

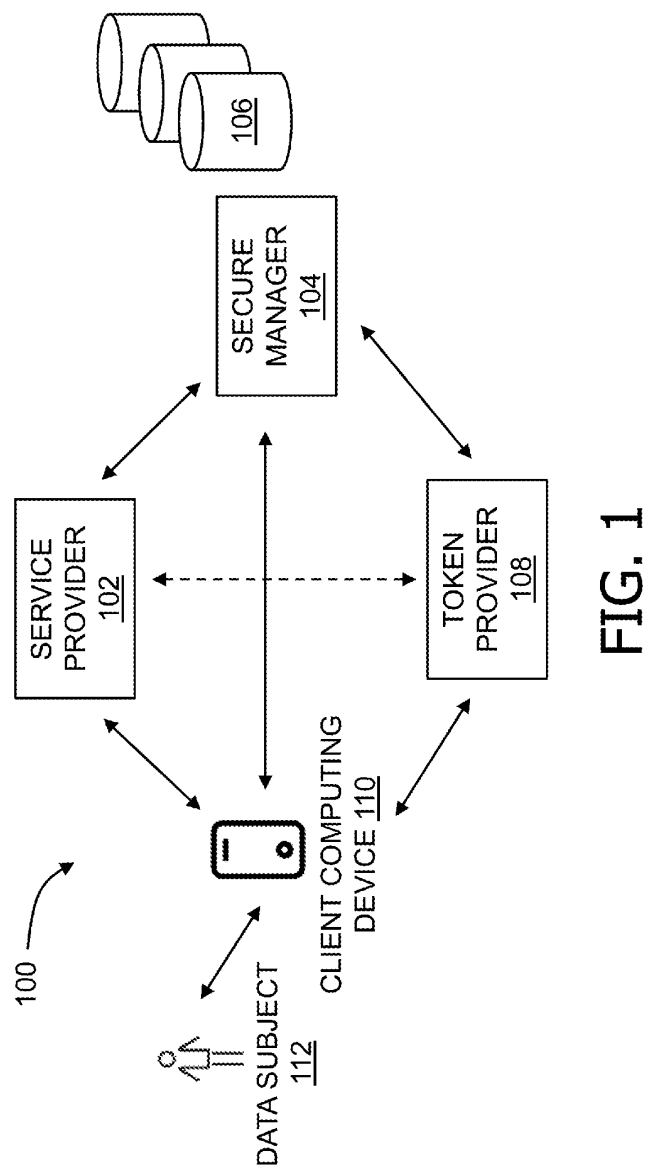


FIG. 1

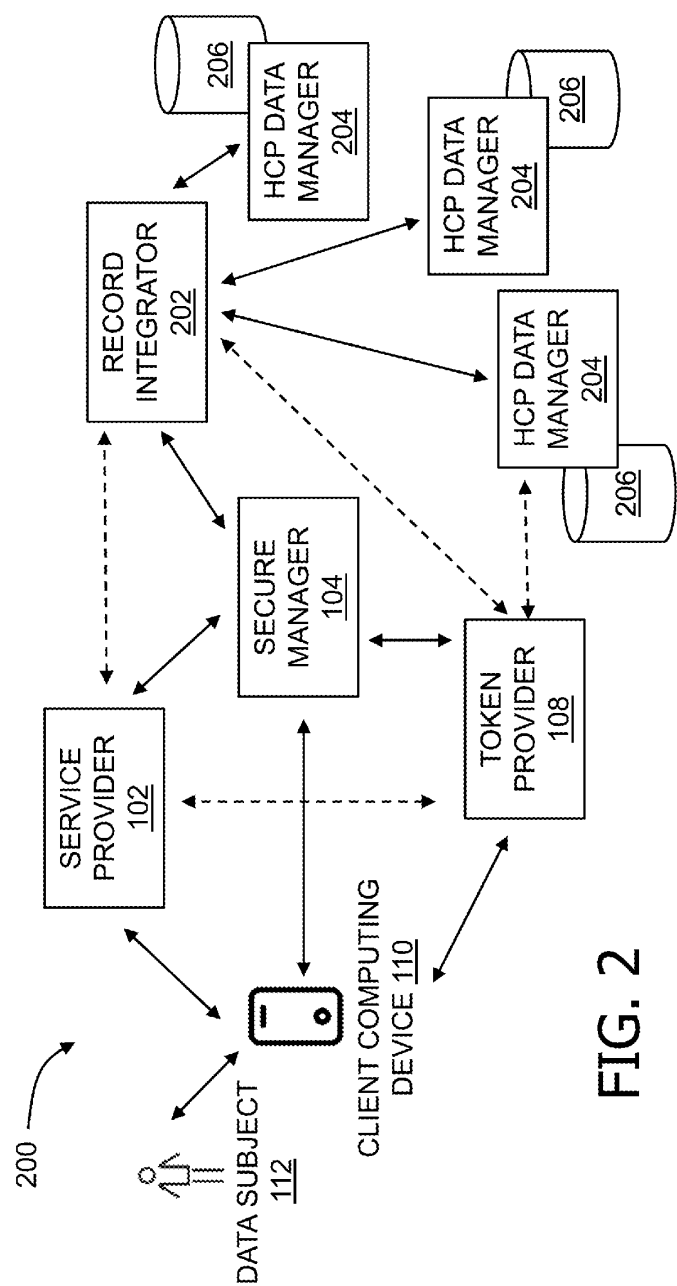


FIG. 2

300

302

Your Token

Authorized Information:

☐ Authorize all

☐ Name

☐ Birthdate

☐ Social Security Number

☐ Full Electronic Medical Record (EMR)

☐ Height/Weight

☐ Family history

☐ Surgical history

☐ Allergies

☐ Medications

☐ Insurance Information

☐ Authorized Until

☐ Authorized Indefinitely

mm/dd/yyyy

308

306

Data source(s):

