy #1432 Pharmacy Contact: 305-965-1792 Pharmacy Address: 12215 DARNESTOWN ROAD GAITHERSBURG MD, 20879 CHANGE PHARMACY INFO	Preferred Provider: ... Preferred Provider Contact: ... Preferred Specialist: ... Preferred Specialist Contact: ...
+ ADD		EDIT



www.1800MD.com



1.800.530.8666



3 A continuación seleccione el **método de consulta**.

Email

Have a question-ask the doctor. Email consultations are informational only. 1.800MD cannot diagnose or prescribe medications through an email consultation. If you are sick and need treatment choose between a telephone and video consultation. Email consultations are available between 7:00AM - 9:00 PM local time. Please allow up to 2-hours for a physician response.

FREE

REQUEST

Telephone

Telephone consultations are available 24/7/365 on demand (within 1-hour) and by appointment. Telephone consultations allow for the diagnosis and treatment of minor medical conditions including Non DEA controlled prescription medication when appropriate.

FREE

REQUEST

Video

Video consultations are available by scheduled appointment between the hours of 7:00 AM - 9:00 PM local time. Video consultations allow for the diagnosis and treatment of minor medical conditions including Non DEA controlled prescription medication when appropriate.

FREE

REQUEST

Tenga en cuenta que las visitas por correo electrónico son sólo informativas y no se pueden recetar medicamentos.

4 Responda todas las preguntas preliminares e ingresa a tu **farmacia preferida**.

Who is this consultation for?*

Karla Aparicio

Primary Symptom*

Allergies

Please list any secondary symptoms

Sore throat

What are your primary concerns?*

My allergies are acting up

BACK NEXT

5 Seleccione el horario preferido para recibir su **consulta**.

Would you like to add an image or file to share with your provider?

Would you like to send your consultation records to your primary care physician? **

Requested Date*

03/10/2022

Requested Time*

6:00 PM - 8:00 PM

Where would you have sought treatment if you did not have access to 1.800MD?*

Primary care physician

By selecting Yes, I authorize 1.800MD to send my continuity of care record (CCR) to my primary care physician. I understand that my CCR contains personal medical information that was obtained during my 1.800MD consultation.

BACK SUBMIT

6 Acepte los **términos y condiciones** y confirme la consulta.

Independent contractor physicians, care givers, and/or professional corporations, my employers Workers Compensation carrier, and, as applicable, the Social Security Administration, the Health Care Financing Administration, the Peer Review Organization acting on behalf of the federal government and/or any other federal or state agency for the purposes of) of satisfying charges billed and/or facilitating utilization review and/or otherwise complying with the obligations of state or federal law. Authorization is hereby granted to release health record data and/or copies to my attending and/or admitting healthcare professional and/or any consulting healthcare professional and/or any healthcare professional I may be referred to for follow up care. I further authorize 1.800MD and any other healthcare provider or professional rendering services to me to obtain from any source medical history, examinations, diagnoses, treatments and other health or insurance authorization information for the purposes of) of satisfying charges billed and/or facilitating utilization review, providing medical treatment and/or the evaluation of such treatment, and/or otherwise complying with the obligations of federal law. A photocopy of this Authorization may be honored.

☒ I acknowledge and agree to the Terms and Conditions and Consent to Treatment stated above.

☒ I understand that I am requesting a video consultation with a 1.800MD provider. If I am unavailable to accept the video connection, I realize that a \$40 consult fee may be charged if I request an additional video connection from a provider or reschedule my consultation at a later time.

Disclaimer: Please be advised that 1.800MD physicians do not prescribe narcotic pain medications, DEA controlled substances, or lifestyle drugs. The physician may be calling from a blocked or unavailable number, please answer all calls as it may be the doctor.

CANCEL SUBMIT REQUEST

7 Reciba atención.

