

FIG. 1

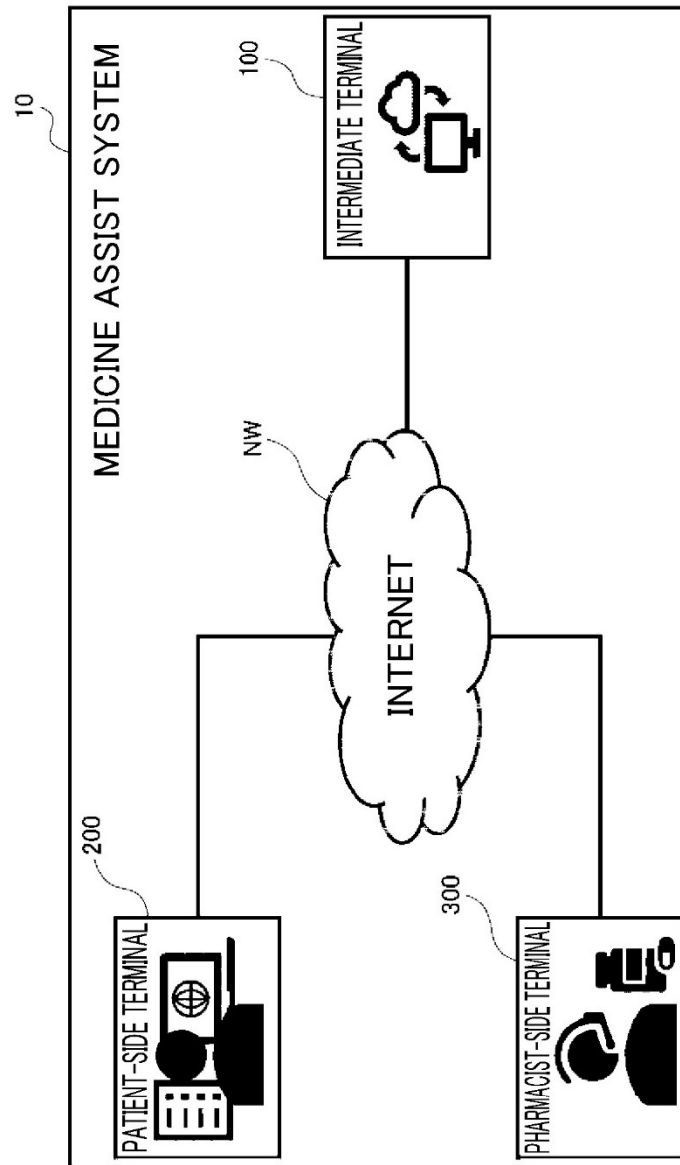


FIG. 2

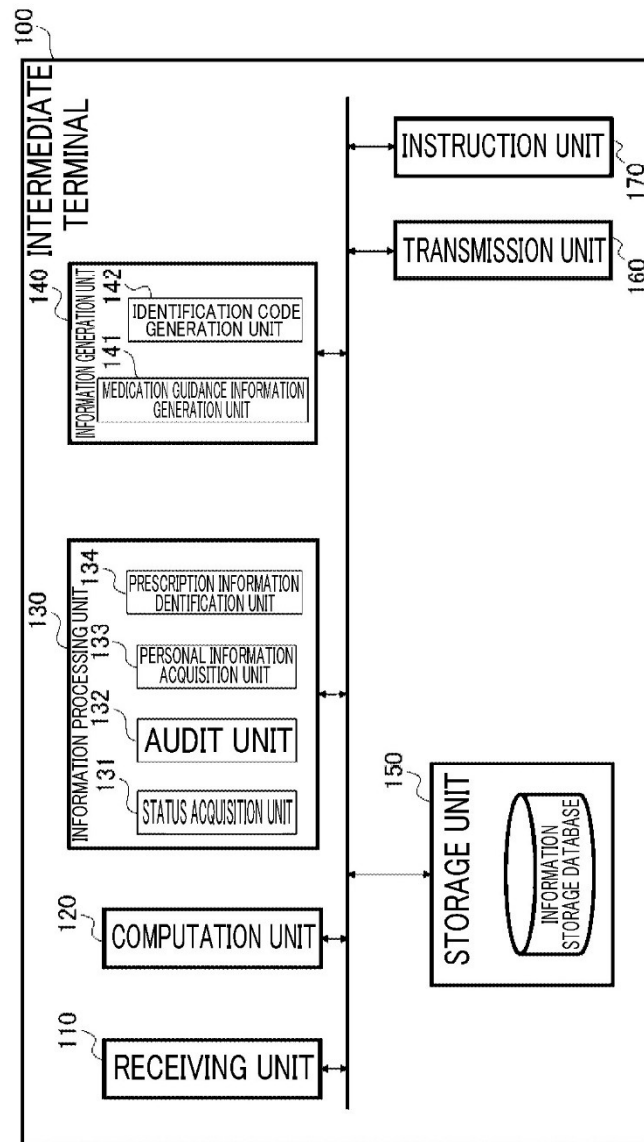


FIG. 3

DT100

PATIENT NAME	INSURER NUMBER	DATE OF BIRTH	GENDER	EMAIL ADDRESS	PHONE NUMBER
PATIENT NAME_1	11111	XX/YY/ZZ	MALE	aaa@gmail.com	07011112222
PATIENT NAME_2	22222	XX/YY/ZZ	FEMALE	bbb@gmail.com	08033334444
PATIENT NAME_3	33333	XX/YY/ZZ	FEMALE	ccc@gmail.com	09055556666
...	...	...	...	...	...
...	...	...	...	...	...

