Venture Research LLC

Initiation Report January 19, 2010

Medical Care Technologies Inc (MDCE.OB, OTC BB)

$0.32

Recommendation: Speculative Buy

Near Term Price Target: $0.70

Longer Term Target: $2.00

Summary: The Company plans to provide products and services to the health care industry in China and seeks to participate in the major reforms recently announced by the Government. The initial services will be health care information delivered via the internet and web portals directly to individuals, health care practitioners, clinics and hospitals.

Investment Rationale:

Massive Opportunity: The Chinese Government announced major reforms in their health care system on April 9, 2009. They will expend 850 billion renminbi ($125 billion US$) over the next three years to implement these changes. This is about $100 per person. They have already spent $10B and enrolled 5% of the 900 million rural citizens in a 'health archive' program and target 30% by 2011. MDCE are targeting this medical records and Telehealth market segment.

Government Support: The implementations advocated by the Central Government will result in large expenditures at the national, provincial and city level.

Pent Up Demand: The current health care system was deemed "a failure" by a committee in 2005 which led to the recent reforms. Citizens are broadly dissatisfied with the cost and quality of medical services

Existing infrastructure: China now has over 330 million people connected to the internet- a number greater than the entire US population. Deployment of a web 2.0 "WebMD" type product could be a winner.

Scalable system: The ability of web based services to grow exponentially is well known (Face book, Google and in China Baidu.com and others).

Related Products: The Company has announced complementary products such as a glucose monitoring device.

Snapshot	
Shares Outstanding	98,900,000
Market Cap,$	37 million

Corporate History Aventerra Explorations Inc. was incorporated in the State of Nevada on February 27, 2007 and changed its name to AM Oil Resources & Technology Inc. (the "Company") on December 3, 2008. On September 28, 2009, the Company incorporated Medical Care Technologies Inc. for the sole purpose of effecting a name change. On October 13, 2009, the Company effected a merger with the wholly owned subsidiary and assumed the subsidiary's name. On January 10, 2010 the Company acquired assets from Great Union Corporation (a Hong Kong Corporation) in exchange for 57,300,000 restricted common shares. On January 13, 2010 the Company completed a sale of 500,000 units at $0.20/unit and raised $100,000. Each unit consisted of one share of common stock and one warrant to purchase one common share at an exercise price of $0.15/share and expires on January 15, 2012. The units were sold under an exemption from registration according to Regulation S of the Securities Act of 1933 and took place outside of the US to a non- US person.

Business Strategy The Company has two business segments: telehealth services and health care products.

Internet Services:

1. MedSuite Technology. This is a management information system enabling health care professionals to securely exchange patient information such as charts providing them with greater efficiency and reduced costs.
2. Telehealth Suite. This product is focused on providing the consumer with services such as viewing x-rays and lab results, making appointments, reviewing and monitoring health records and history and general medical information. The Company plans to introduce add-on services and the first of which is a Continuous Glucose Monitoring application. The trial targets diabetic patients and involves patient data collection and submission to the system so that it can be aggregated and analyzed by health care professionals.

Products: These can be distributed through the internet, presumably, since the Company does not plan to build and own brick and mortar stores.

1. Medical devices
2. Pharmaceutical products
3. Nutriceuticals

Revenue Model Is Classical Internet: Revenue from ads based on user and visitor traffic volume, margins on products sold (with manufacturer responsible for fulfillment).

Recent Developments Reinforce Strategy: Discussions were initiated on a Medsuite Technology in Hebei Province on January 12, 2010, and in Tainjin discussion started on the Telehealth Suite in January 15th. On January 13th trials began on a Continuous Glucose Monitoring system.

Health Care Industry in China

Key Dates/Quick History in the Development of China's Healthcare Reform

1949 to 1978:• China forms healthcare system with free medical treatment and services under labor insurance and cooperatives.

April 1985:• Ministry of Health says national medical system should be reformed to provide better healthcare services for citizens.

Sept 1992:• State Council issues circular encouraging hospitals to be run like enterprises and hold responsibility for their own operations and profits.

1994:• State Council approves general healthcare system trial in urban areas in Zhenjiang, Jiangsu Province and Jiujiang, Jiangxi Province.

