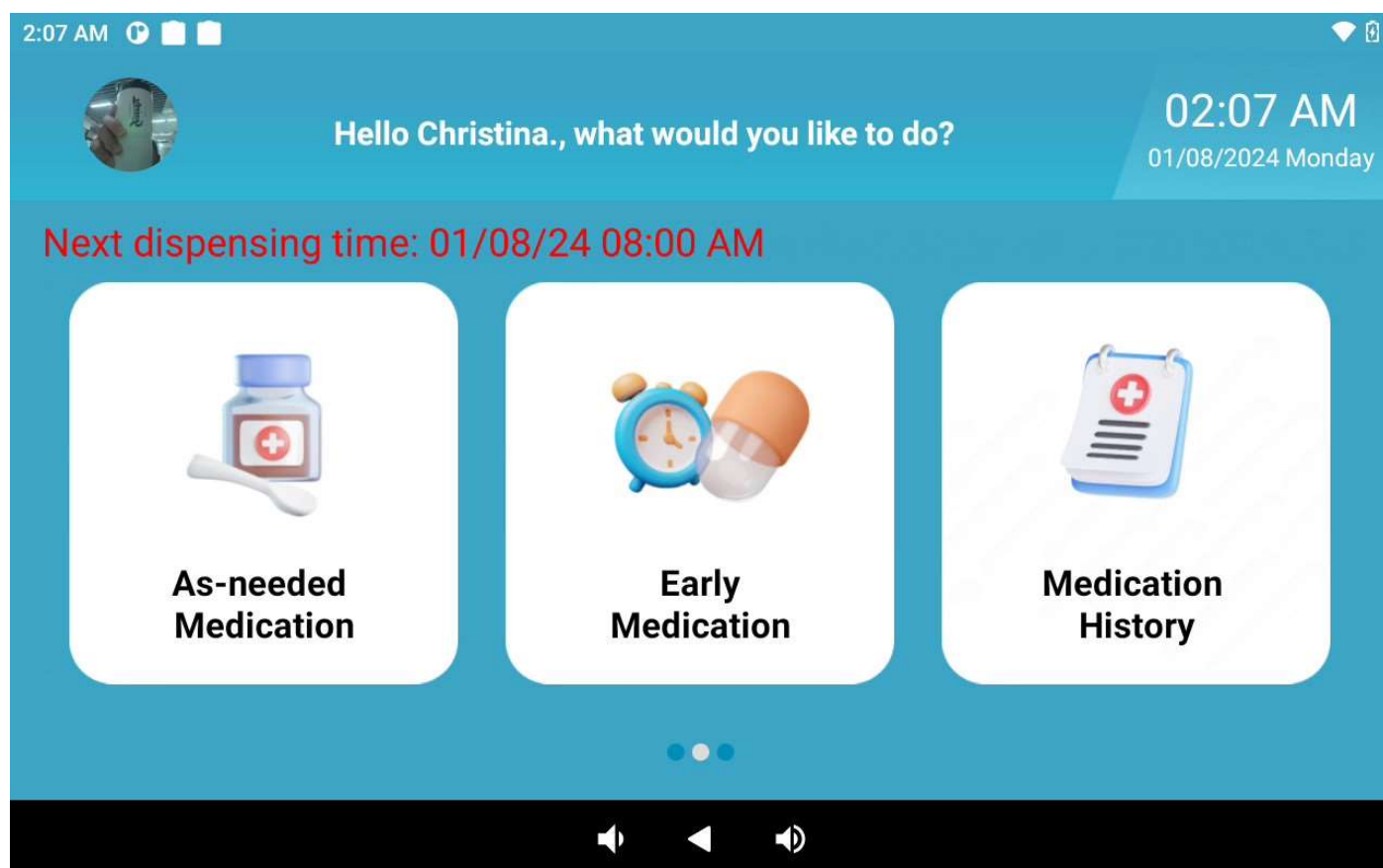
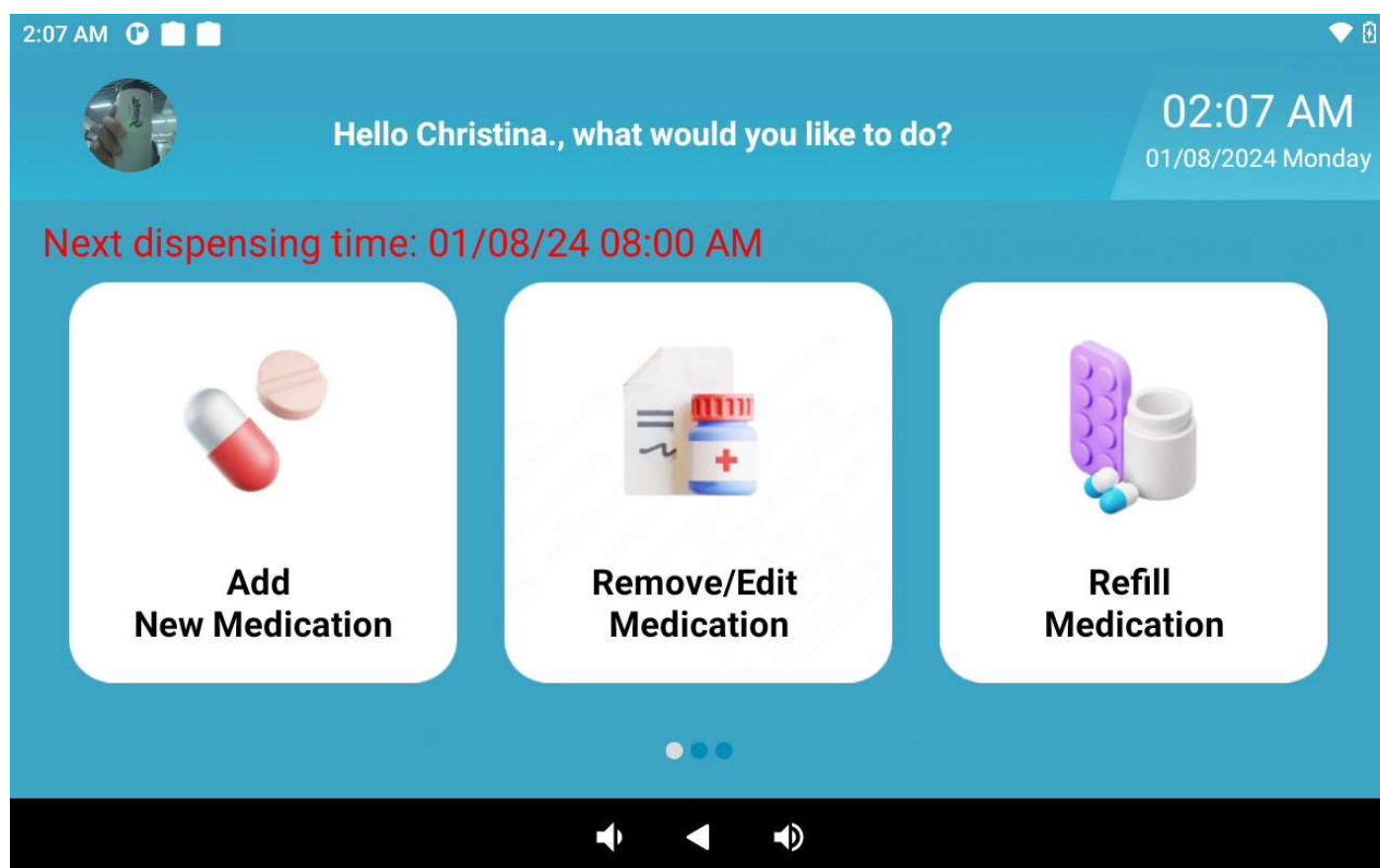


