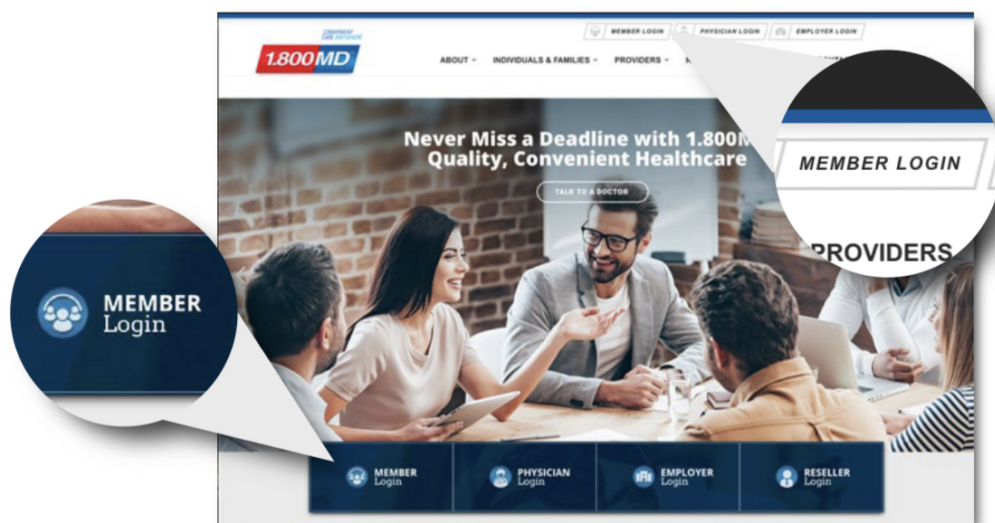


CÓMO ACCEDER

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**.

Member Number: M00VNR725 Group Number: 12789

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

Anatomical Info		Home Address	
Gender: Female	Weight: 200	Address: 15315 chiveberry st.	
Height: 5'5"	Height in inches: 2	City: North Potomac	
Ethnicity: Latin Hispanic	Hair Color: Brown	State: MD	
Eye Color: Brown	Blood Type: I don't know	Zip Code: 20879	

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

Prior Surgeries	Preferred Pharmacy	Preferred Providers
No Surgeries Added. + ADD	Pharmacy Name: CVS Pharmacy #1452 Pharmacy Contact: 305-948-0050 Pharmacy Address: 12215 DARNESTOWN ROAD GAITHERSBURG MD, 20879 CHANGE PHARMACY INFO	Preferred Provider: + Preferred Provider Contact: + Preferred Specialist: + Preferred Specialist Contact: +

www.1800MD.com

1.800.530.8666



A SUBSIDIARY OF ONE80
INTERMEDIARIES



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

Email	Telephone	Video
 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.	 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.	 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	FREE REQUEST	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.



www.1800MD.com



1.800.530.8666