Dec 1998:• State Council holds National Conference of Medical Insurance Reform, announcing it will set up general healthcare system for urban areas set up by 1999.

Feb 2000:• First healthcare reform launched. With the medical market opened, medical organizations cover most expenses with profit made from prescriptions and treatment.

Jan 16, 2003:• State Council to trial new rural cooperative medical care system in number of provinces.

July 2005:• Report from Development Research Center of State Council and World Health Organization states current healthcare reform is basically unsuccessful due to open market of healthcare sector, which marks beginning of new round of reform.

June 2006:• State Council sets up expert panel on new healthcare reform led by heads of National Development and Reform Commission (NDRC) and Ministry of Health; includes 16 ministries and departments.

Sept 2007:• NDRC announces new healthcare reform draft reports submitted to State Council.

Oct 14, 2008:• Long-awaited healthcare reform draft released by NDRC for public suggestions and comments at http://shs.ndrc.gov.cn/yg/qwll/t20081014_240214.htm.

Jan 21, 2009:• Premier Wen Jiabao says State Council passes long-awaited healthcare reform plan that promises 850-billion yuan ($124 billion) budget by 2011 to provide universal healthcare to 1.3 billion population.

April 2009:• Guidelines and Implementation Plan of the medical reform released.

Source: Reed Smith Richards Butler, "China issues Guidelines and 2009-2011 Implementation Plan on Deepening the Reform of the Healthcare System"

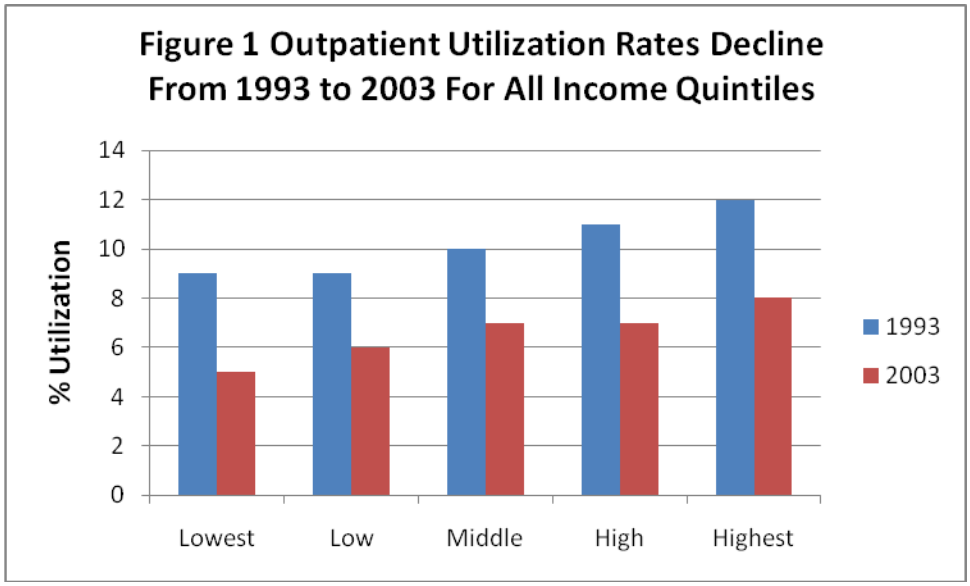
Recent Situation

China is growing wealthier but serious public health risks remain. Contagious diseases are prevalent in China especially rural areas. Tuberculosis afflicts 5 million Chinese and kills 150,000 people per year.

Hepatitis B afflicts 10-20% of the population, or some *130 million people.* Table1 shows that serious diseases are prevalent and growing rapidly

Table 1. Disease Prevalence in China, 1993 and 2003,%			
	1993	2003	% Change
Diabetes	247	1,000	304.9
Hypertension	1,492	4,122	176.3
Cerebrovascular	496	1,020	105.6
Injury and Poison	153	270	76.5
Cancer	115	184	60.0
Cardiovascular	1,639	2,285	39.4

Unmet needs for Effective Interventions Result in Frustrated Population. According to the US-China Business Council, outpatient visits declined across all income groups from 1993 to 2003 (Figure1). Reasons for this surprising result is people do not trust the small clinics and either buy prescriptions directly from a pharmacy, or go to a tertiary hospital. Hospitals are underfunded and look to prescription drug sales as a source of revenue. Doctors typically provide excessive drug prescriptions resulting in drug costs that are about 45% of total patient costs. The situation is so bad that a hospital in Shanghai had to hire the local police station to train their own guards to quell violence resulting from violent incidents between hospital staff and patients and their families. (Source China Daily January 27, 2007)



Source: US-China Business Council May-June 2008

Out of Control Medical Costs and Lack of Insurance Coverage. Table 2 shows the problem of medical costs growing much faster than incomes.