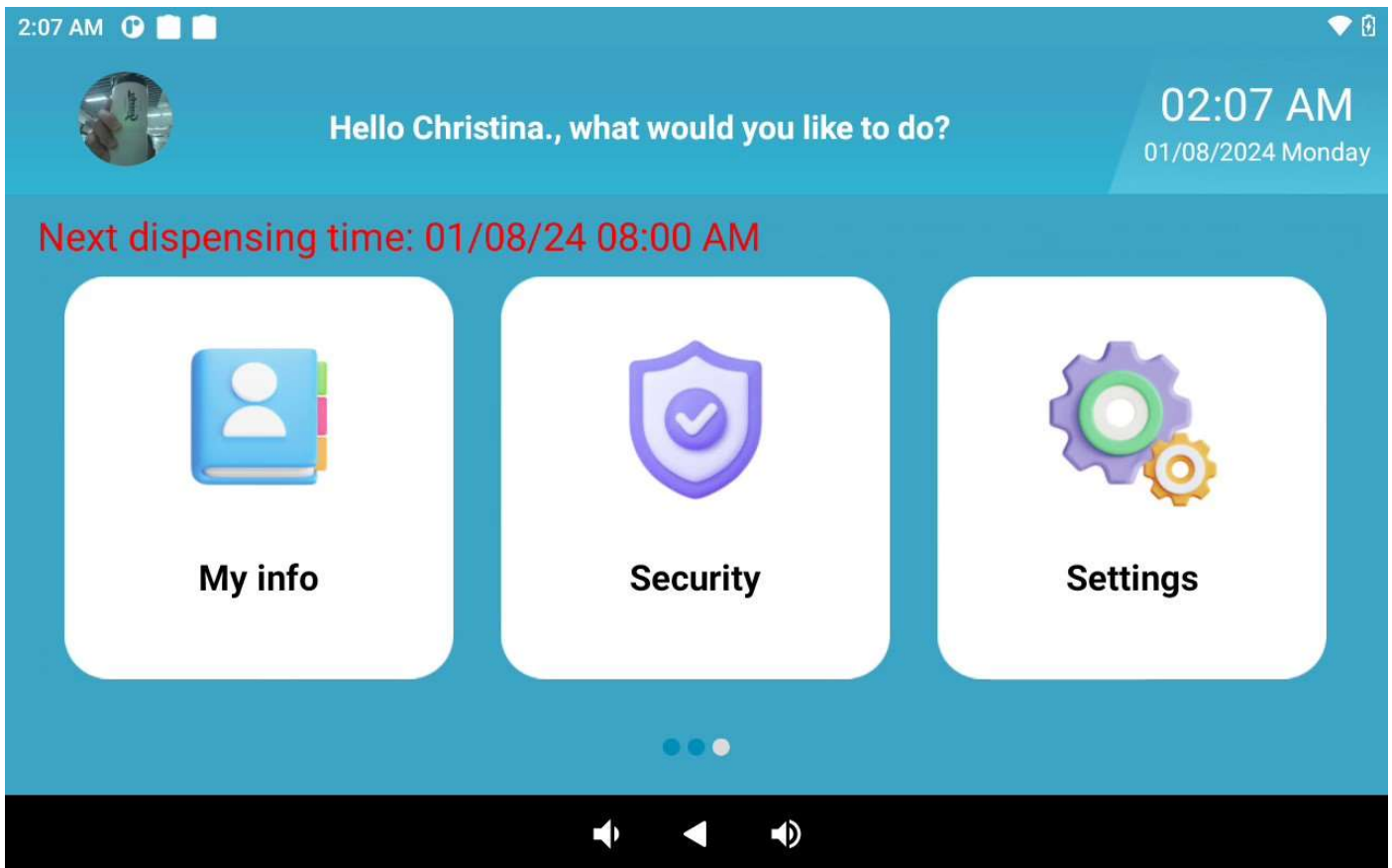
Geri-Safe | Medi-Trust GS01

User's Guide

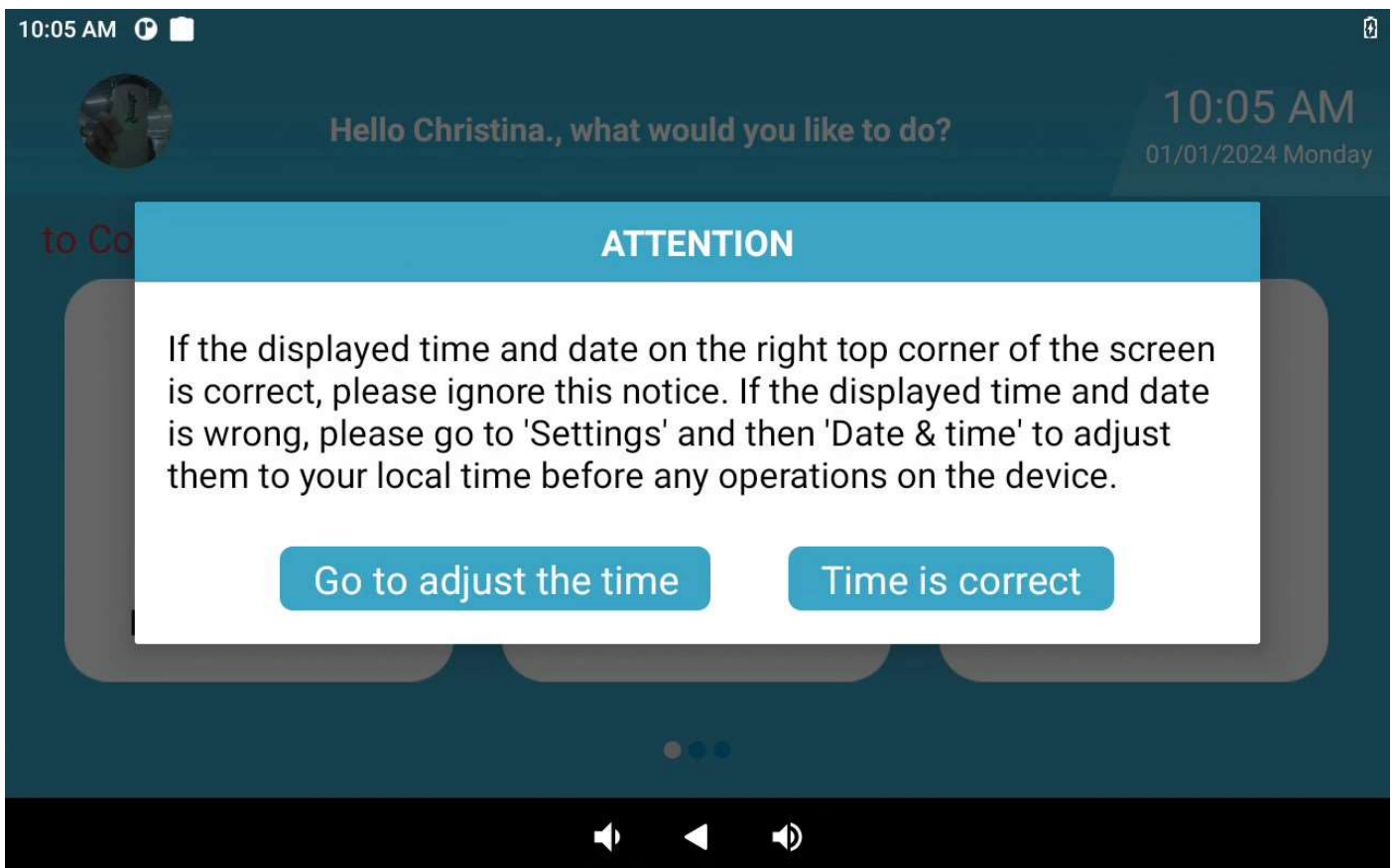
1 Homepage overview

1.1 Main pages (1 & 2 & 3)

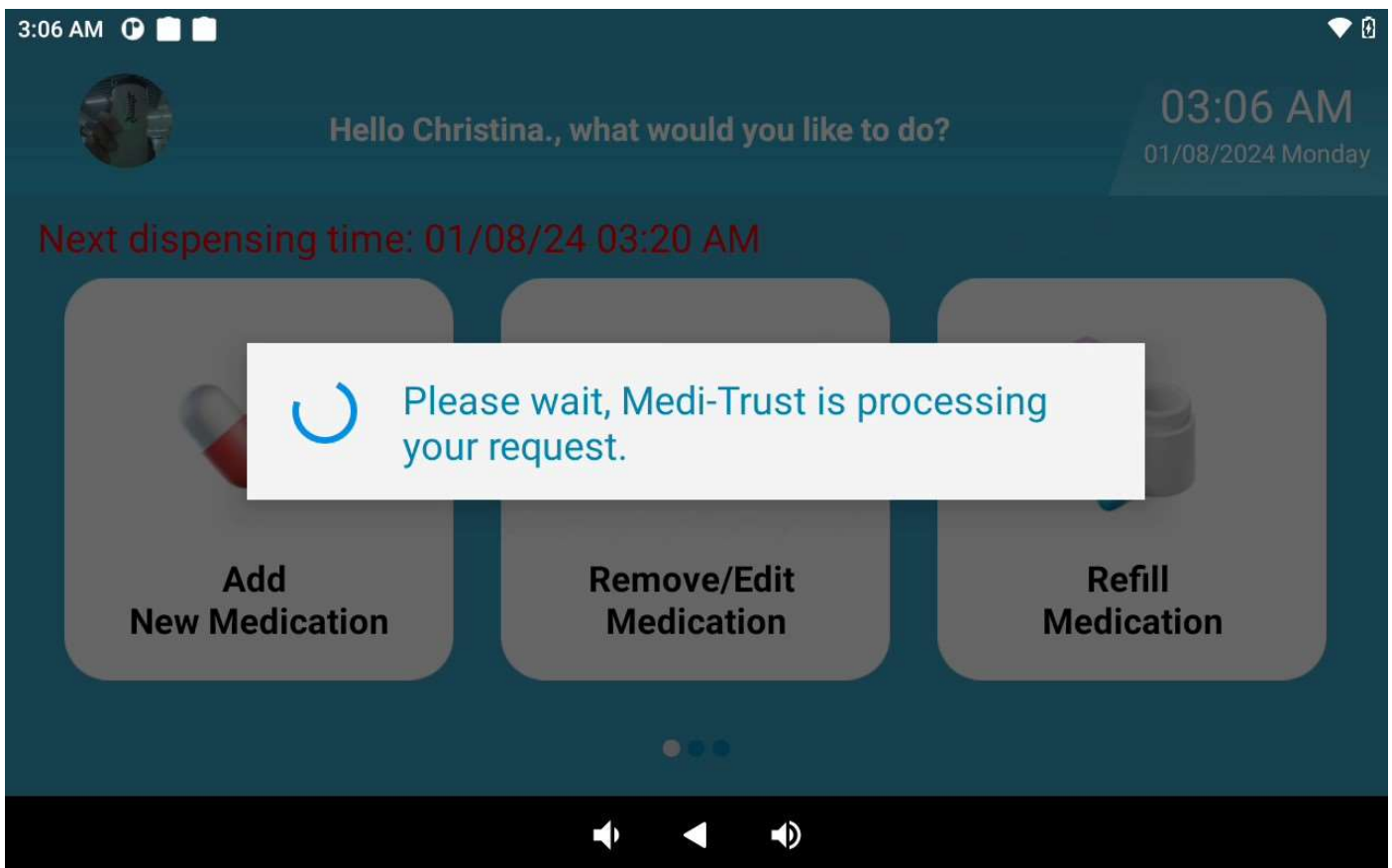




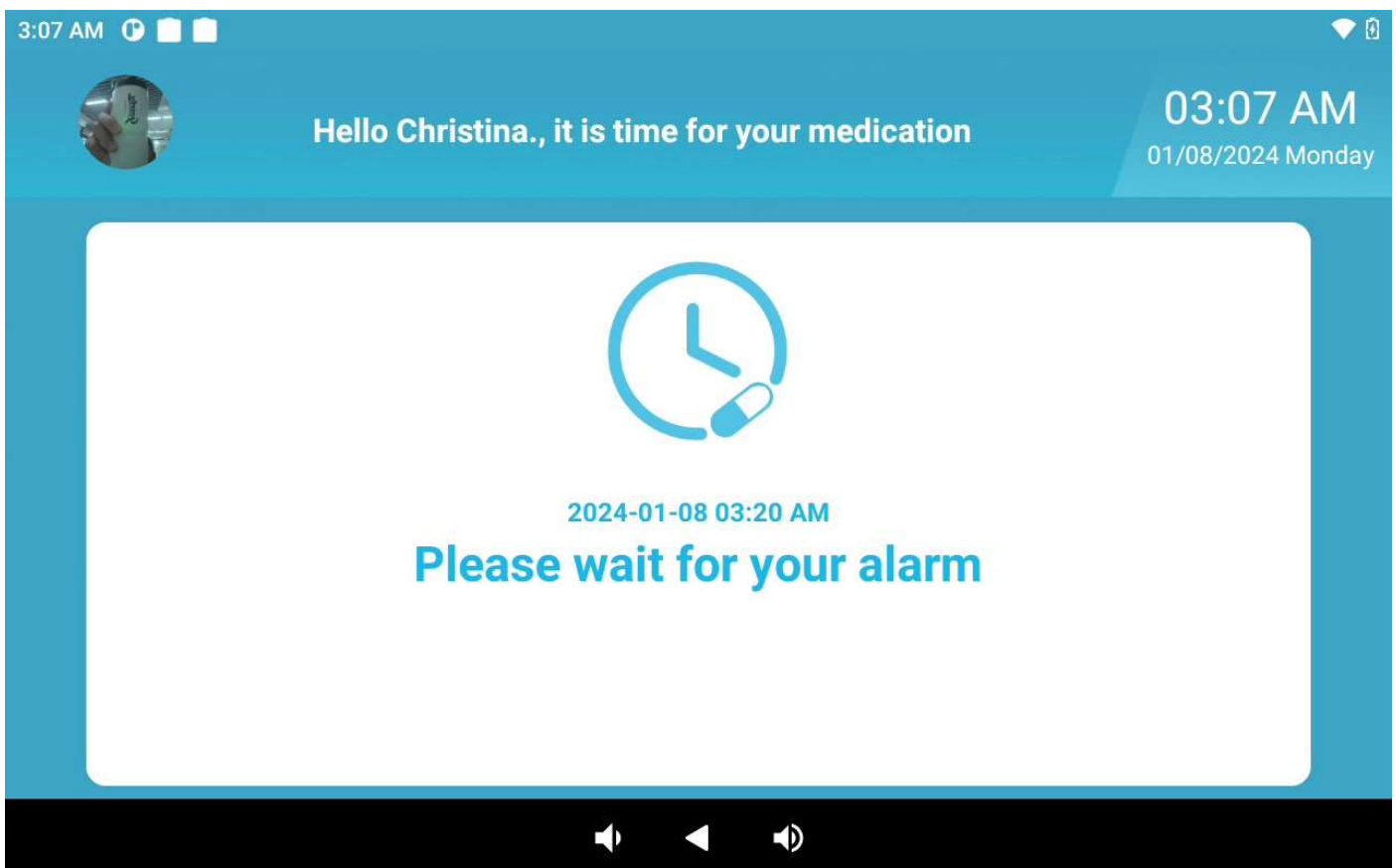
1.2 Verify system time



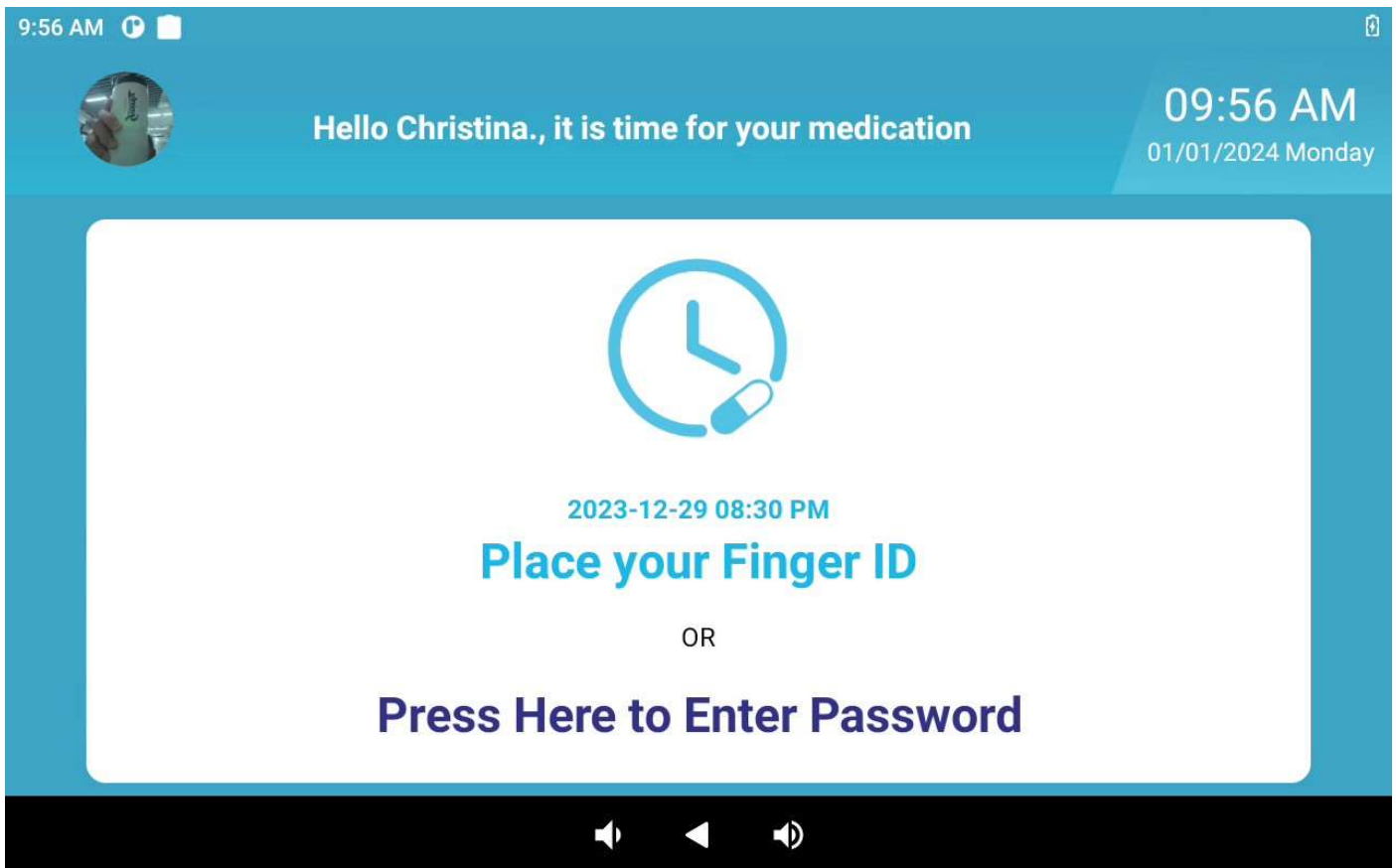
1.3 Pickup medication in advance based on plan