FIG. 4

DT200

PATIENT NAME	PHONE NUMBER	DATE OF BIRTH	PRESCRIPTION ISSUING COUNTRY	DRUG INFORMATION	
PATIENT NAME_1	07011112222	XX/YY/ZZ	THAILAND	DRUG NAME 1	DRUG DOSE 1
PATIENT NAME_2	08033334444	XX/YY/ZZ	USA	DRUG NAME 2	DRUG DOSE 2
PATIENT NAME_3	09055556666	XX/YY/ZZ	JAPAN	DRUG NAME 3	DRUG DOSE 3
...		...	...	...	...
...	...	...	...	...	...
...	...	...	...	...	...

FIG. 6

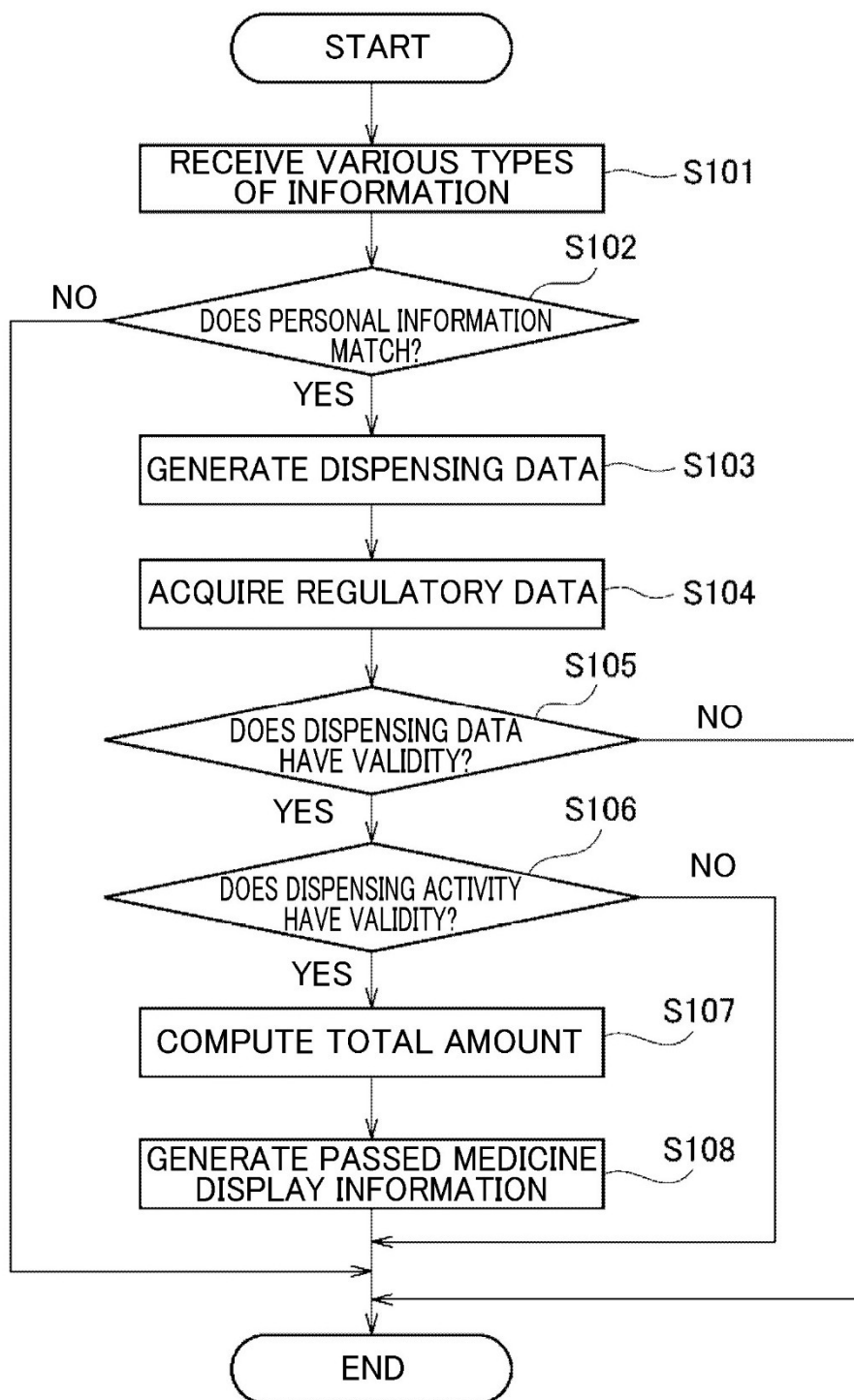


FIG. 7