Table 2 Medical Costs Increase Faster Than Income Nationwide

	1990	2003
Per Capita Urban Income	1	5.6
Per Capita Rural Income	1	4
Medical Spending-Urban	1	19
Medical Spending-Rural	1	6

Source: US-China Business Council May-June 2008

Insurance coverage is falling for urban residents but steady for rural citizens. However, consumer out of pocket expenditures as a share of total costs has risen from 35.7% in 1990 to 49.3% in 2006 which is bad for consumers since not only are costs increasing, but they have to pay more of the bill. Source Ministry of Health 2007.

Severe Financial Hardship on Millions of Citizens. With costs out of control many patients avoid seeking medical help. According to the 2003 National Health Services Survey, of those that were ill and did not choose to see a doctor, about 40% reported that decision was based on their inability to pay. Of those hospitalized, 43% checked themselves out early against their doctor's advice and 67% of these did so because they had run out of money. *Even more worrisome is the fact that about 184 million Chinese experienced a 'financial catastrophe' in 2003 by spending more than 30% of their non-subsistence income on medical care.*

Consumers Hoard Income to Deal with Pending Medical Costs. Healthy Chinese understand these costs and are increasingly setting aside funds for possible future medical needs thus undercutting consumption and reducing economic growth. This is a knock-on effect that is believed to be a significant factor in Government decisions.

For these reasons one can clearly see the imperative for reform. After several years of study and 'debate' the Reform Plan was announced in April 2009. The State Council's Opinions on Deepening Healthcare System Reform (Framework Plan) is a broad document that sets a plan for 2020. The Ministry of Health's Implementation Plan for Immediate Priorities in Healthcare System Reform 2009-2011 provides more detail for actions over the next three years including a budget of 850 billion renminbi (124 billion US $). The Implementation Plan has these key points:

- Provide insurance coverage to 90% of the population by 2011
- Improve healthcare at the grassroots level and control drug costs

- Opportunities exist in providing goods and services to the mass market

Source: James A. C. Sinclair "China's Healthcare Reform", Chinabusinessreview.com July-August 2009

Mr. Sinclair identifies five major programs in the Implementation Plan

1. Universal Coverage of Basic Medical Insurance. Coverage will be extended to include students, migrant workers and others so as to reach the 90% level.
2. Establish an Essential Drug System. The Government will specify a list of drugs that are "the primary choice remedy" in treatment and will set retail prices.
3. Improve Primary Care Infrastructure. Government will provide training for 360,000 healthcare professionals in township health centers, 160,000 community health centers and 1.4 million village clinics. Doctors will get incentives and subsidies to work in rural areas and patients will be encouraged to visit local health centers.
4. Pilot Program on Reform of Public Hospitals. Actions will be taken to reduce surcharges on drugs.
5. Equitable Access to Public Health Services. Actions to strengthen disease prevention and control include a new television station and various community level programs. Free checks will be provided for mothers, infants and the elderly.

Implications for Healthcare Players

- Trend to generics to replace more expensive patented drugs
- Lower cost domestically produced medical devices favored
- Healthcare Information Technology and medical records will emerge

"*One of the first priorities will likely be establishment of an electronic record system"*

Source: James A. C. Sinclair "China's Healthcare Reform", Chinabusinessreview.com July-August 2009

Mr. Sinclair believes the healthcare segment will grow significantly and there will be a shift from urban hospitals to rural grass roots care. MDCE plan to target such low cost/scalable services that can quickly reach millions of consumers, professional s and hospitals/clinics across China.

The Government has already begun establishing 'health archives' for rural residents. They target to enroll 5% 5% of the 900 million (45 million) rural citizens by the end of 2010 and 30% (270 million) by 2011.These archives are basically simplified electronic medical records.