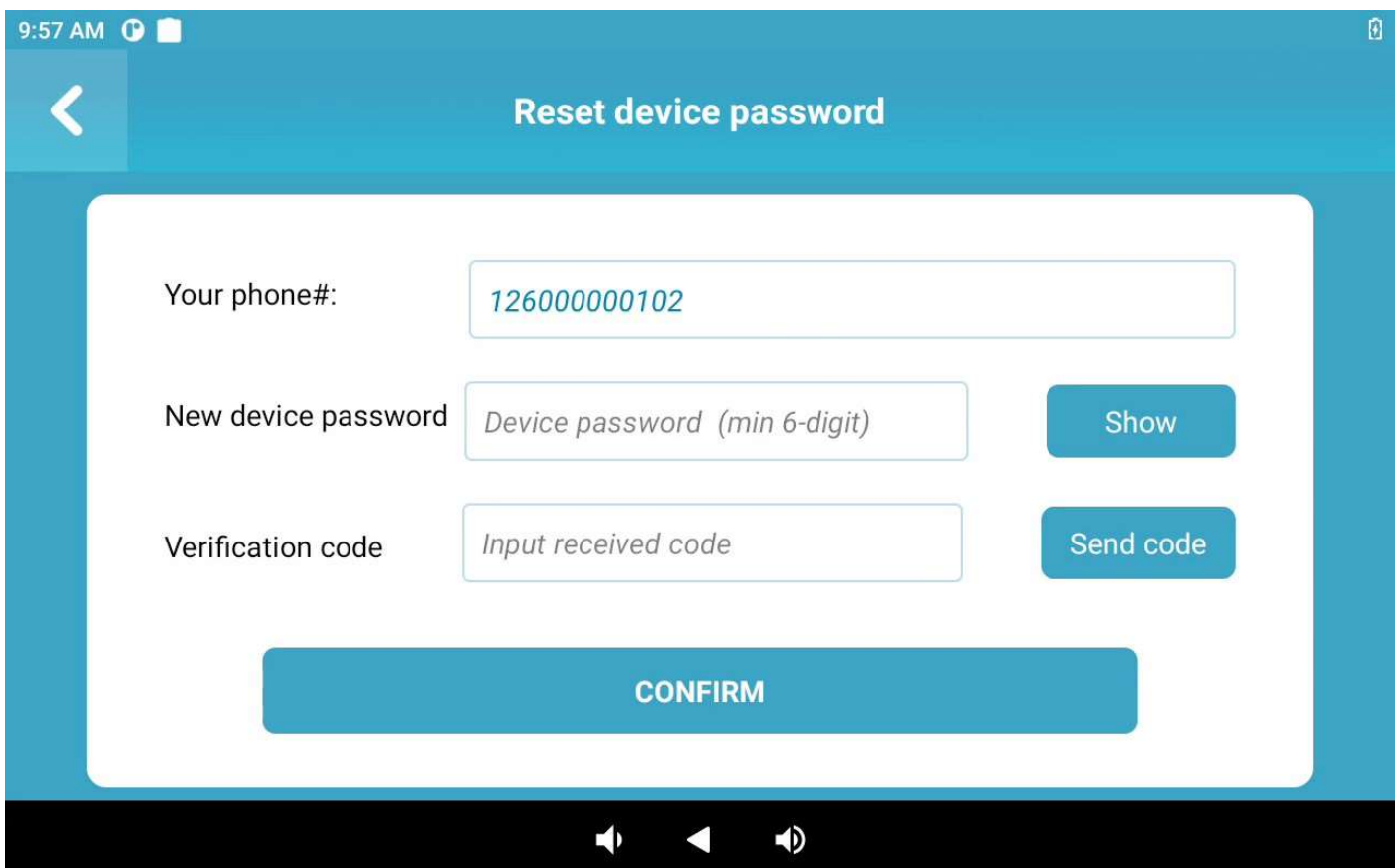
1.4 Waiting for medication

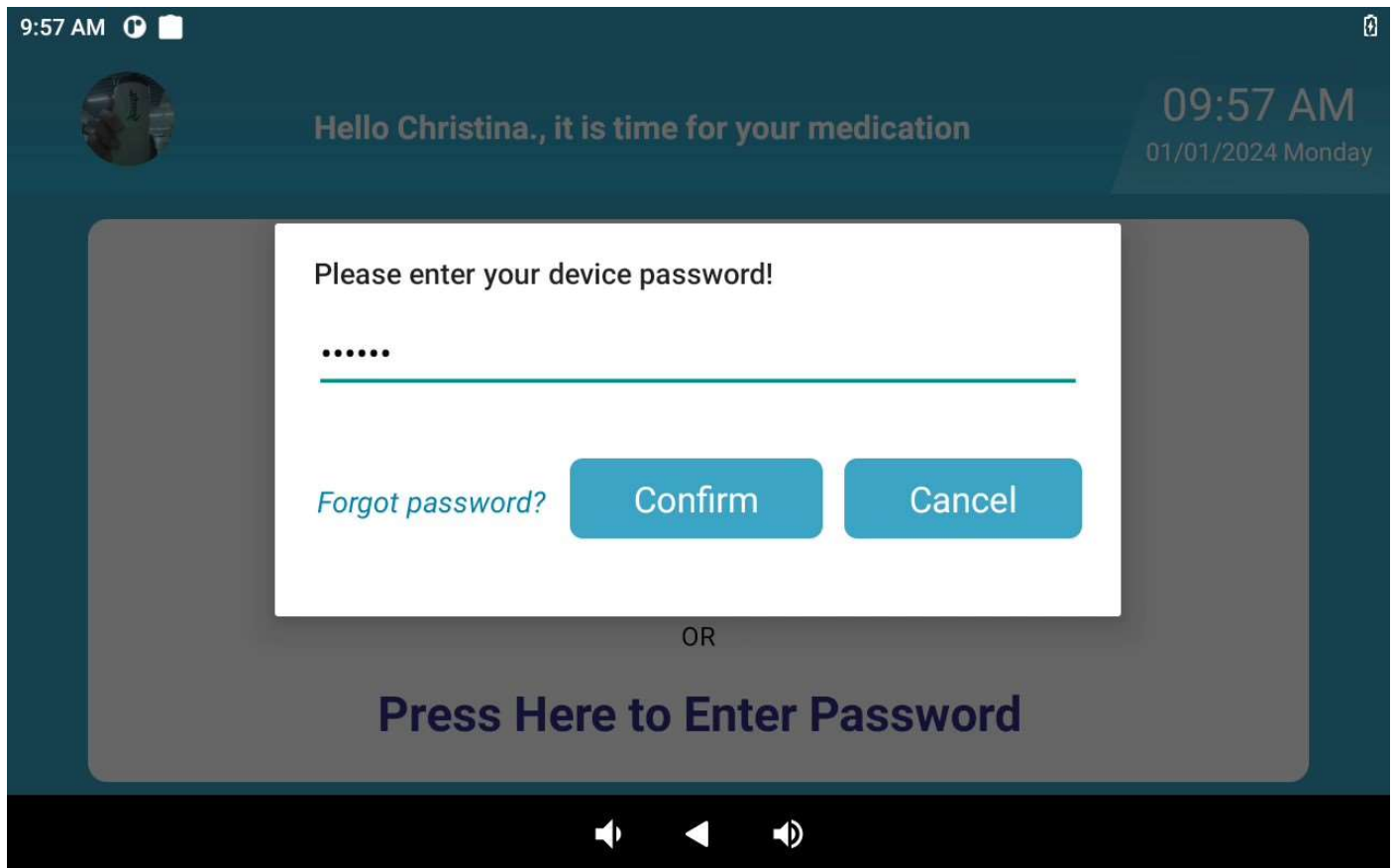


1.5 Fingerprint or password recognition for medication



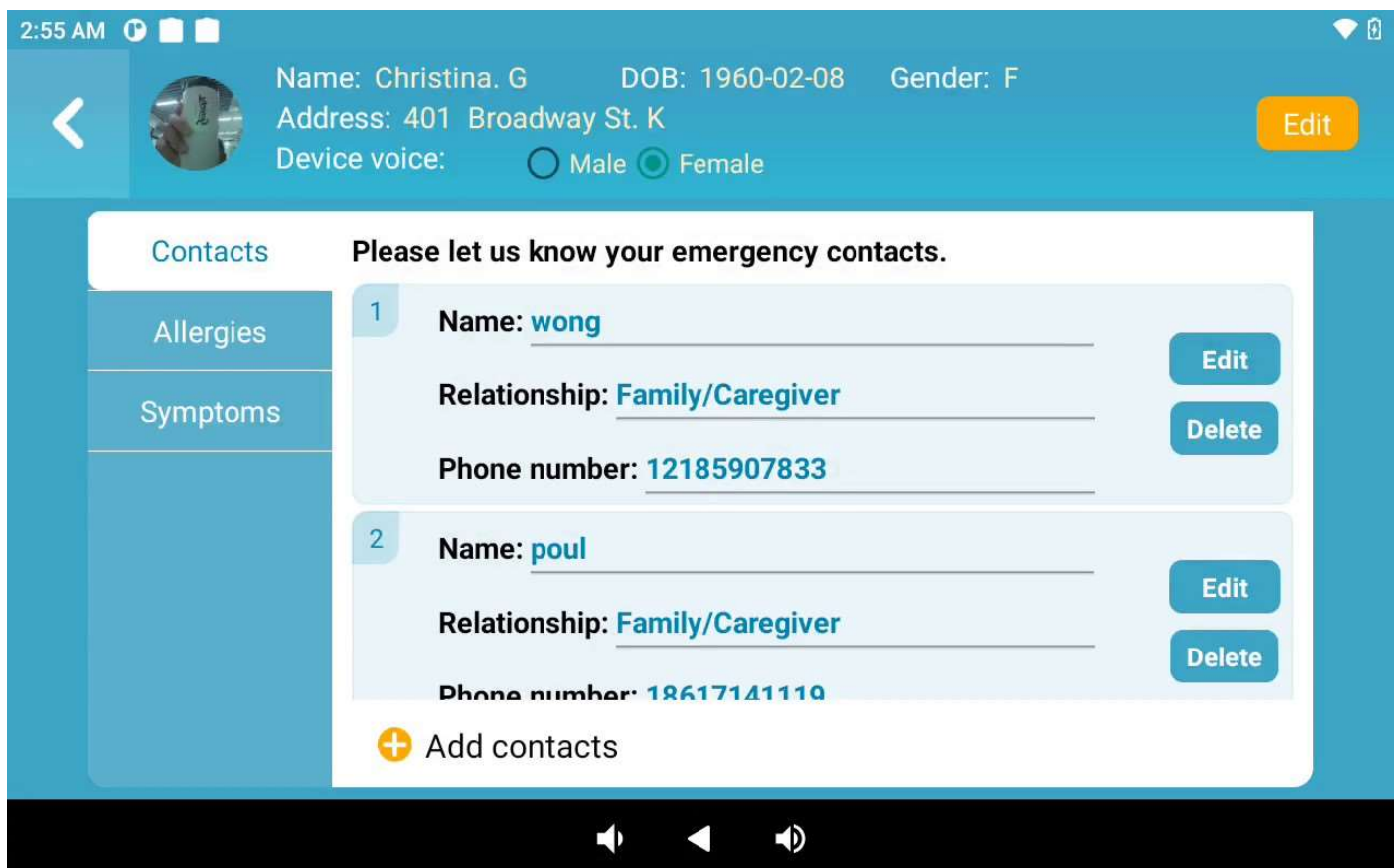
1.6 Reset password





2 Fill in personal information

2.1 contact information



2.2 Fill in related contact persons information

2:56 AM

Name: Christina. G DOB: 1960-02-08 Gender: F
Address: 401 Broadway St. K
Device voice: ☐ Male ☒ Female

Edit

Contact

Allergies

Symptoms

Close

Name: _____ Phone: _____

My: ☒ Family/Caregiver ☐ Physician ☐ Pharmacist

Save

Relationship: Family/Caregiver

Phone number: 18617141119

+ Add contacts

Edit

Delete

Edit

Delete

2.3 Fill in allergies information

2:56 AM

Name: Christina. G DOB: 1960-02-08 Gender: F
Address: 401 Broadway St. K
Device voice: ☐ Male ☒ Female

Edit

Contacts

Allergies

Symptoms

☐ Acthar	☐ Ala-Hist IR
☐ Aldex D	☐ Care One Sleep Aid
☐ Chlorpheniramine	☐ Ibuprofen
☐ Phenylephrine	☐ Corticotropin
☐ Dexbrompheniramine	☐ Phenylephrine
☐ Doxylamine	☐ Equaline Sleep Aid
☐ Equate Sleep Aid	☐ H.P. Acthar Gel
☐ Histex PD Drops	☐ Histex Syrup

2.4 Fill in symptoms information

2:56 AM

Name: Christina. G DOB: 1960-02-08 Gender: F
 Address: 401 Broadway St. K
 Device voice: ☐ Male ☒ Female

[Edit](#)

Contacts

Allergies

Symptoms

☐ Cancer ☐ Depression
☐ Thyroid Problems ☐ Heart Problems
☐ Lung Problems ☐ Diabetes
☐ Chest Pain ☐ Angina
☐ Tuberculosis ☐ Osteoporosis
☐ High Blood Pressure ☐ Asthma
☐ Multiple Sclerosis ☐ Circulation Problems
☐ Rheumatoid Arthritis ☐ Blood Clots

3 Add a new medication

3.1 Fill in medication information

11:36 PM

11:36 PM
01/07/2024 Sunday

Enter information about the medication

Medication name: aspirin

Describe this Medication: ☒ Pill(s) ☐ Non-Pill (liquid) ☐ Top (injectables)

Total Quantity in this Medication Bottle: 10 Pill(s)

Describe the Dose (Per-pill): 1 ☒ mg ☐ Mcg

Prescribing Doctor: josh hutcherson Starting date: 01/07/2024 

Is this medication taken as needed, known as P.R.N? ☐ Yes ☒ No

[CONFIRM](#) [CANCEL](#)

3.2 Fill in a medication plan

11:39 PM   **When this medication should be taken?** 11:39 PM
01/07/2024 Sunday

Time1
08:00 am

How many Pill(s) to take each time: 1 Pill(s) Delete

☒ Daily OR ☒ Sun. ☒ Mon. ☒ Tue. ☒ Wed.
☒ Thu. ☒ Fri. ☒ Sat.

Time2
02:00 pm

How many Pill(s) to take each time: 1 Pill(s) Delete

☐ Daily OR ☒ Sun. ☒ Mon. ☐ Tue. ☒ Wed.
☒ Thu. ☒ Fri. ☒ Sat.

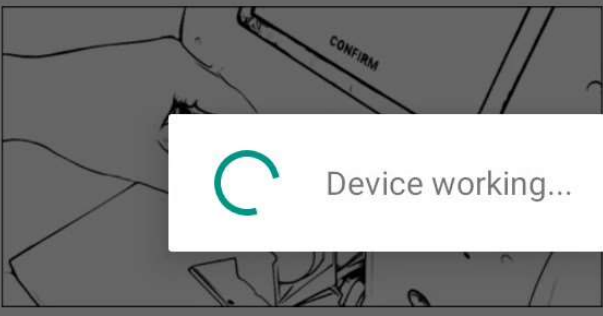
 Add more time slots

CONFIRM CANCEL

3.3 Send out a medication cup for loading

1:37 AM   **We are ready to load the medication** 01:37 AM
01/07/2024 Sunday



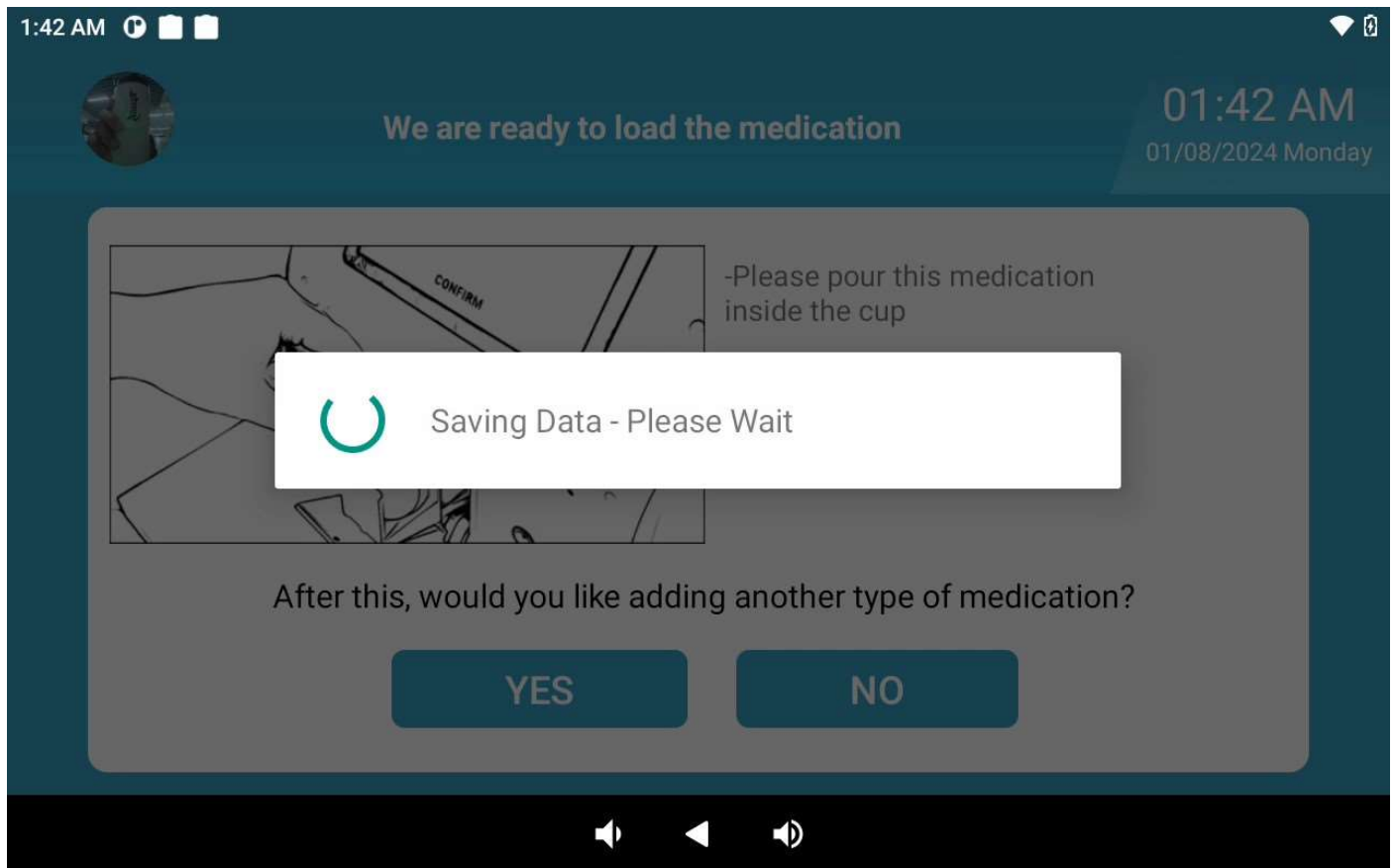
-Please pour this medication inside the cup

 Device working...

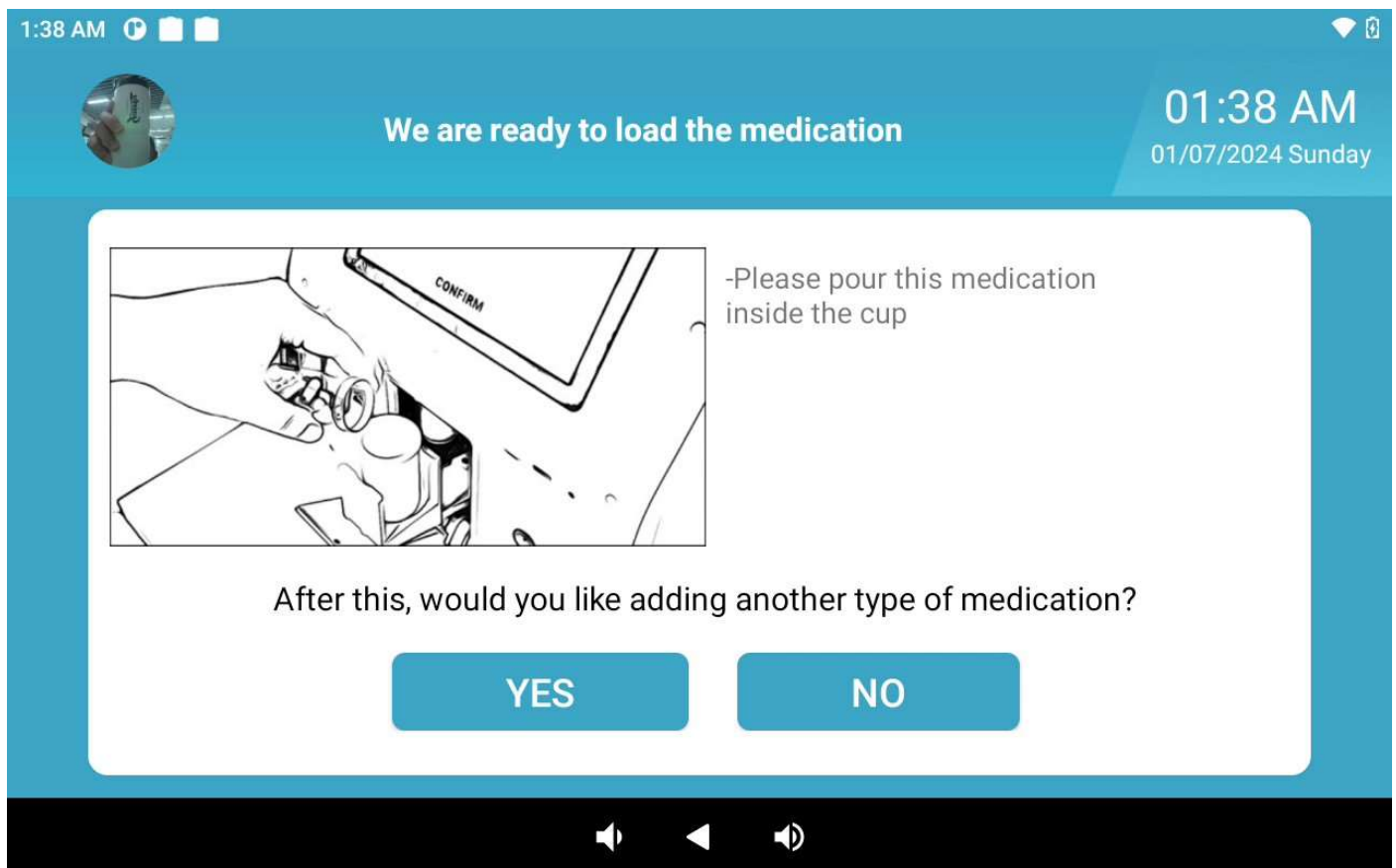
After this, would you like adding another type of medication?