☐ HC System A

☐ HC System B

☐ Integrator X

310

GENERATE TOKEN

FIG. 3

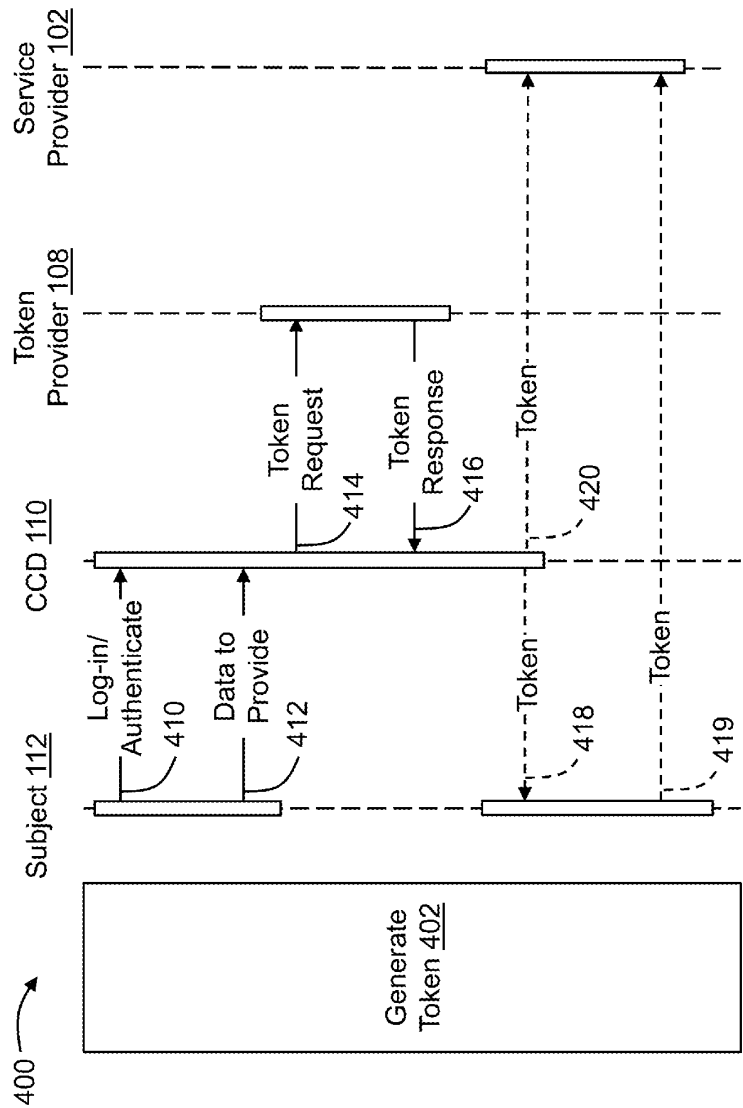