Retail Pharmacy Business. China Nepstar Chain Drugstore (NYSE: NPD) has grown from 1 single store in 1995 to 2,312 in 2009; a compound growth rate over 70% for fourteen years. They have also developed a database of 11 million customers and provide them with incentives and discounts. Biopharm Asia (BFAR.OB) is another pharmacy player who plans to open 5,000 stores over the next few years.

Table 3 Snapshot of Retail Pharmacy Business in China

# Stores	*Est. 300,000: highly fragmented*
Products Sold	*Over the counter and traditional Chinese remedies, few personal items and sundries*
Prescriptions	*None, patients have to go to a hospital to fill a prescription*
Reform Consequence	*Will be allowed to compete with hospitals in filling prescriptions*

Internet Situation In mid China reached a total internet population of 338 million users (internet plus hand held devices) which is a number greater than the entire US population! Even more astounding is this is just 25% of their population compared to 70% in the US meaning this growth can continue for a long time. The growth in 2009 was 13.4% over the prior year. 135 million cell phone users connect to the internet with their hand held devices; this is 32% of all internet users. The growth in cell phone users is coming from the rural areas where they are getting Government subsidies to buy phones. They are in effect leap frogging the more expensive cable connections. The rural internet users total 96 million or 32% of the entire population. Source: China Internet Information Center, July 2009.

Scope of Market Opportunity

- $125 billion Government expenditures over next three years ($100/person). If only $1/person goes to Telehealth, this creates a $1 billion very near term opportunity.
- Government has started implementing their plan to create 'archives' for 270 million rural residents, train 360,000 health care professional and build/upgrade 1.5 million hospitals, clinics and health centers.
- Hundreds of millions of Chinese are unhappy with the cost and healthcare service system, and over 300 million have internet access.
- A telehealth service offering, as envisioned by MDCE, has the key features of being low cost and massively scalable and capable of serving large chunks of the population.

Valuation

Peer Group A group of companies operating in the same sector and country as MDEC were selected to assess fundamental valuations. China Nepstar is the largest pharmacy operator in China having grown from a single store in 1999 to 2,312 in 2009. It is 10-20 times larger than the other companies. Biopharm Asia is a smaller pharmacy operator. China Shenghuo is a manufacturer of over the counter and traditional Chinese remedies. China INSOnline is an insurance company service provider and operator or a web portal for that segment. It is hard to draw any meaningful conclusions from this data set given the broad range of valuation ratios observed.

Table 3 Peer Group Comparison

Company	Symbol	Exchange	Recent Price, $/sh	Market Cap,$mil	P/S	P/B	P/E,ttm	Revenue Growth,%	Period
China Nepstar Chain Drugstore	NPD	NYSE	7.11	747	2.3	2.9	37.4	22%	'06-'08
Biopharm Asia, Inc	BFAR.OB	OTC BB	1.65	82	0.9	3.6	5.3	136%	'08-'09
China Shenghuo Pharmaceutical Holdings, Inc	KUN	OTC BB	0.81	15.9	0.48	40.3	-	45%	MRQ
China INSOnline Corp	CHIO.OB	OTC BB	0.86	34.4	1.95	1.48	3.44	31%	MRQ
Focus Media	FMCN	NYSE	17.2	2,200	9.5	2.1	-	226%	08 vs. '07
China Tel Group	CHTL.OB	OTC BB	1.5	263	522	-	-	N/A	
Average				557	1.4	12.1	15.4	92%	

Each of these companies, and many others, may become competitors.

DCF Method Another valuation approach is to make a set of assumptions as to growth, margin and capital investment to derive a series of discounted cash flows and calculate a net present value to the firm. The problem with this method is how reliable are the estimates and on what basis are they made, and what is the appropriate discount rate to use? Clearly this is a multibillion $ market but one should look at very specific product-market segments and asses the Company's product offerings relative to competition. This must be done from the view of the decision making person/entity.

China will spend nearly $100/person over the next three years ($125B/1.3B pop). The market seems very receptive to a product offering along the lines as the Company plans: low cost/mass appeal. Assuming the 'medical records' business receives $1/person. That is a $1 billion industry that shot up from essentially zero in 2009. A single small province may have 50 million people so revenues of $50 million seems possible given the right technology, logistics, marketing, etc to compete with every other vendor with the same idea. I make the following assumptions:

- The $50 million revenue level is reached in ten years
- Gross margins will be 60%
- Capital expense will be $1 million/year

Other assumptions are shown in Appendix Table 1.