3.4 Taking back the medication cup



3.5 Loading another medication?



3.6 Loading side bin medication (for liquid or special medications)

1:56 AM   **Enter information about the medication** 01:56 AM
01/08/2024 Monday

Medication name: acetaminophen

Describe this Medication: ☐ Pill(s) ☒ Non-Pill (liquid) ☐ Top (injectables)

Total Quantity in this Medication Bottle: 200 mL

Prescribing Doctor: Kim Starting date: 01/08/2024 

Is this medication taken as needed, known as P.R.N? ☒ Yes ☐ No

CONFIRM **CANCEL**

1:56 AM   **When your medication should be taken?** 01:56 AM
01/08/2024 Monday

Instructions: Each time use, take the medication as directed.

How often to take: Every 6 hrs

Maximum amount to request in 24 hrs: 4 time(s)

There will be a limit on the amount of taking this medication as needed each day.

☒ **Yes, we all understand**

CONFIRM **CANCEL**

3.7 Loading more medications?

1:56 AM



We are ready to load the medication

01:56 AM
01/08/2024 Monday



-Please place your medication bottle inside the side bin that is open

After this, would you like adding another type of medication?

YES **NO**



3.8 Loading top bin medication (for liquid or special medications)

1:58 AM



Enter information about the medication

01:58 AM
01/08/2024 Monday

Medication name: Cefoperazone Sodium

Describe this Medication: ☐ Pill(s) ☐ Non-Pill (liquid) ☒ Top (injectables)

Total Quantity in this Medication Bottle: 200 mL

Prescribing Doctor: Joshua Starting date: 01/08/2024 

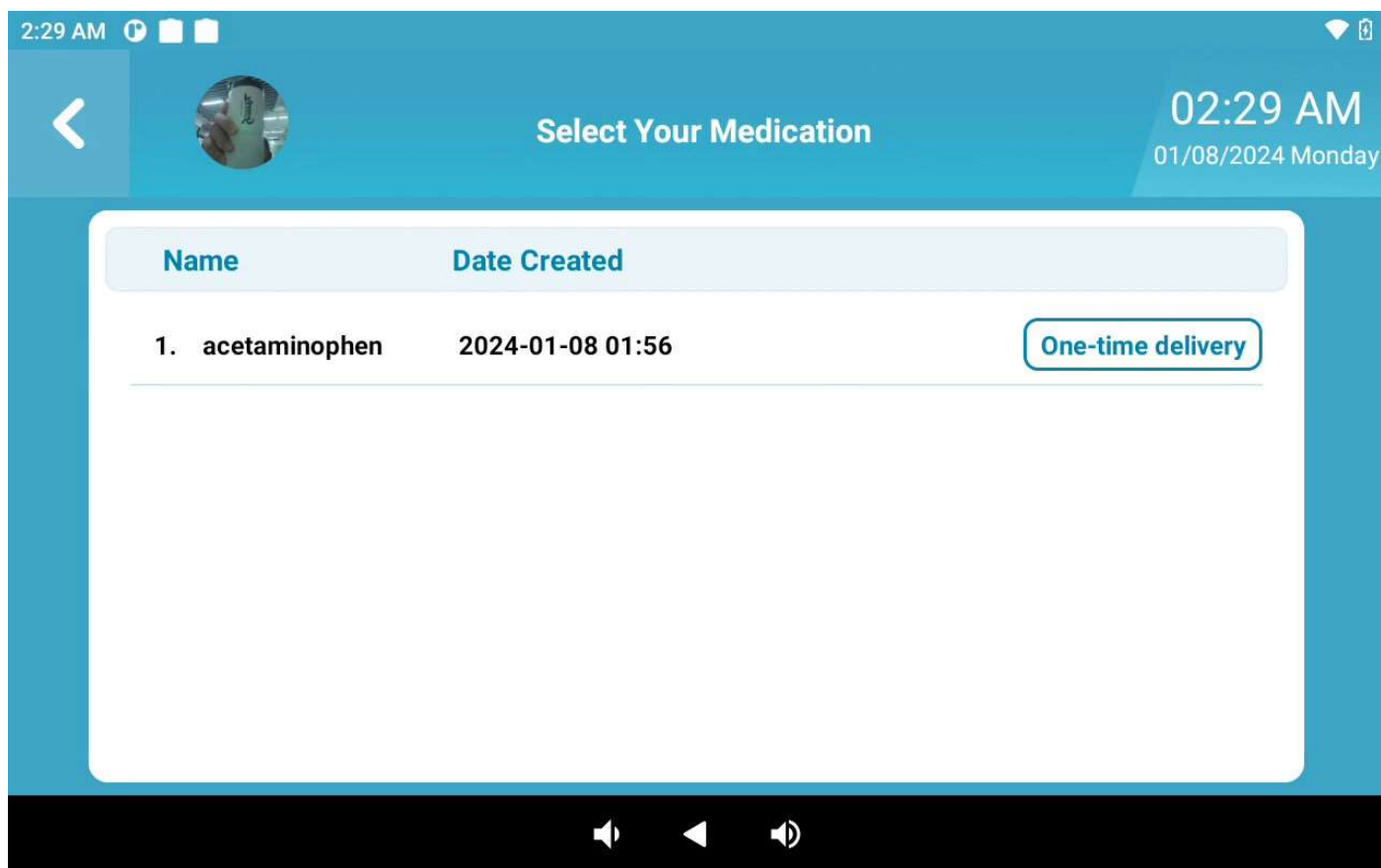
Is this medication taken as needed, known as P.R.N? ☐ Yes ☒ No

CONFIRM **CANCEL**

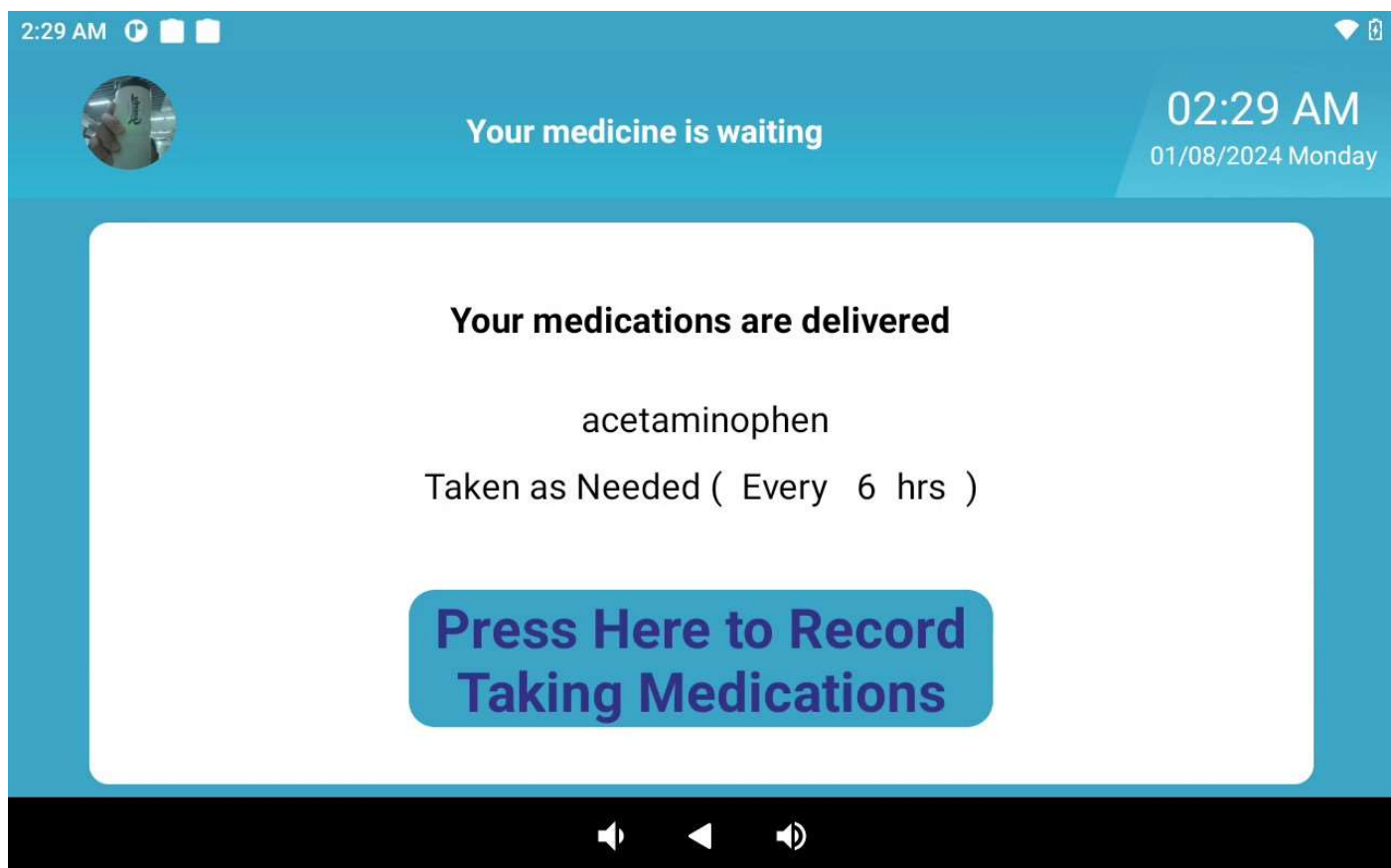


4 Taking medication (including as-needed medications)

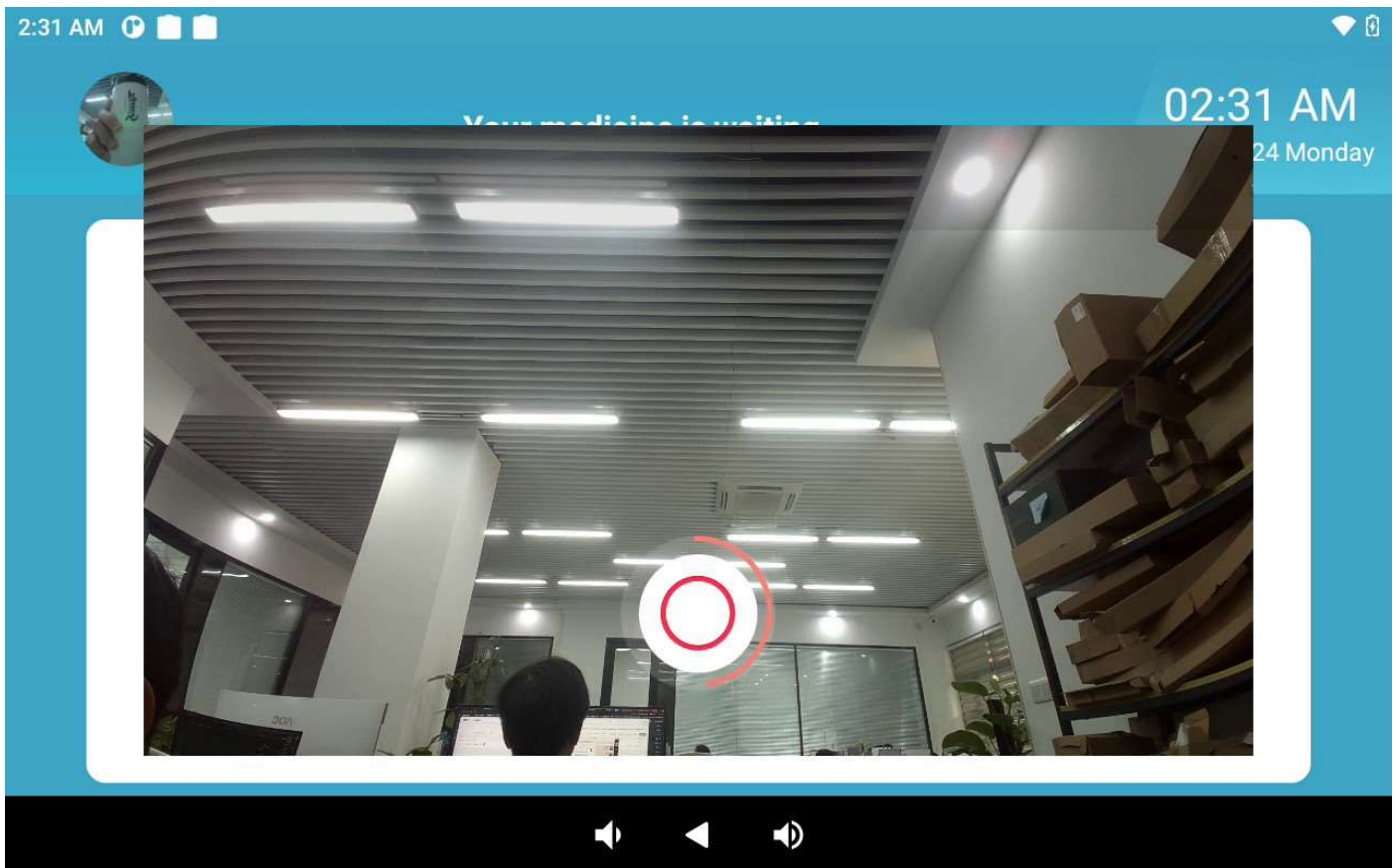
4.1 Select a medication (only for as-needed medications)



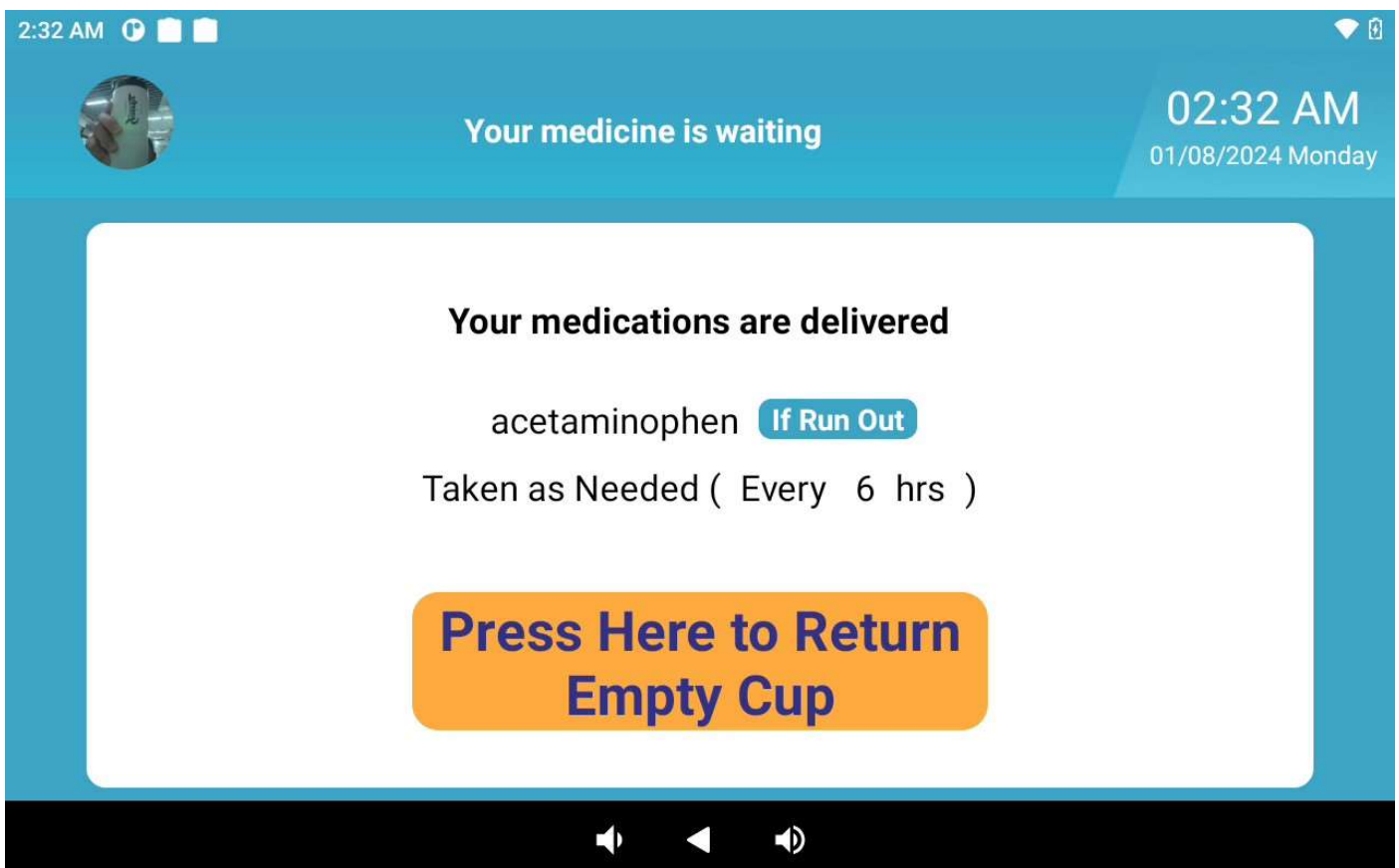
4.2 Pickup and deliver medication accordingly