FIG. 4

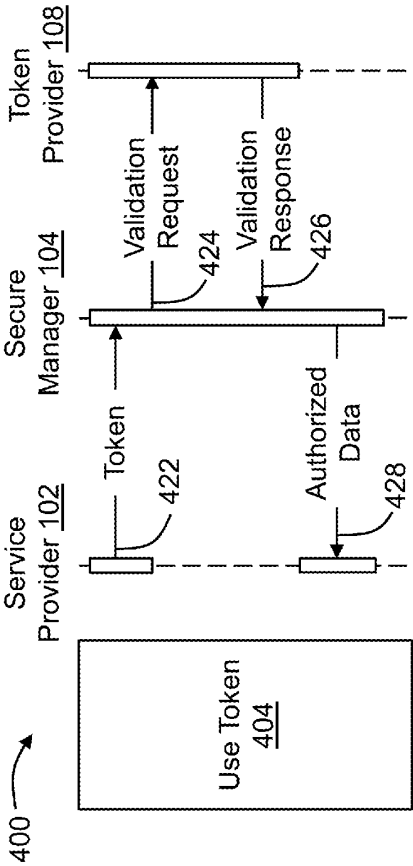


FIG. 5

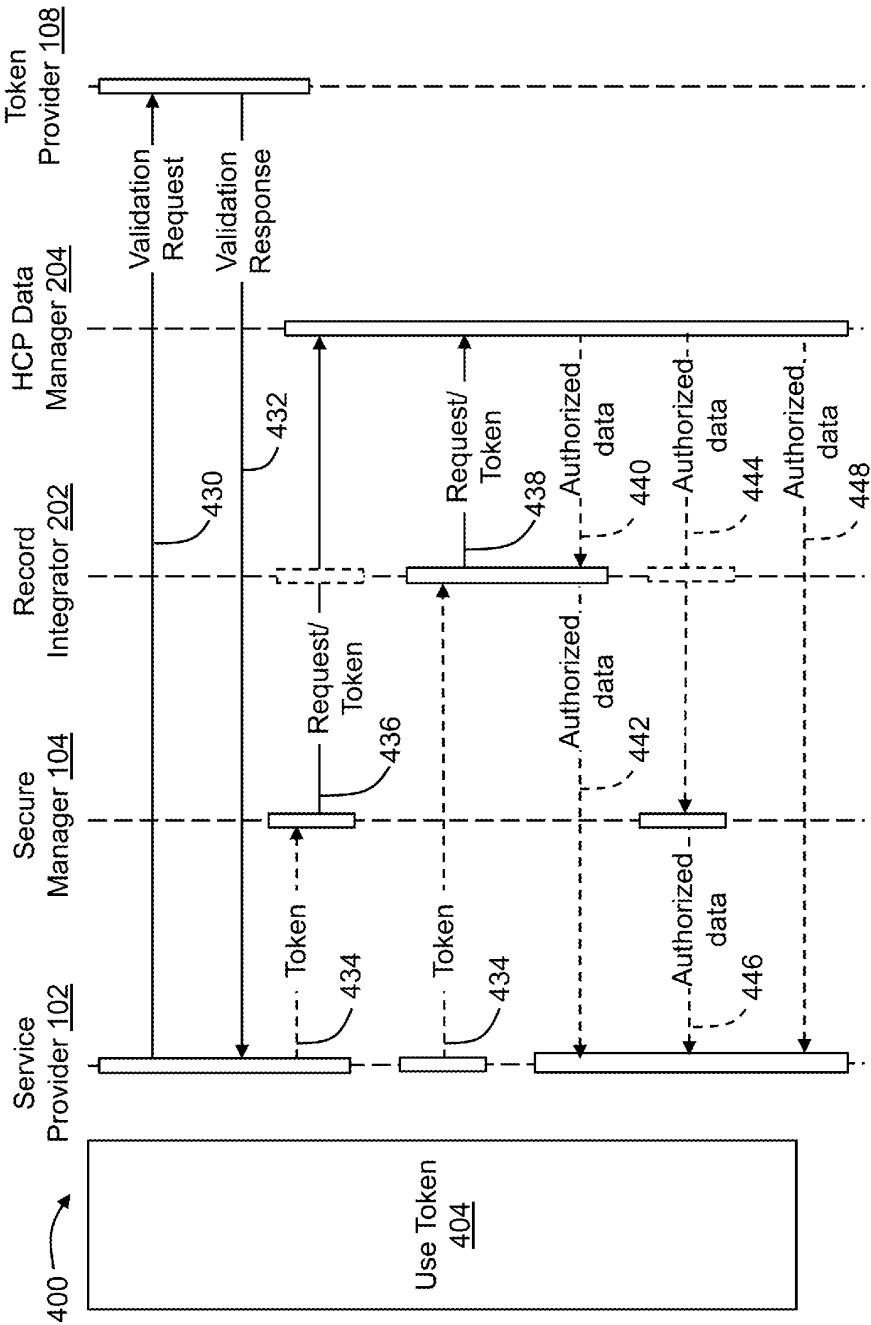


FIG. 6

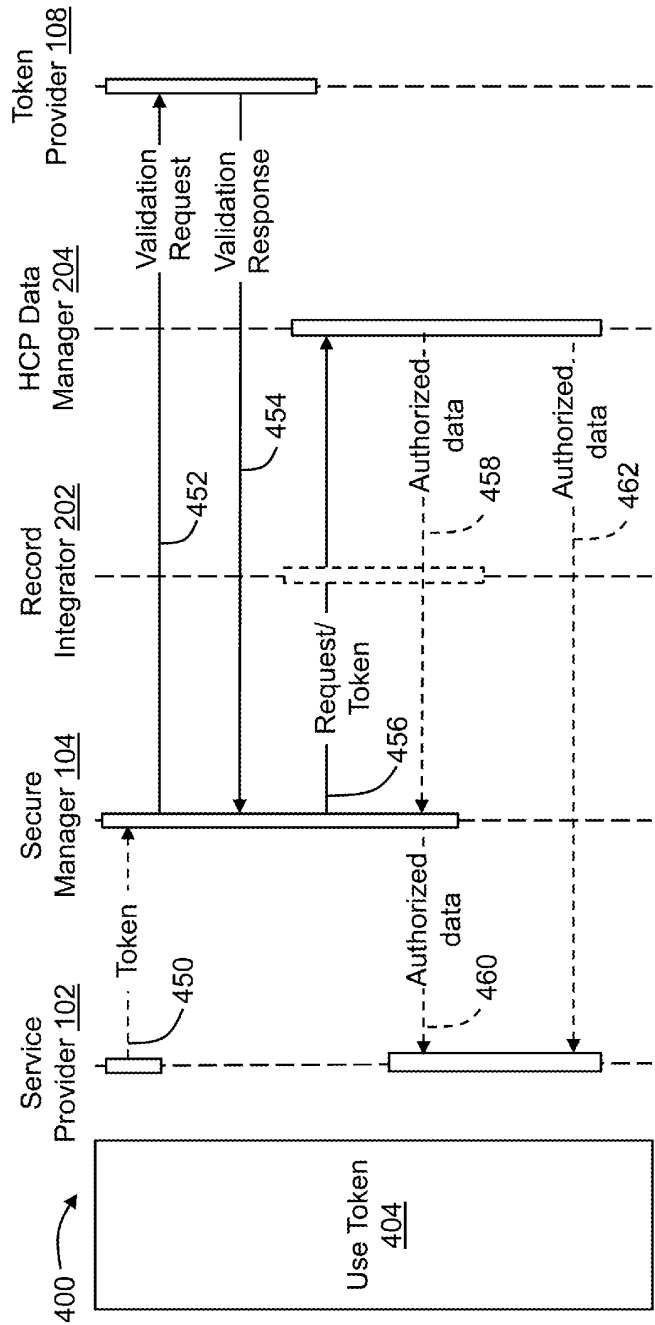


FIG. 7