Using arbitrary discount rates of 10%, 20% and 40% a wide range of NPVs is calculated as shown below:

Table 4 DCF Calculations			
Discount Rate	10%	20%	40%
NPV, $/share	$0.74	$0.34	$0.09

Another method is to look at the possible revenue achieved within, say three, years. The price /sales ratio is related to the growth rate as shown in Table 5 ranges from 0.5 to 9. Using a range of revenues by year three of $5 million to $50 million you can estimate the future prices according to the price/sales ratio at that time. The assumptions in Table 5 assume the P/S is 5 which is the average of the two highest growth peer group companies (NPD and FMCN). The Low sales case would have a lower valuation ratio.

Table 5 Valuation Per Price Sales in Three Years				
	Revenue Year 3, $mil	P/S Ratio	Future Value, $ mil	Future Value, $/sh (1)
High Case	50	5	250	$2.00
Base Case	12	5	60	$0.48
Low Case	5	2	10	$0.09

(1) Assume 100 million shares outstanding by Year 3

A comparison of the DCF and P/S methods is summarized below. Please note the DCF is the current value, and the P/S is the target price in three years.

Comparison of Valuation Methods		
Method	DCF	P/S 3 yr
Optimistic	$0.74	$2.00
Base	$0.34	$0.48

Conservative	$0.09	$0.09

Management simply has to execute on a practical plan. The following results would drive the stock price:

- Financial: additional equity raises at higher prices
- Marketing: LOI's with healthcare organizations in China
- Product Development: Contracts or partnerships with software providers, internet developers or other vendors health care service providers

Target Price. The average of the Optimistic and Base DCF values is about $0.55 vs. the current price of $0.38. Adding a 20+% equity return gives a 12-18 month price target of $0.70. The longer term target of $2.00 can be supported if the key milestones (financial, marketing, product development). The sooner these milestones are met and then converted to revenue the closer the stock will move to the $2.00 target.

Risks

All readers are directed to the Safe Harbor statement the Company uses with all press releases that describe a number of risks associated with an investment in MDCE. Several of the key items are as follows:

- The Company is a development stage business and has no operating history
- The Company has raised relatively small amounts of cash, and needs to raise more in order to implement the plan
- There is significant competition in the healthcare/software/internet industries

Management

Ms. Ning C. Wu Ms. Wu is a seasoned entrepreneur with over 25 years experience in both the public and private sectors. Since 1995, in Toronto, Ontario, Ms. Wu served as Partner and Chief Executive Officer of GroupIT, a private information technology and services firm specializing in complete internet-intranet design, web database development, E-business and secure technology support to private, public and government sectors in Canada.

Most recently, Ms. Wu has been a Partner and Chief Executive Officer of Open Planet Enterprise Inc., which is a private professional services firm based in Toronto, Ontario that is providing business advice, business solutions and management services to Chinese companies aiming to do business in North America and North American companies aiming to do business in China.

Minh Nguyen was elected as an Advisory Board Member to the Company.

Ms. Nguyen brings extensive knowledge of business, as well as experience in several industries, including international business trade, and products. Ms. Nguyen has more than 17 years of experience in start-ups and management. Ms. Nguyen graduated from Hanoi Foreign Languages University in English and French Studies in 1992 and Business and Finance Management from Hanoi Economic University in 1994. Ms. Nguyen's expertise includes all sectors of the economy (import-export, public service, textiles and manufacturing, real estate, technology, and retail and wholesale). She is fluent in English, Vietnamese, French and Mandarin and conversational in Russian.