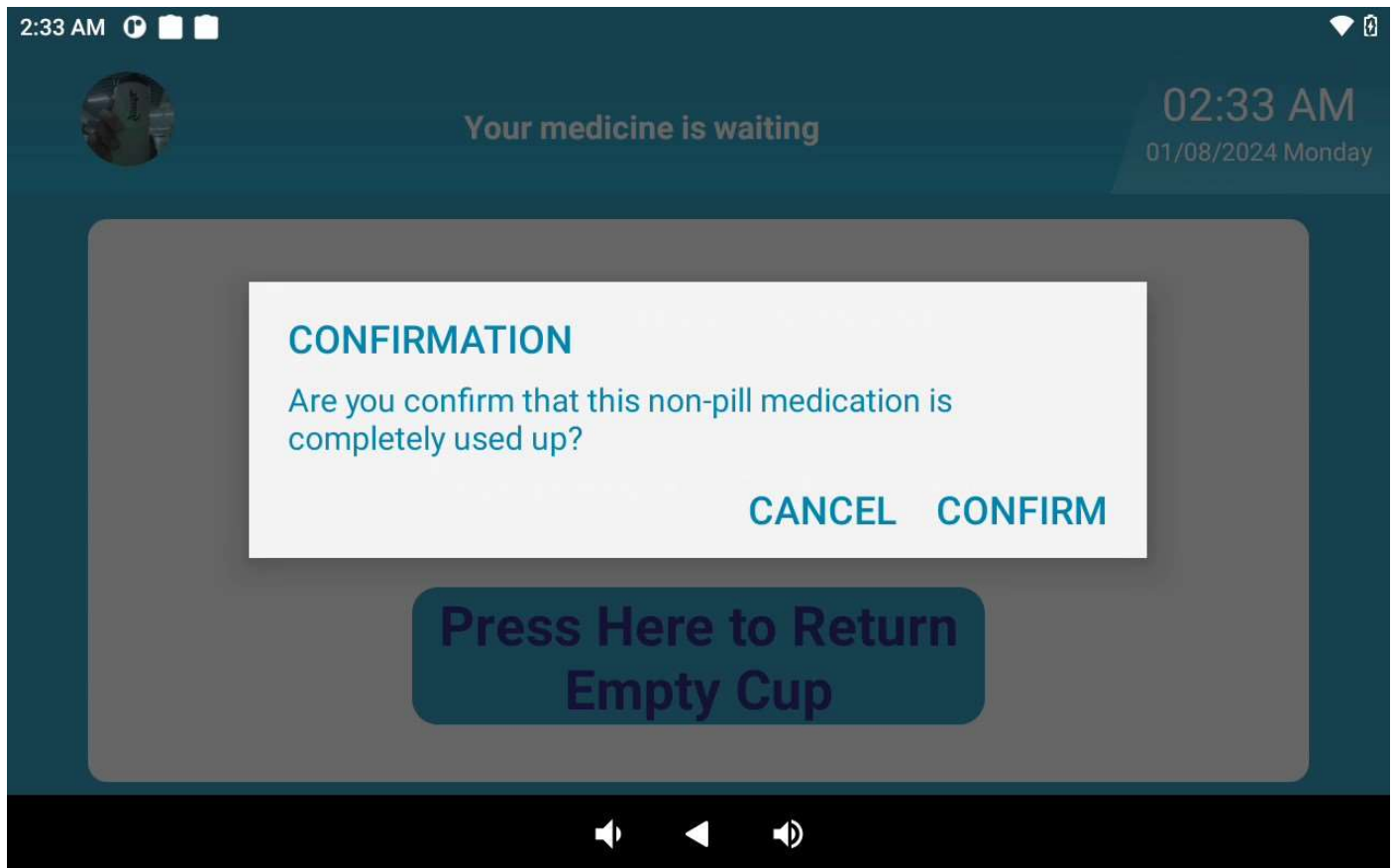


4.3 Taking medication



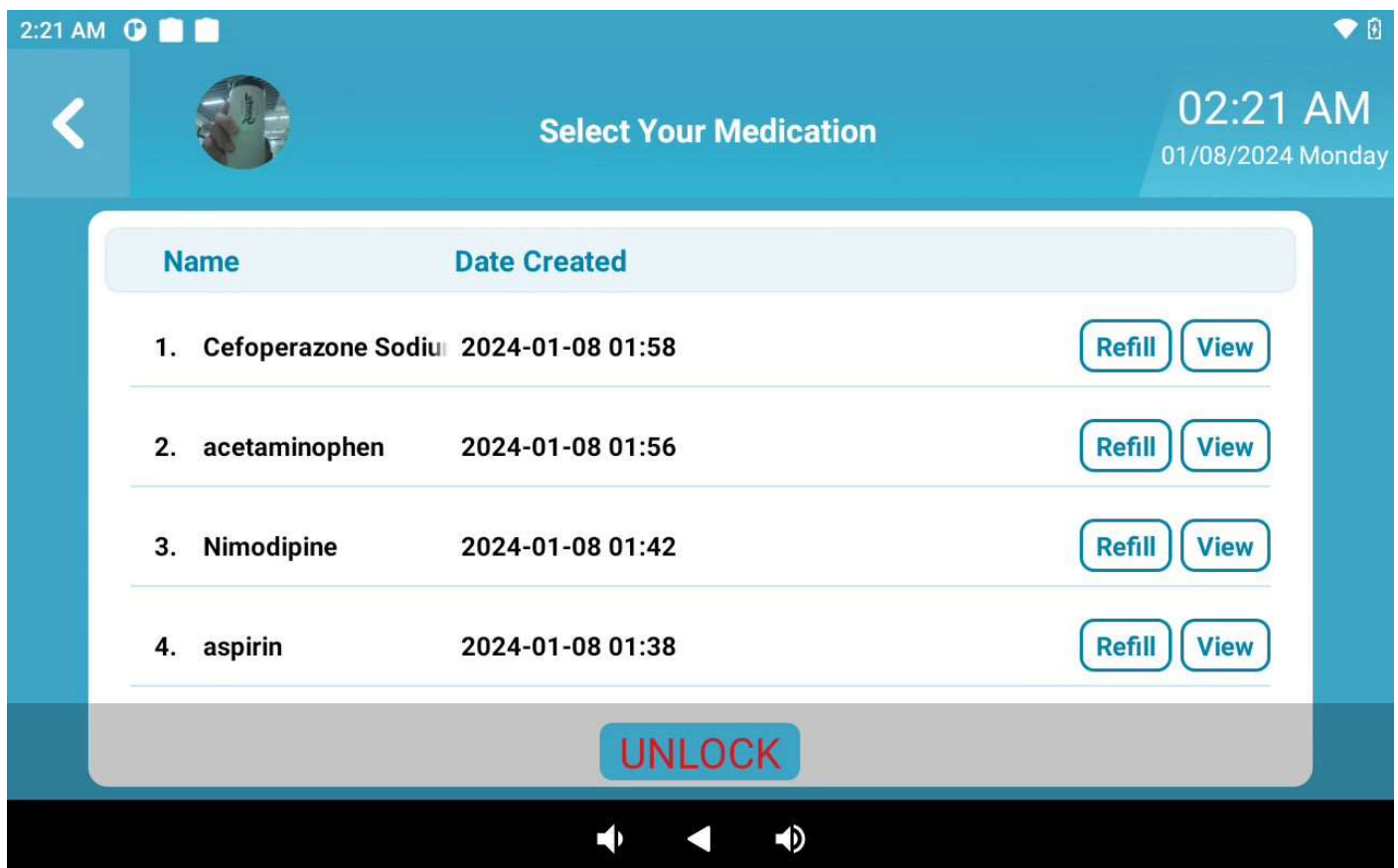
4.4 Taking back the medication cup



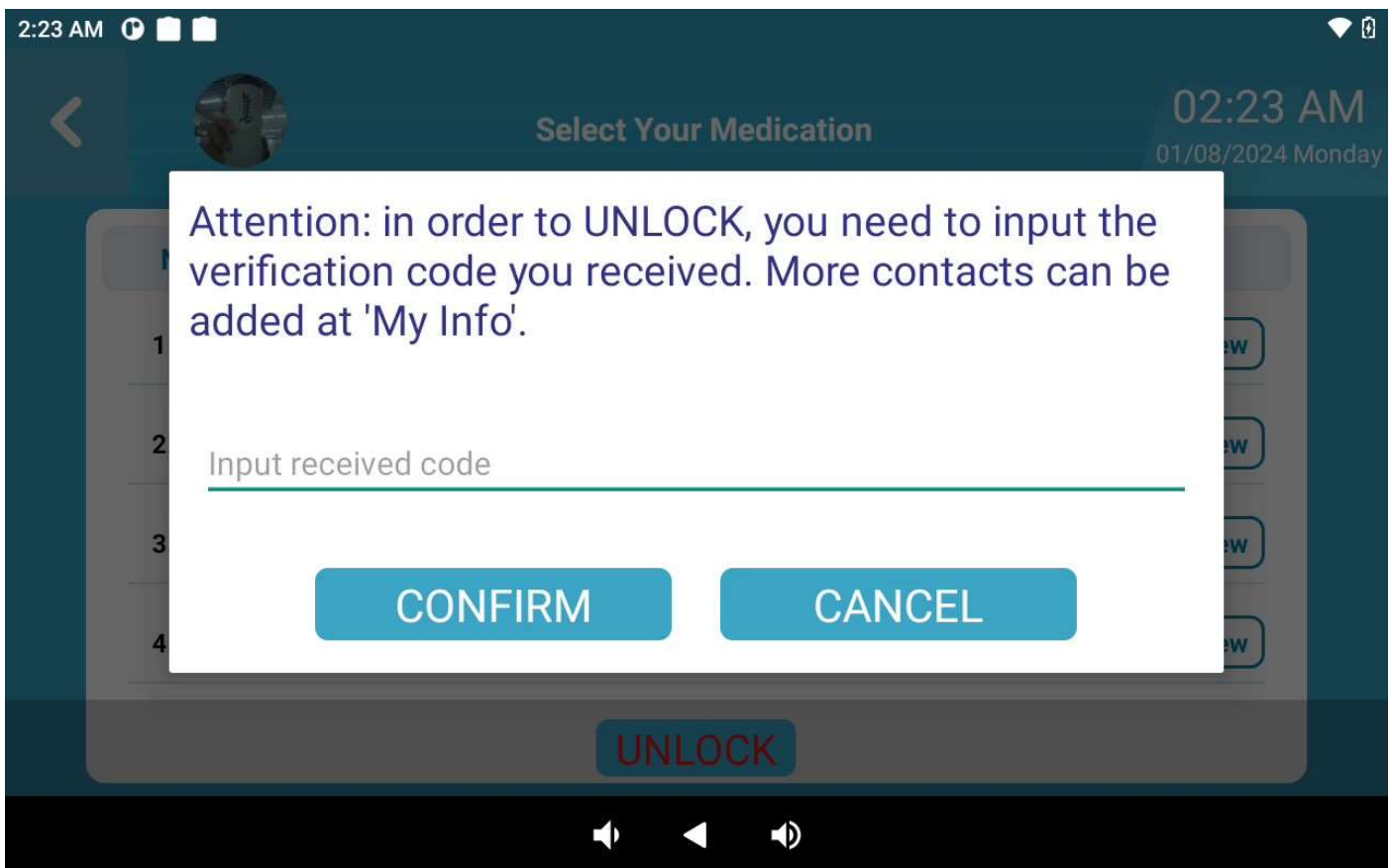


5 Refill medications

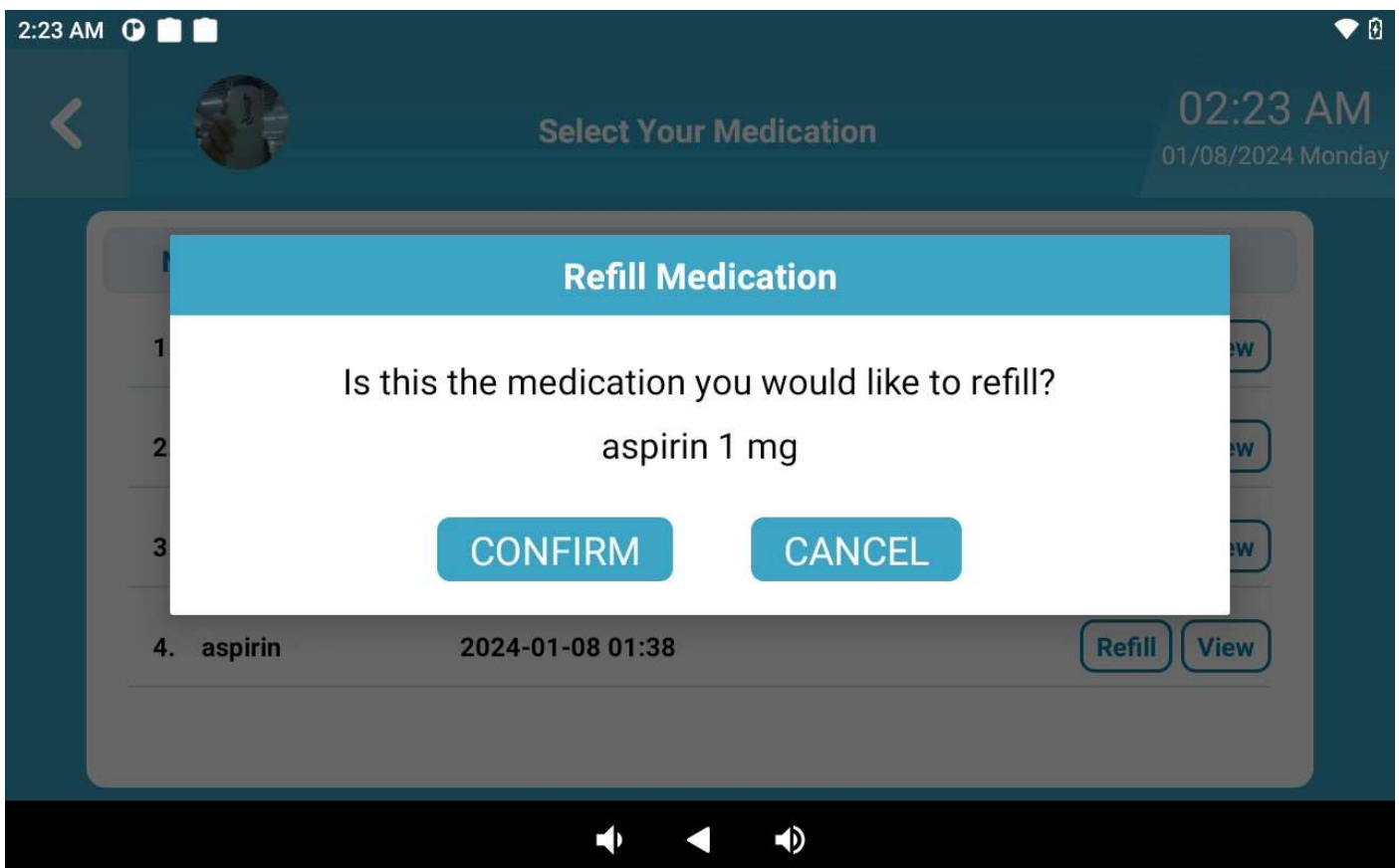
5.1 Select a medication for refilling



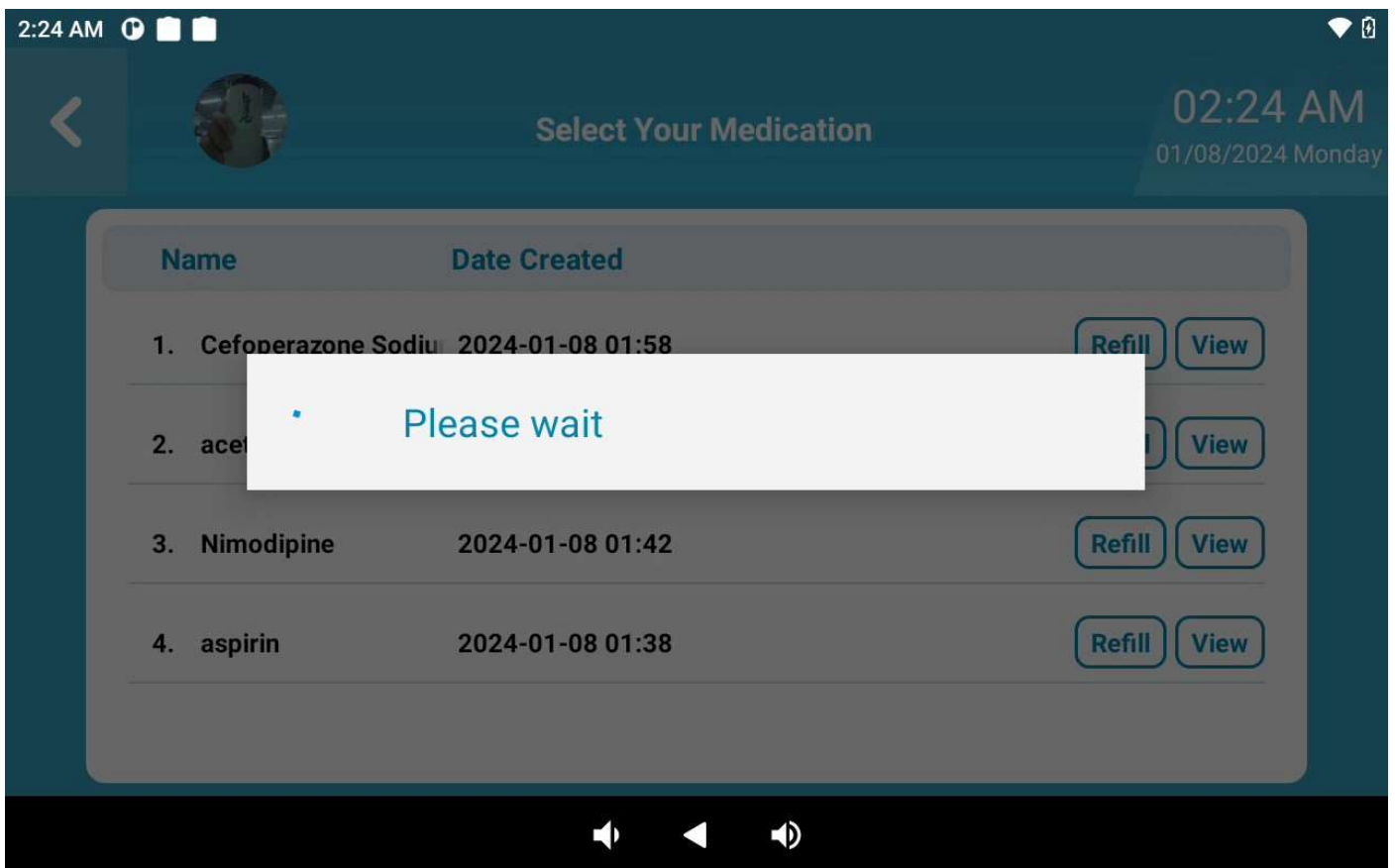
5.2 Password recognition



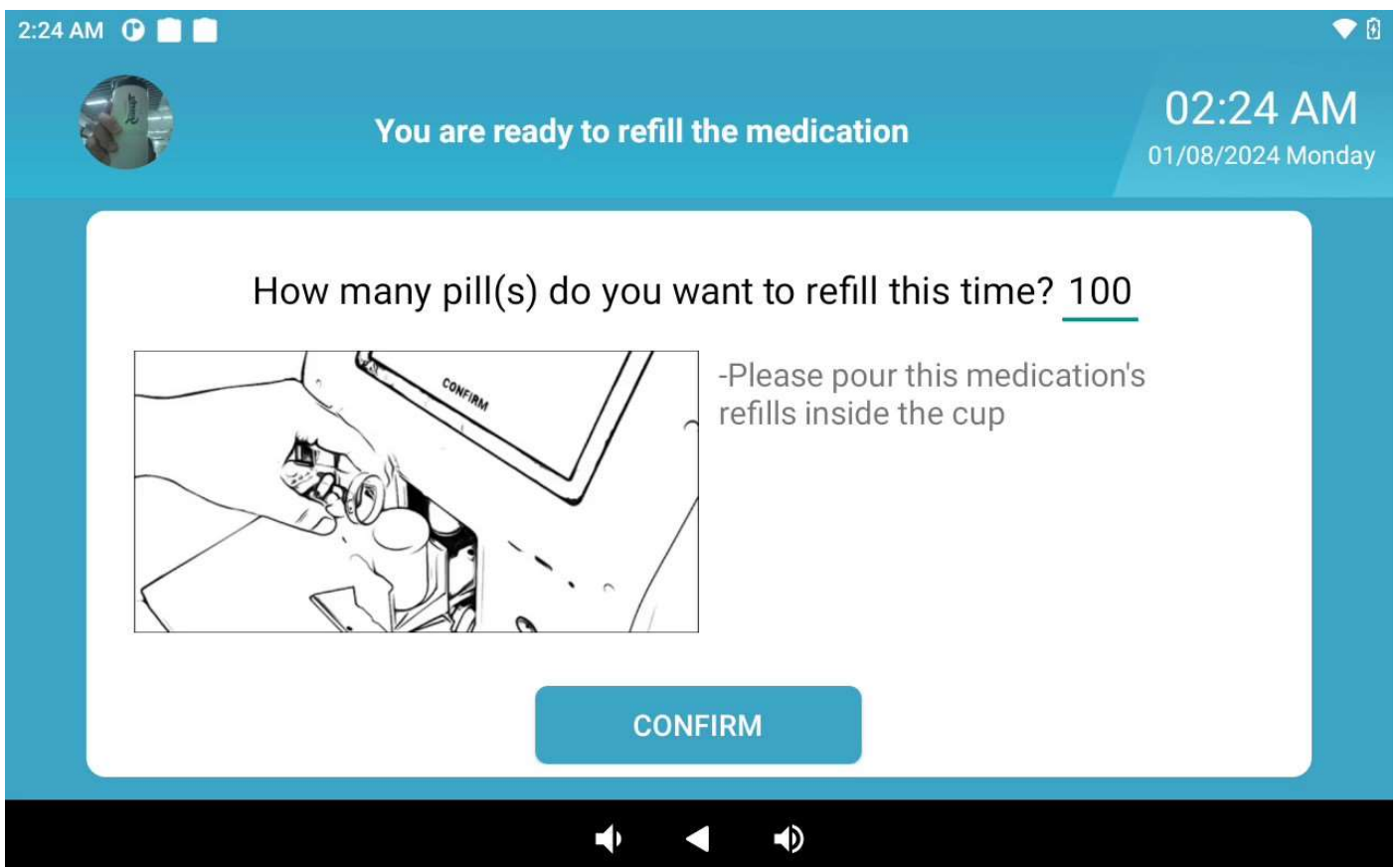
5.3 Password double confirmation



5.4 Deliver the medication cup



5.5 Fill in refilling quantity



5.6 Double confirm the refilling information

2:24 AM