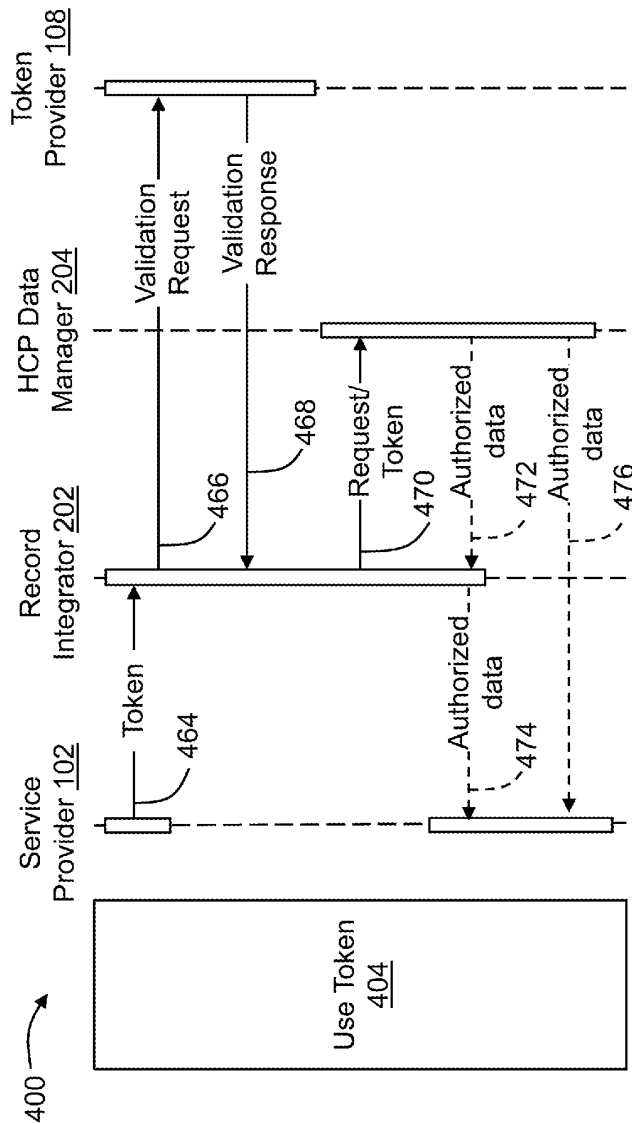


FIG. 8

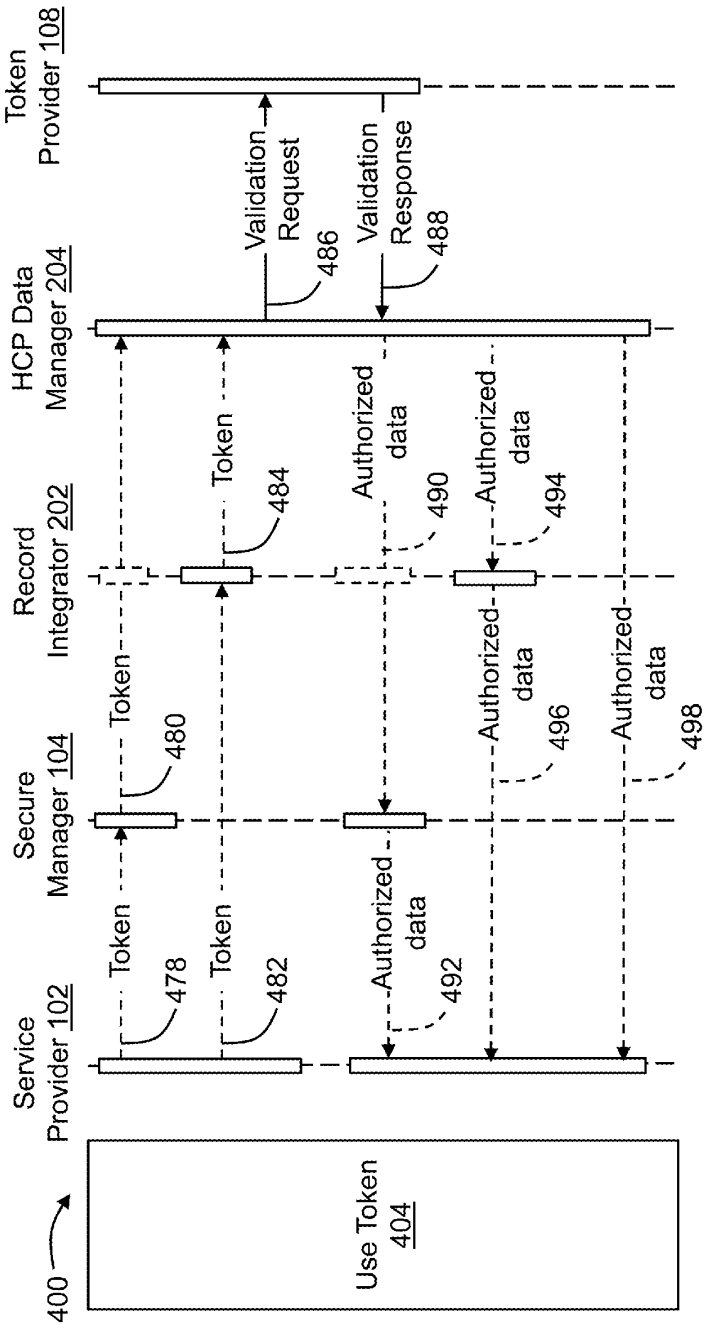


FIG. 9