MDCE Medical Care Technologies In 1/15/2010

Last:	Change:	Open:	High:	Low:	Volume:
0.38	**0.04**	**0.355**	**0.395**	**0.34**	**28,867,000**
	Percent Change:	Yield:	P/E Ratio:	52 Week Range:	
	11.76%	**n/a**	**n/a**	**0.021 to 0.94**	

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About

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Mr. Mahaffey began his career with Exxon in engineering and later moved into board room level international business development for a major petrochemical company. He conducted merger and acquisition services for The Sterling Group in Houston, TX and led an LBO program for a Boston based investment firm. He worked with an SEC Registered Investment Advisor and has held Series 7 and 65 licensees. He has covered oil and gas, energy and other stocks as an independent equity analyst with Redchip and other research providers. He is a private investor in oil and gas prospects. He received a "Five Star" rating from Yahoo Finance for stock performance results. He has co-founded ventures in the gaming, international distribution and oil service industries. He has been quoted in numerous local and international publications including Bloomberg News. Mr. Mahaffey holds a BS in Chemical Engineering from Louisiana State University and an MBA from The Wharton School, University of Pennsylvania. He

holds the Chartered Financial Analyst (CFA) charter and is a member of the New York Society of Securities Analysts.

Appendix Table 1 'DCF Model Assumptions for Medical Care Technologies Inc

Forecasting Variables:

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Revenue growth factor	99999%	300%	200%	50%	40%	30%	20%	10%	10%	5%
Expected gross profit margin	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
S, G, & A expense % of revenue	15%	10%	10%	6%	6%	6%	6%	6%	6%	6%
Depr. & Amort. % of revenue	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Capital expenditure growth factor	99999%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Net working capital to sales ratio	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Income tax rate	40%			40%						
Assumed long-term sustainable growth rate	5%			5%	per year after 2011					
Discount rate	20%			20%						
Terminal Value Multiple of Free Cash Flow	10									

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Valuation Model Outputs:										
Gross profit margin	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Net operating profit margin	27%	29%	29%	32%	32%	32%	32%	32%	32%	32%
Free cash flow ($ mil)	($0.9)	($0.2)	$1.5	$4.0	$6.2	$8.6	$10.9	$12.6	$14.0	$15.0
Terminal value ($ mil)										$150.4
PV of Company Operations ($ mil)	**$42.7**									

Appendix Table 2 DCF Model for Medical Care Technologies Inc.

	Actual	Years Ending December 31									
		|---------- Forecast ----------|									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total revenue	$1	$1,000,990	$4,003,960	$12,011,880	$18,017,820	$25,224,948	$32,792,432	$39,350,919	$43,286,011	$47,614,612	$49,995,342
Cost of Goods Sold	0	400,396	1,601,584	4,804,752	7,207,128	10,089,979	13,116,973	15,740,368	17,314,404	19,045,845	19,998,137
Gross profit	0	600,594	2,402,376	7,207,128	10,810,692	15,134,969	19,675,459	23,610,551	25,971,607	28,568,767	29,997,205
Selling, general and administrative expenses	0	150,149	400,396	1,201,188	1,081,069	1,513,497	1,967,546	2,361,055	2,597,161	2,856,877	2,999,721
EBITDA	0	450,445	2,001,980	6,005,940	9,729,623	13,621,472	17,707,913	21,249,496	23,374,446	25,711,890	26,997,484
Depreciation and amortization	0	0	40,040	120,119	180,178	252,249	327,924	393,509	432,860	476,146	499,953
Earnings before Interest and taxes (EBIT)	0	450,445	1,961,940	5,885,821	9,549,445	13,369,223	17,379,989	20,855,987	22,941,586	25,235,744	26,497,531
Net taxable earnings	0	450,445	1,961,940	5,885,821	9,549,445	13,369,223	17,379,989	20,855,987	22,941,586	25,235,744	26,497,531
Federal and State Income Taxes	0	180,178	784,776	2,354,328	3,819,778	5,347,689	6,951,996	8,342,395	9,176,634	10,094,298	10,599,013
Net Operating Profit After-Tax (NOPAT)	0	270,267	1,177,164	3,531,493	5,729,667	8,021,534	10,427,994	12,513,592	13,764,951	15,141,446	15,898,519
Add back depreciation and amortization	0	0	40,040	120,119	180,178	252,249	327,924	393,509	432,860	476,146	499,953
Subtract Capital Expenditures	1	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)	(1,000,000)
Subtract New Net Working Capital		(150,148)	(450,446)	(1,201,188)	(900,891)	(1,081,069)	(1,135,123)	(983,773)	(590,264)	(649,290)	(357,110)
Free Cash Flow	$1	($879,881)	($233,242)	$1,450,424	$4,008,954	$6,192,714	$8,620,795	$10,923,328	$12,607,548	$13,968,302	$15,041,362
Terminal value, 2019											$150,413,620
PV of Free Cash Flows @%		(733,234)	(161,973)	839,366	1,933,330	2,488,713	2,887,087	3,048,500	2,932,113	2,707,151	2,429,264
PV of Terminal Value		24,292,639									
Total PV of Company		$42,662,956									
Plus Current Assets		0									
Total Value of Assets		42,662,956									
Share Outstanding		125,000,000									
DCF Value, $/share		$0.34									