02:24 AM
01/08/2024 Monday

This medication information

Prescribing Doctor: josh hutcherson

Is this medicine as needed? No

Starting date: 2024-01-07

When should be taken:

Daily	1 Pill(s)	08:00 am
Mon./Wed./Thu./Fri./Sat./Sun.	1 Pill(s)	02:00 pm

CONFIRM

5.7 Take back the refilling medication cup

2:25 AM

02:25 AM
01/08/2024 Monday

This medication information

Prescribing Doctor: josh hutcherson

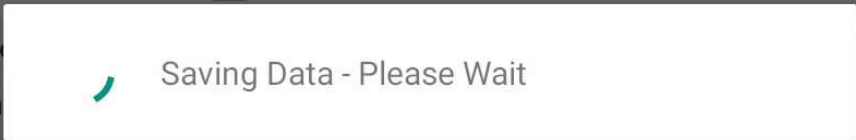
Is this medicine as needed? No

Starting date: 2024-01-07

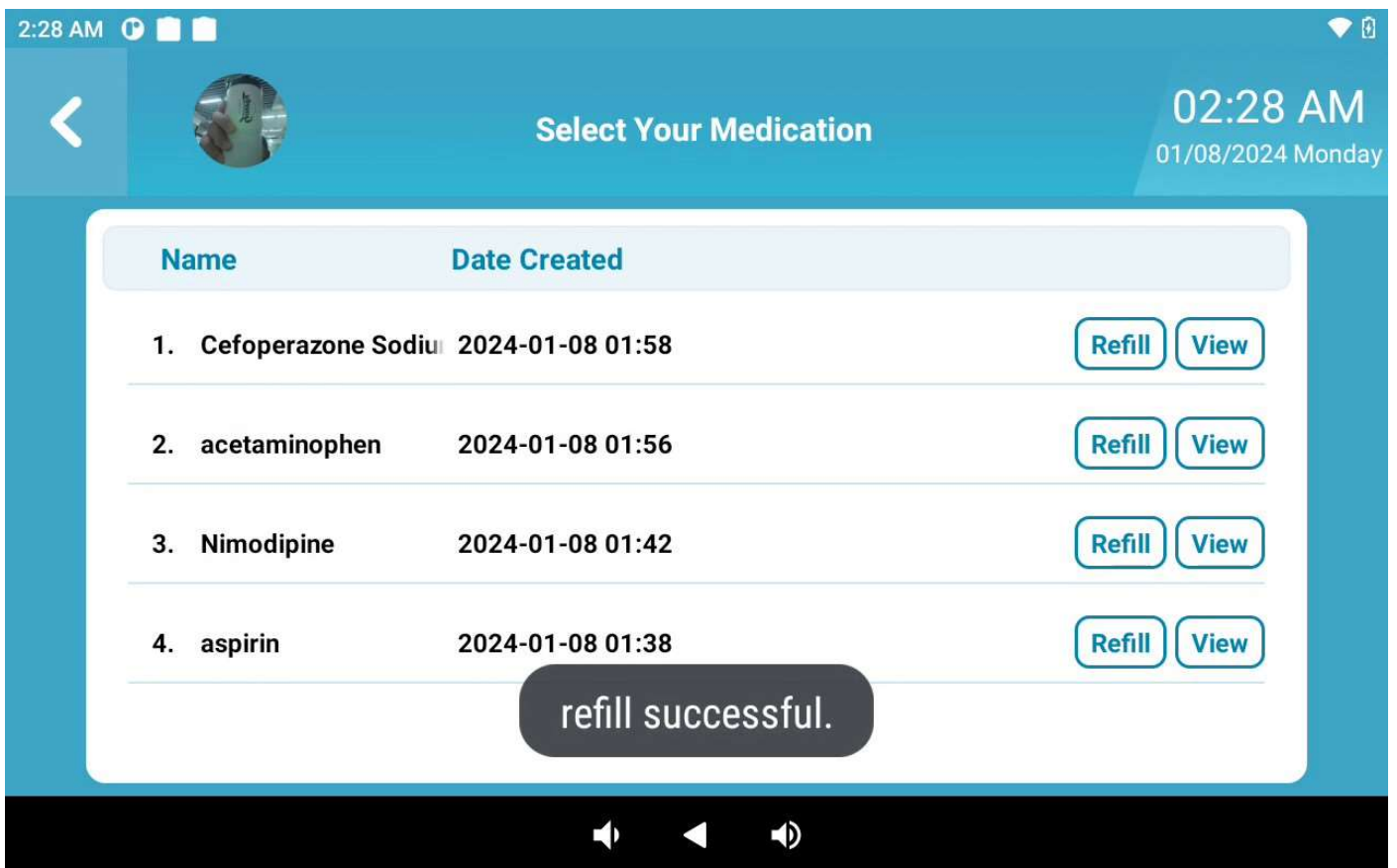
When should be taken:

Daily	1 Pill(s)	08:00 am
Mon./Wed./Thu./Fri./Sat./Sun.	1 Pill(s)	02:00 pm

CONFIRM

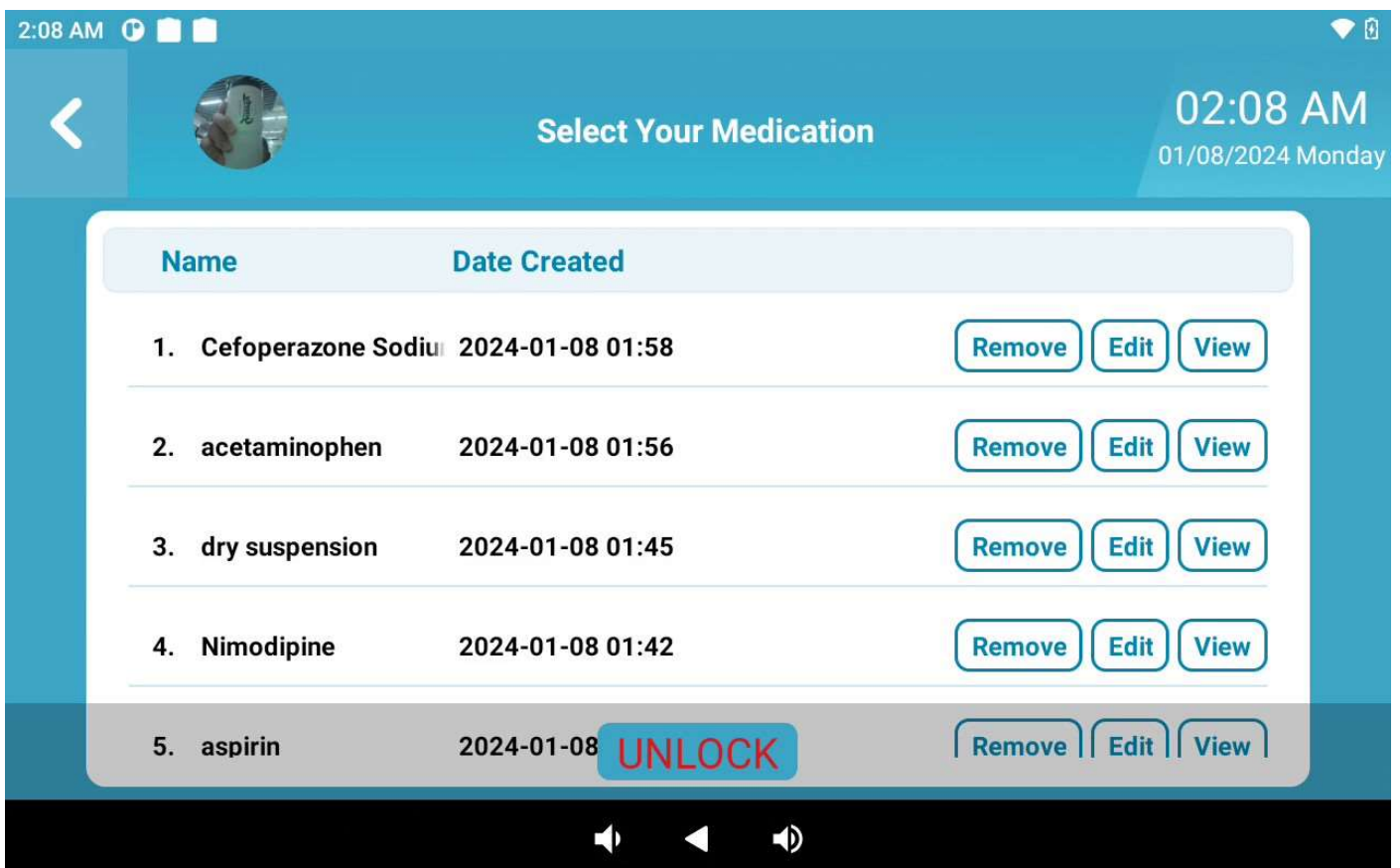
 Saving Data - Please Wait

5.8 Confirm the refilling activity

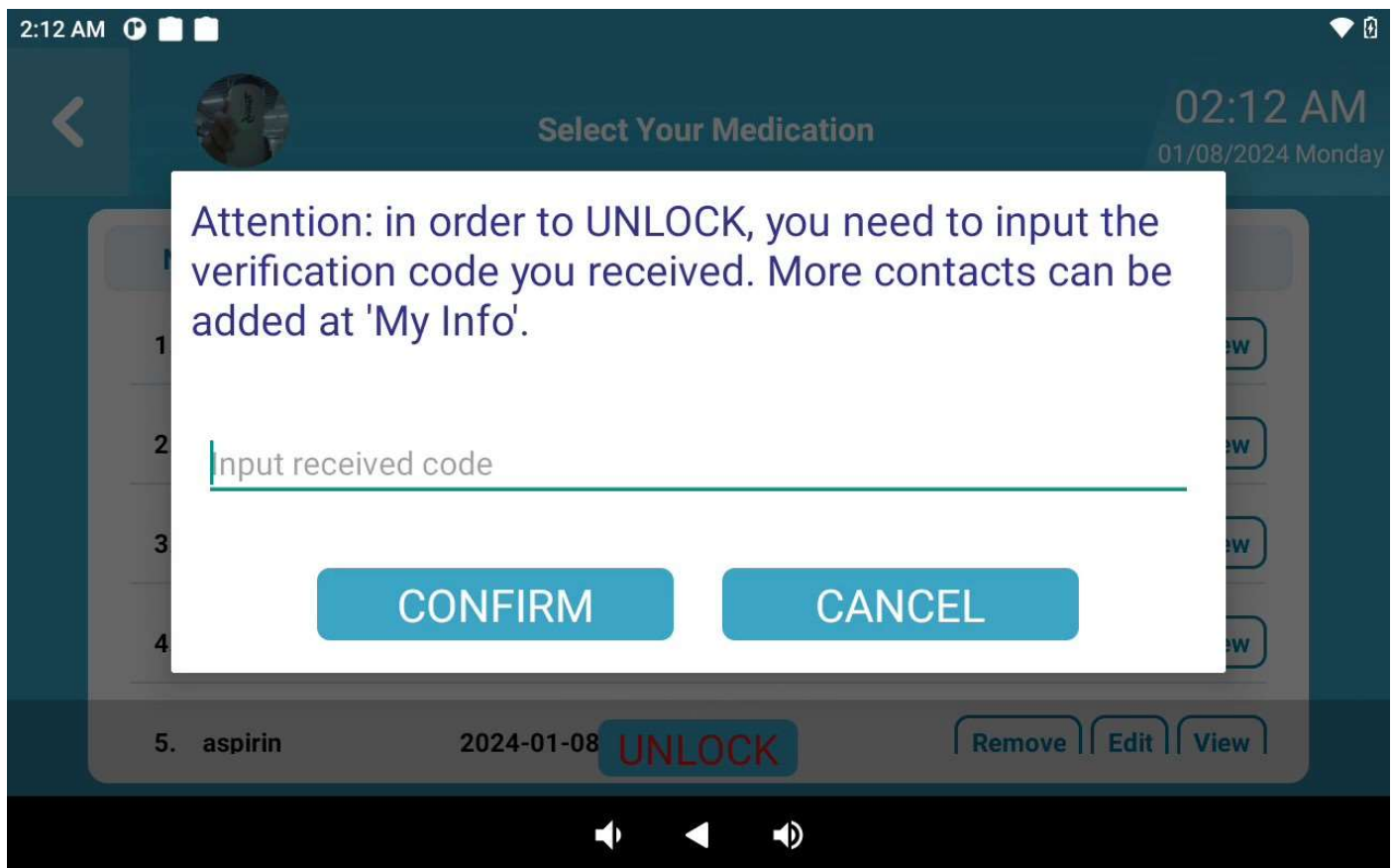


6 Delete for edit a medication

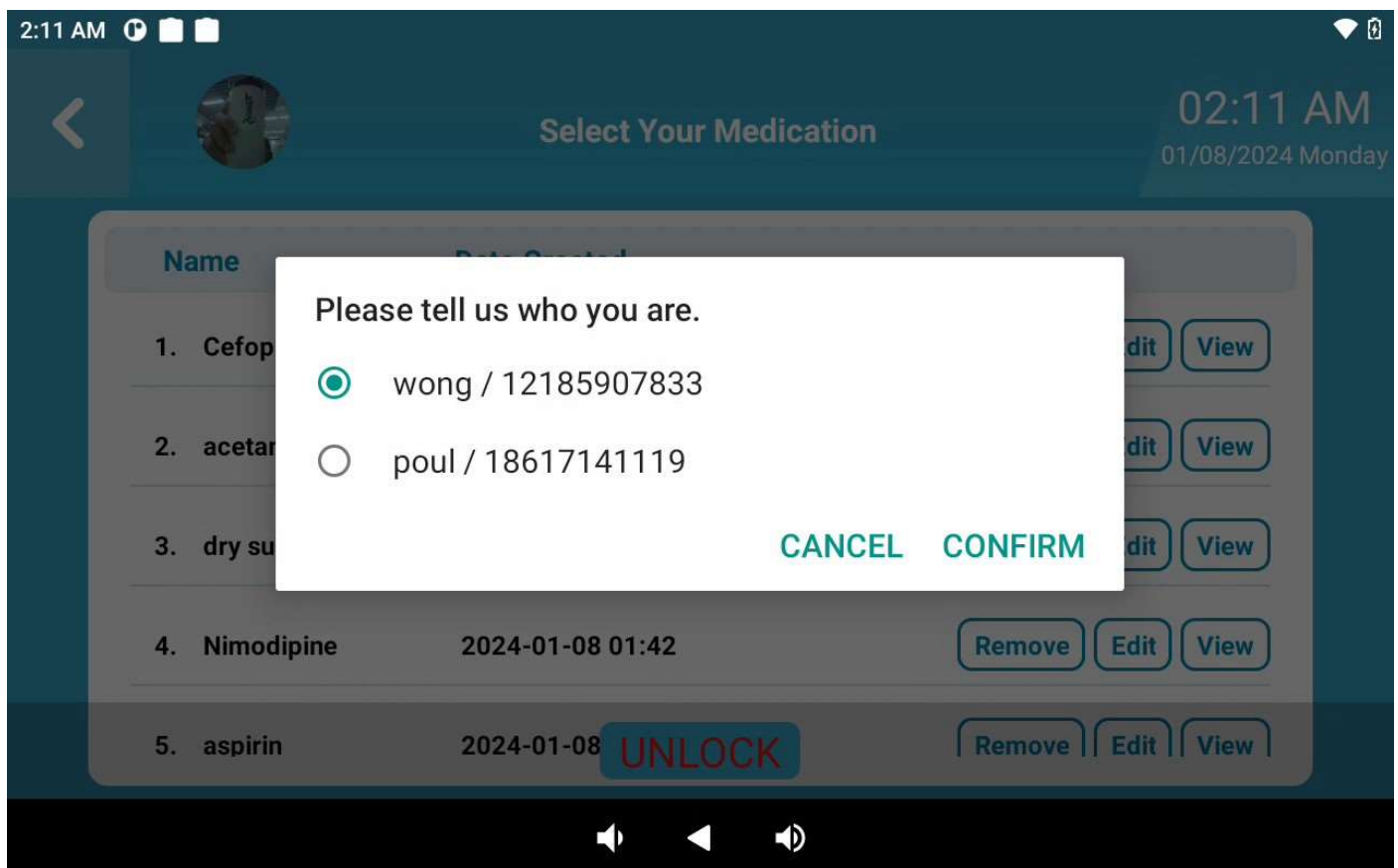
6.1 Unlock first



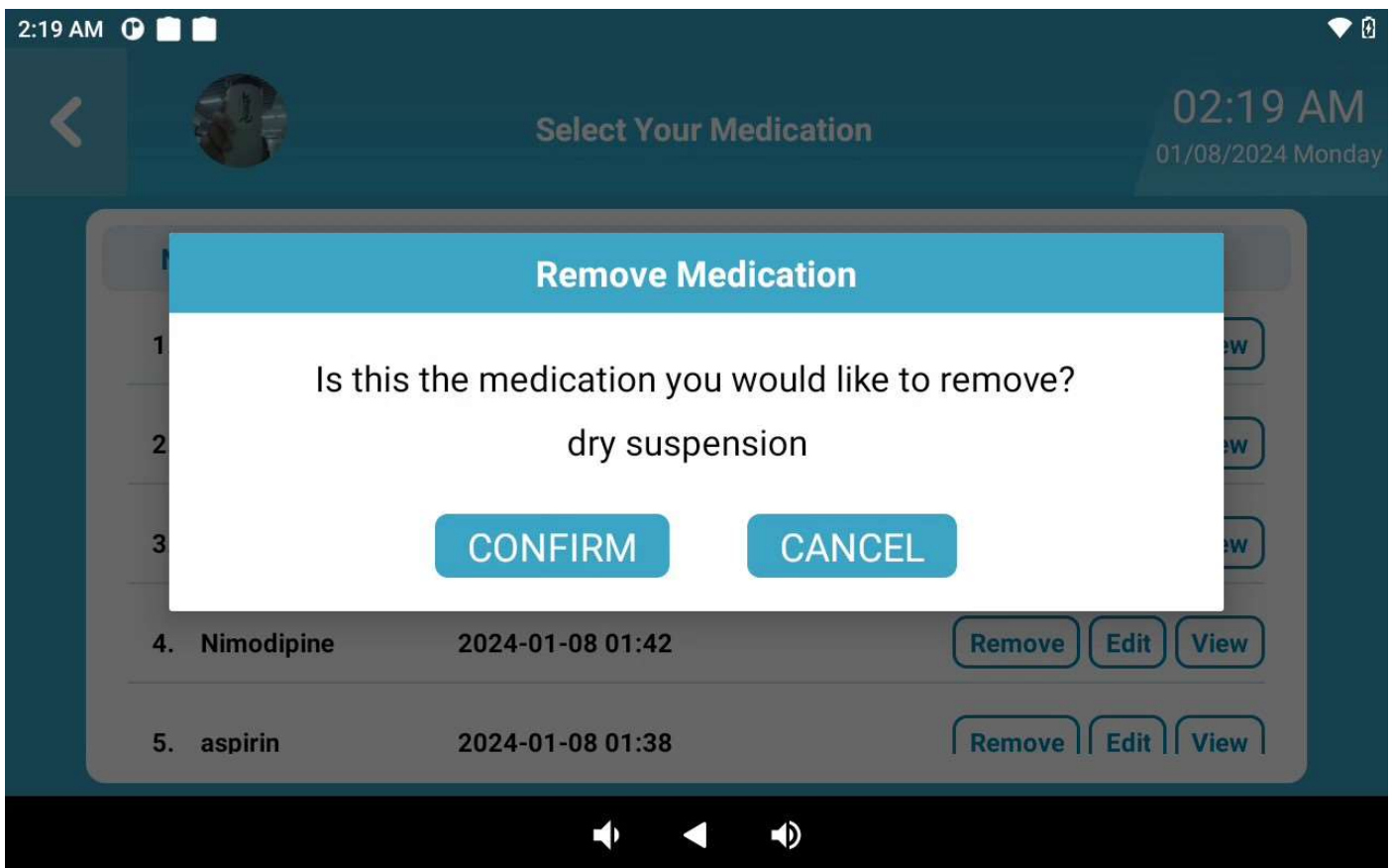
6.2 Input verification code



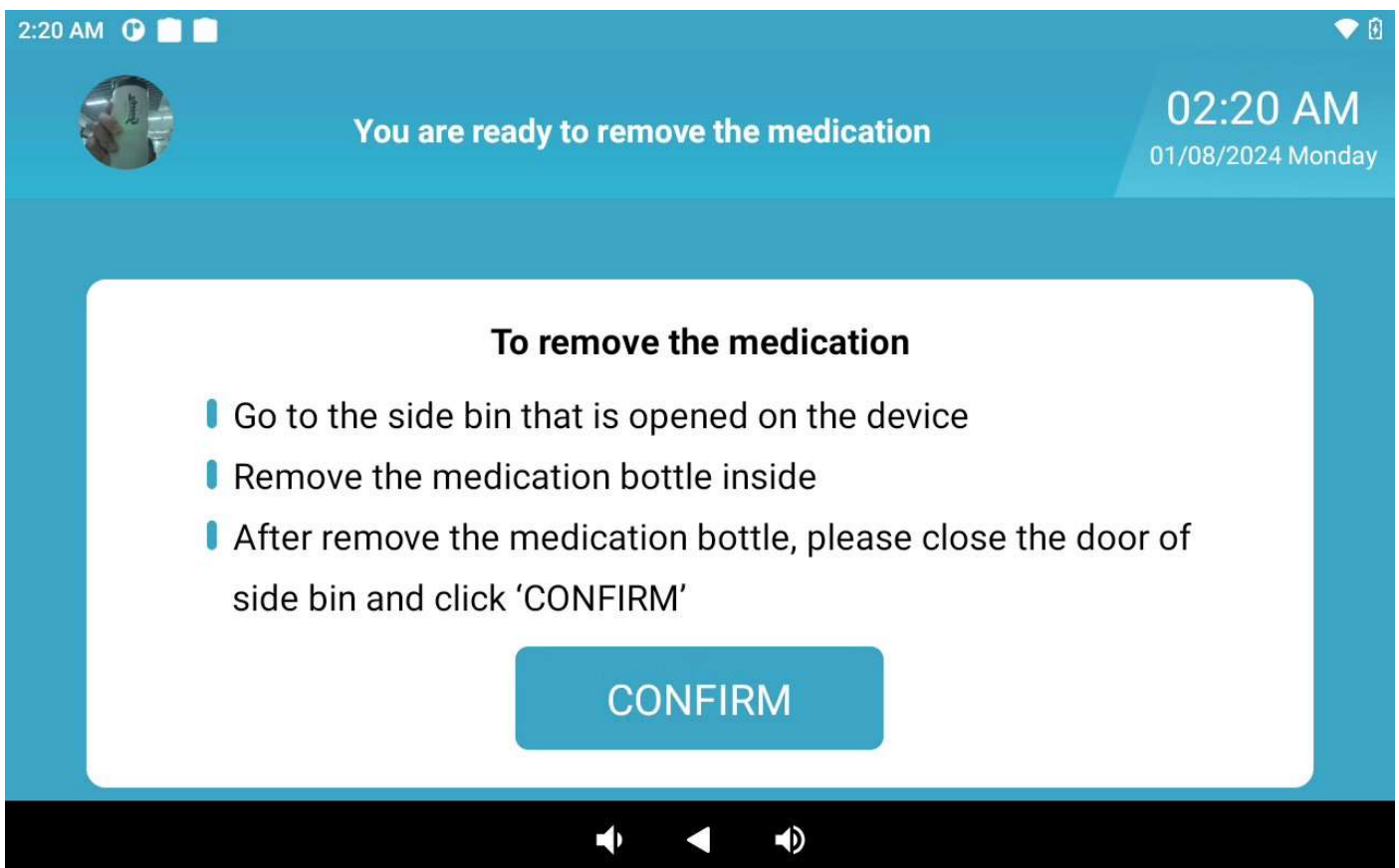