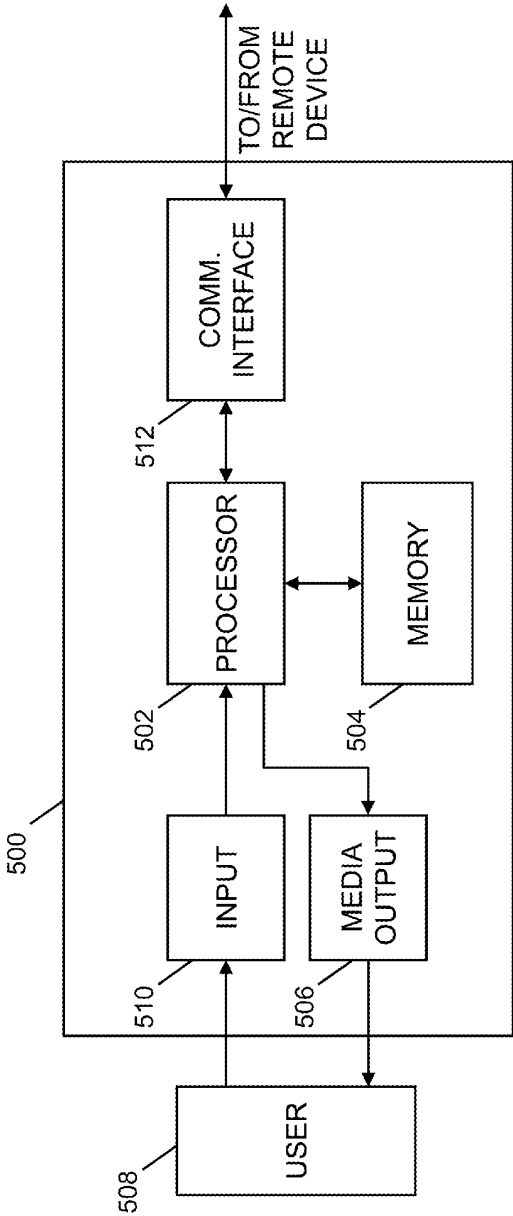


FIG. 10

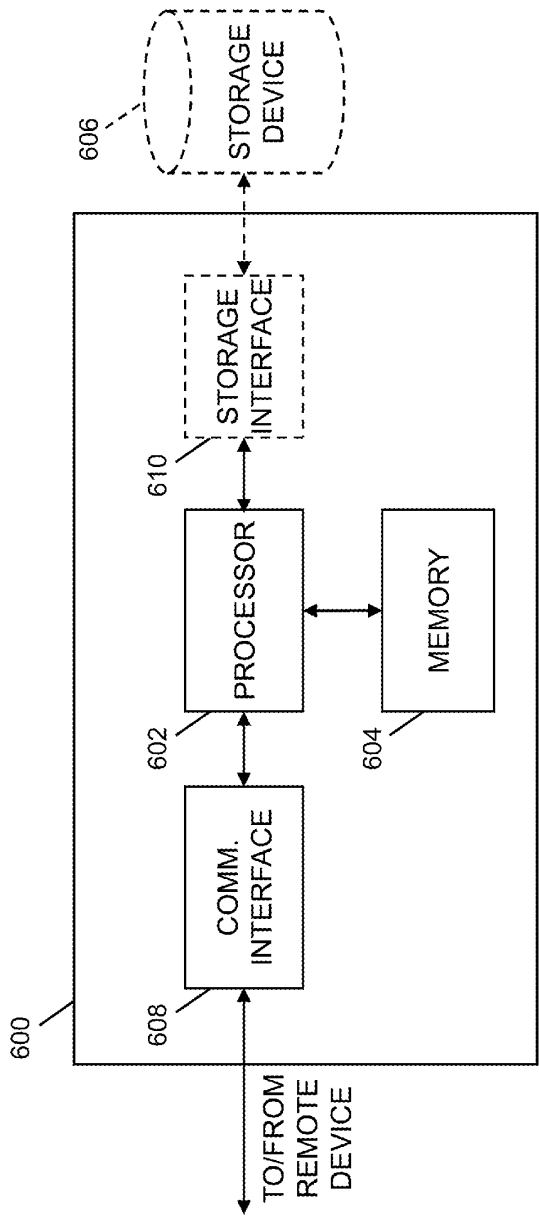


FIG. 11