Appendix Table 3 Medical Care Technologies Product Offerings

Med-Suite

Application geared for usage mainly by healthcare providers such as, physicians and nurses in hospitals, nursing homes and clinics. saves the healthcare provider time and money by automating repetitive, labor-intensive administrative and clinical procedures such as: (i) scheduling; (ii) computer-based patient records and encounters tracking; and (iii) multi-site access and data integration.

Tele-Health Suite

functions similarly to a hospital or doctor's chart and is an interactive record to communicate patient data between (i) healthcare providers and; (ii) healthcare providers and patients for more efficient and effective treatment support, management and monitoring of the patient's health.

CareBox

The CareBox™ concept is an innovative and powerful product specifically designed for persons needing Tele-Health™ but who do not have access to the necessary computer hardware. The CareBox™ is a personal internet communication device that functions as the interface to the subscriber based network. Our Company's network provides users access to telecommunication, tele-medicine applications and wellness product access. The CareBox™ is revolutionary in the development of healthcare service delivery to the individual subscriber.

Personal Electronic Health Record

The Medical Care Technologies Secure Personal Electronic Health Record (PHR) is an interactive longitudinal summary health record. The immediate benefit of the system is to allow easier access to health care information and services on the Internet so clients can make informed decisions about their health. The PHR provides them access to condition-specific information related to their health, allowing communication with healthcare providers and health planners. The PHR also aids clients in accessing required care and in obtaining pharmaceutical, wellness and healthcare supplies. For these reasons, the Medical Care Technologies system has great potential to modify wellness-related behavior and improve the quality of life for our clients.

Medsuite (Professional)

Medical Care Technologies.net provides information management systems to physicians and institutions.

As part of Medical Care Technologies' fully integrated services, the healthcare information systems combine the power of the secure browser based applications and advanced practice management software to simplify workflows, decrease costs and improve the quality of patient care. Its products and services address the growing needs of healthcare providers to manage and communicate administrative, and clinical data in a cost-effective manner.

Medical providers can save time and resources by automating repetitive, labor-intensive administrative and clinical procedures, such as:

- Scheduling
- Computer-based patient records and encounters tracking
- Multi-site access and data integration

Wellness Management Module

The Medical Care Technologies Wellness Management Module teaches patients about their wellness process. The application requests patients to input the information related to the wellness process and treatments.

Medical Compliance Tools

The Medical Compliance tools are programmed to remind the clients to apply treatments for their condition. Treatments may include diet management, exercise management and medical treatment management.

Medical Database

The medical database includes documented information on disease processes and available treatments via nutrition, pharmaceuticals, physiotherapies and alternative medicine.

MedVideo

Medical Doctors providing instruction on wellness process, treatment and prevention through a visual medium.

Pharmaceutical Service

The Medical Care Technologies messaging system allows for pharmacy order and renewal. The pharmacy can be accessed by the audio-video format or via web-based messaging. Pharmacy information will be included in the PHR to provide the information on prescription medication.

Medical Care Technologies Patient Monitoring and Tracking

Medical Care Technologies.com's proprietary patient monitoring system allows the medical facility to know at all times where patients are situated. The first target market is Alzheimer's patients.

The monitoring system fosters monitoring both inside and outside the facility. For exterior monitoring, the Patient Tracker utilizes the U.S. Department of Defense's GPS system.

The system is wireless, simple to use and very inexpensive to operate. The tracking device is compact in size, almost the size of a mobile phone. It reports the patient's position to a PC-based central console. An alarm will sound if the patient wanders from the protected area and the position of the patient will then be recorded to the central station.