An Appointment Booking Website for AppointmentDoctor in Ha Dong

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***Abstract*—This undergraduate thesis investigates a medical appointment booking website for AppointmentDoctor in Ha Dong. Patients and clinic staff need a clear workflow for choosing services and managing appointment requests. The student surveys requirements, models the booking process with BPMN and UML, designs database tables and relationships, and builds a demonstration with clinic, specialty, search, booking, and appointment-management screens. The report presents a demo of booking-related functions and administrative screens. It identifies broader online payment support as future development, and does not give operational patient or clinic outcomes. The source does not establish clinical deployment, verified medical scheduling reliability, patient-data protection, or real payment processing. The contribution is a documented student study or prototype whose stated scope can guide further testing.**

***Index Terms*—appointment booking, healthcare website, BPMN, UML**

I. Introduction

Patients and clinic staff need a clear workflow for choosing services and managing appointment requests. This thesis investigates a medical appointment booking website for AppointmentDoctor in Ha Dong. It begins from a practical engineering need and explains the technologies and workflow chosen for the case. The objective is to document a student implementation or comparative investigation, together with the evidence available in the manuscript. Broader operational or economic effects require separate measurements and are not assumed from the existence of a prototype [1]. Earlier ICTU student work on related designs is included here for context [2]. Related published studies provide context for the subject and methods [3], [4], [5], [6], [7], [8], [9], [10]. These contextual works were selected for this English summary; they are not asserted to appear in the original thesis bibliography.

II. Methods

The student surveys requirements, models the booking process with BPMN and UML, designs database tables and relationships, and builds a demonstration with clinic, specialty, search, booking, and appointment-management screens. The source is summarized through its stated design, implementation material, examples, and conclusion. Features shown in the manuscript are distinguished from proposals for later development. This review does not add a new experiment, fill missing measurements with estimates, or treat a planned capability as an observed result. The source thesis remains the provenance for the reported work [1].

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III. Results

The report presents a demo of booking-related functions and administrative screens. It identifies broader online payment support as future development, and does not give operational patient or clinic outcomes. The report's screens, configurations, examples, or measurements constitute the evidence for this summary. A capability described only as a design intention is not counted as a validated operational outcome. No additional performance, adoption, financial, or safety figure has been introduced here. The result is interpreted within the scope of the student's documented setup [1].

IV. Discussion

The source does not establish clinical deployment, verified medical scheduling reliability, patient-data protection, or real payment processing. Further work could test booking conflicts and access controls with synthetic data, then evaluate usability with staff before any clinical rollout. These limitations affect how the evidence should be read. The current manuscript can support understanding of the design and reported demonstration, while independent tests would be needed for stronger claims. Any later deployment should document its environment and separate observed outcomes from intended benefits [1].

V. Conclusion

The thesis documents a medical appointment booking website for AppointmentDoctor in Ha Dong. The report presents a demo of booking-related functions and administrative screens. It identifies broader online payment support as future development, and does not give operational patient or clinic outcomes. The source does not establish clinical deployment, verified medical scheduling reliability, patient-data protection, or real payment processing. Further work could test booking conflicts and access controls with synthetic data, then evaluate usability with staff before any clinical rollout. Accordingly, the present contribution is a source-grounded account of the student work and its tested or illustrated scope. Claims about broader effectiveness should be assessed in later work using explicit evaluation conditions [1].

References

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