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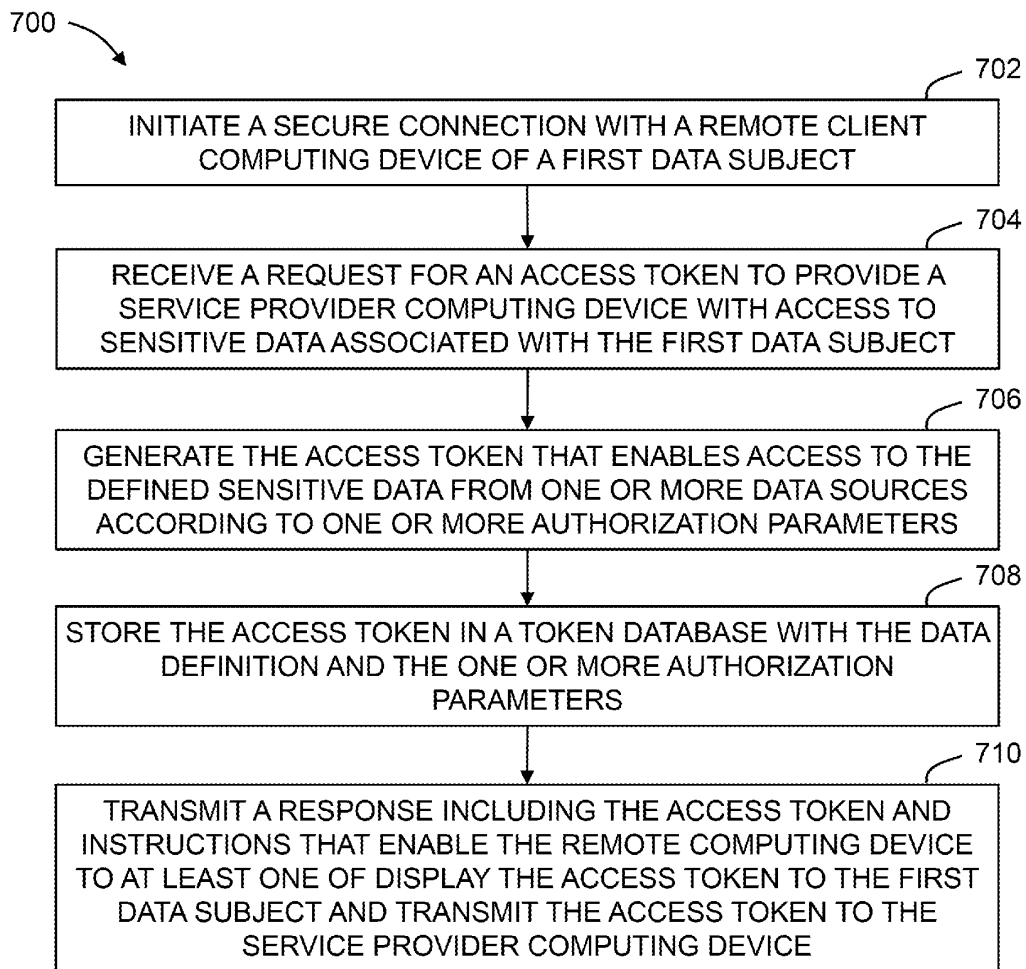


FIG. 12