6.3 Select the delegate people



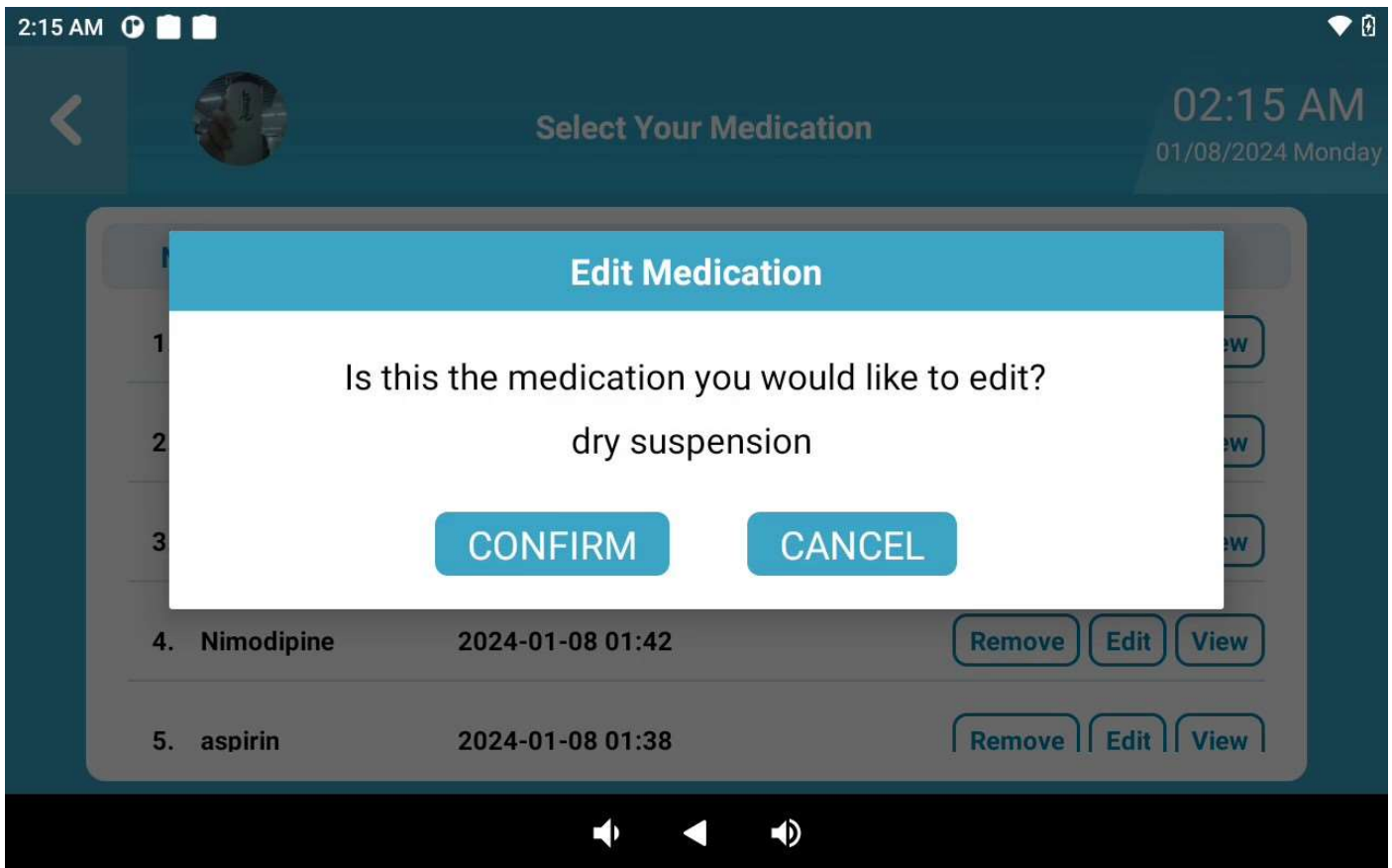
6.4 Confirm to remove the medication



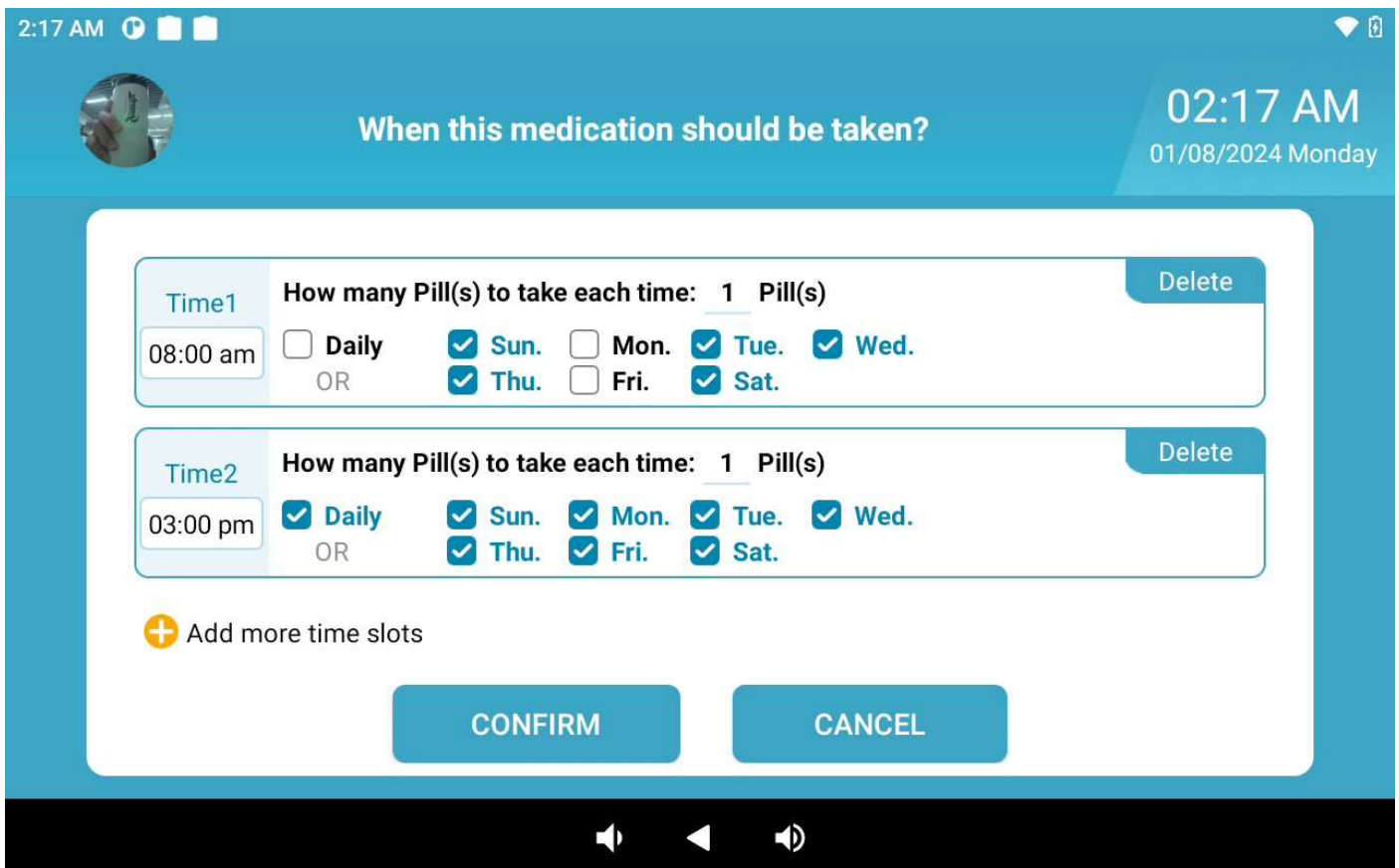
6.5 Double confirm to remove the medication

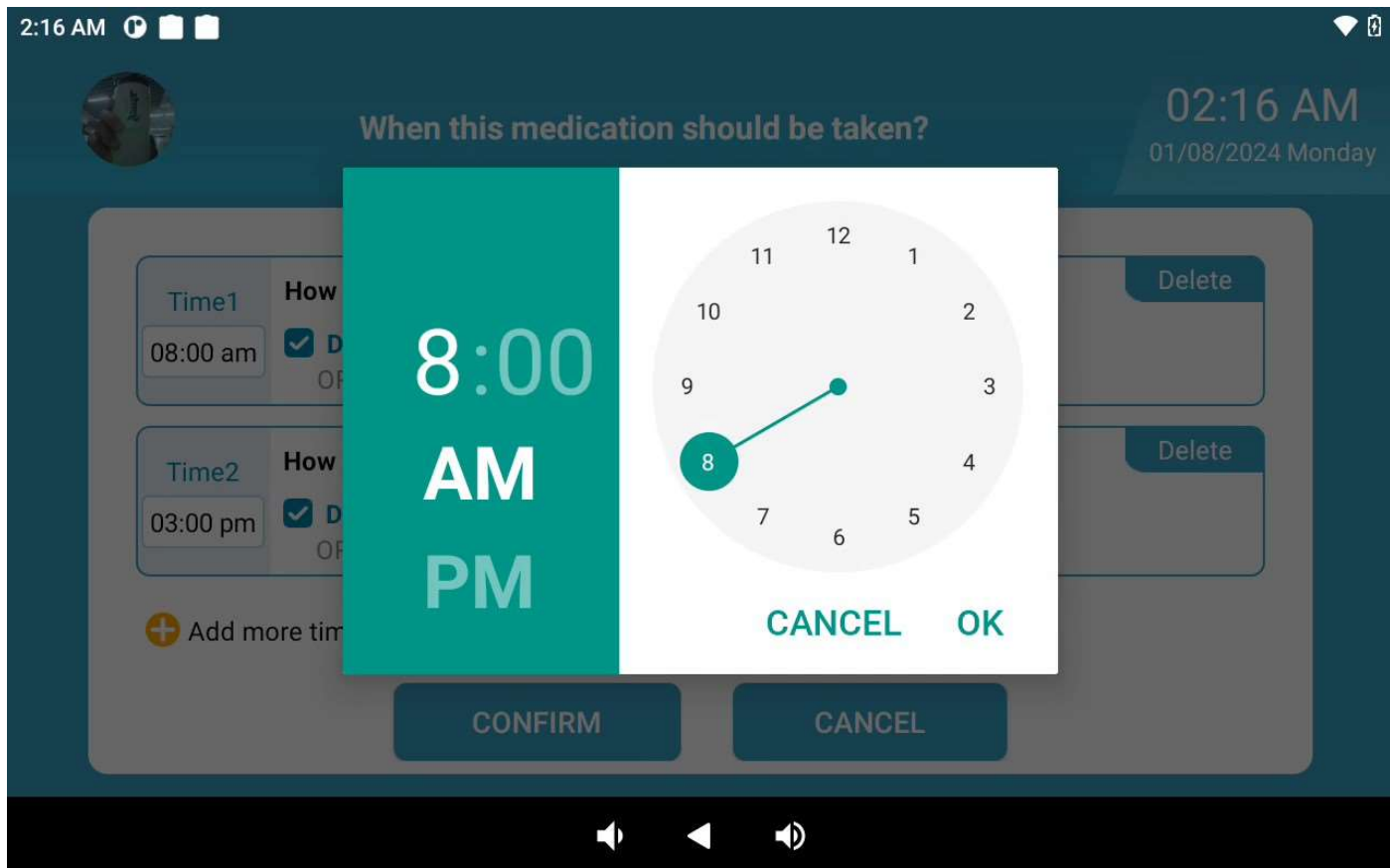


6.6 Re-edit a medication information

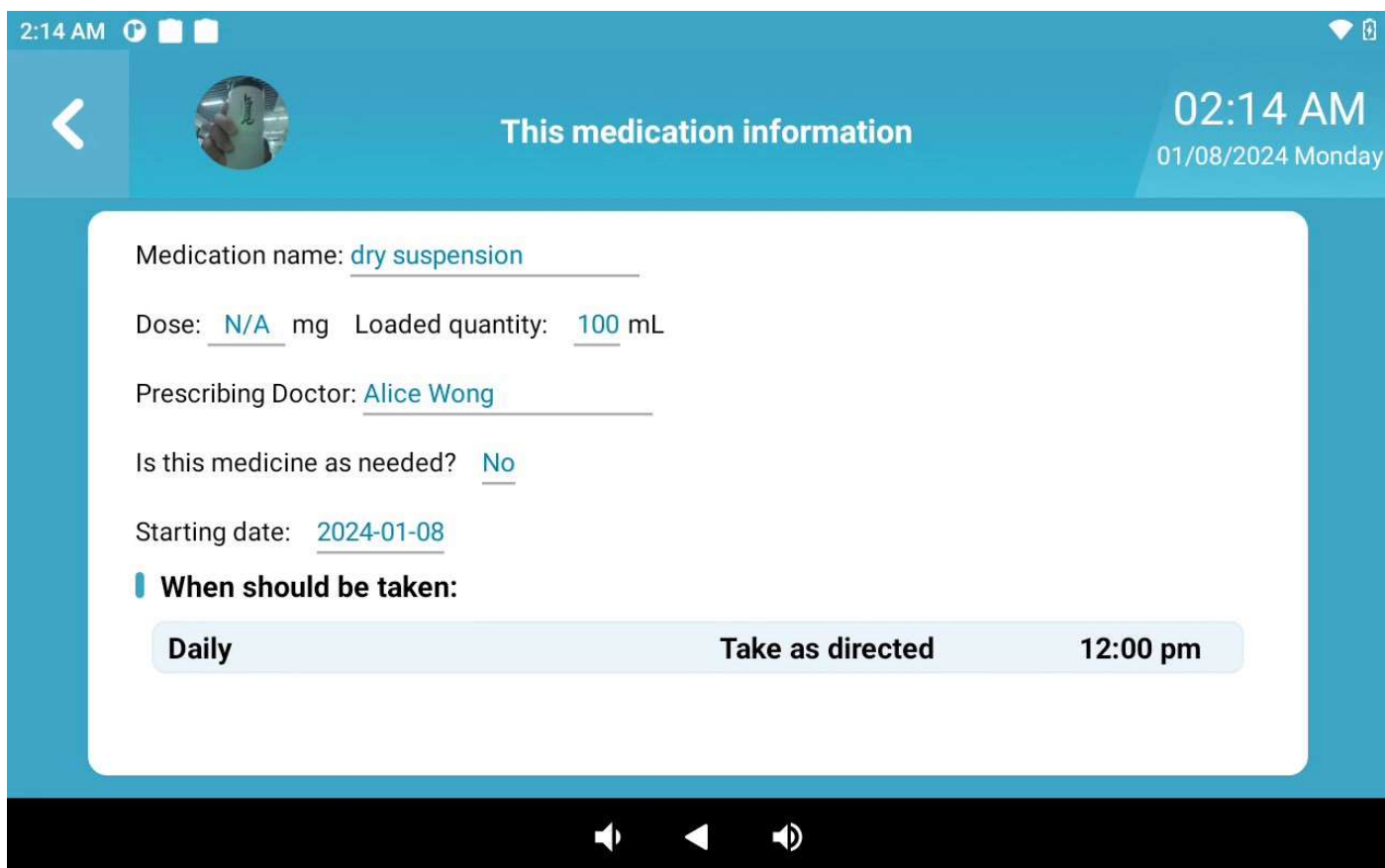


6.7 Re-edit time for a medication



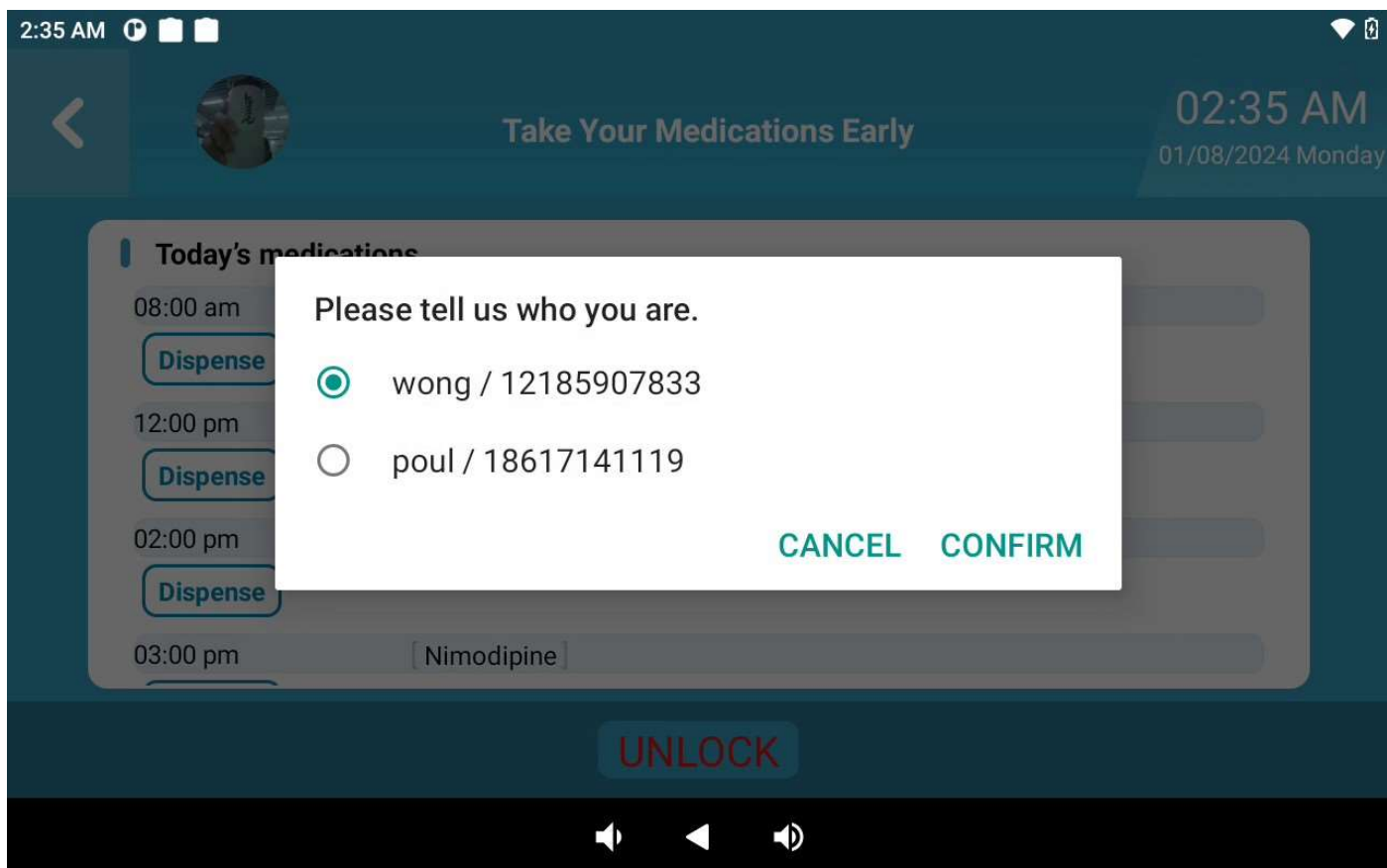
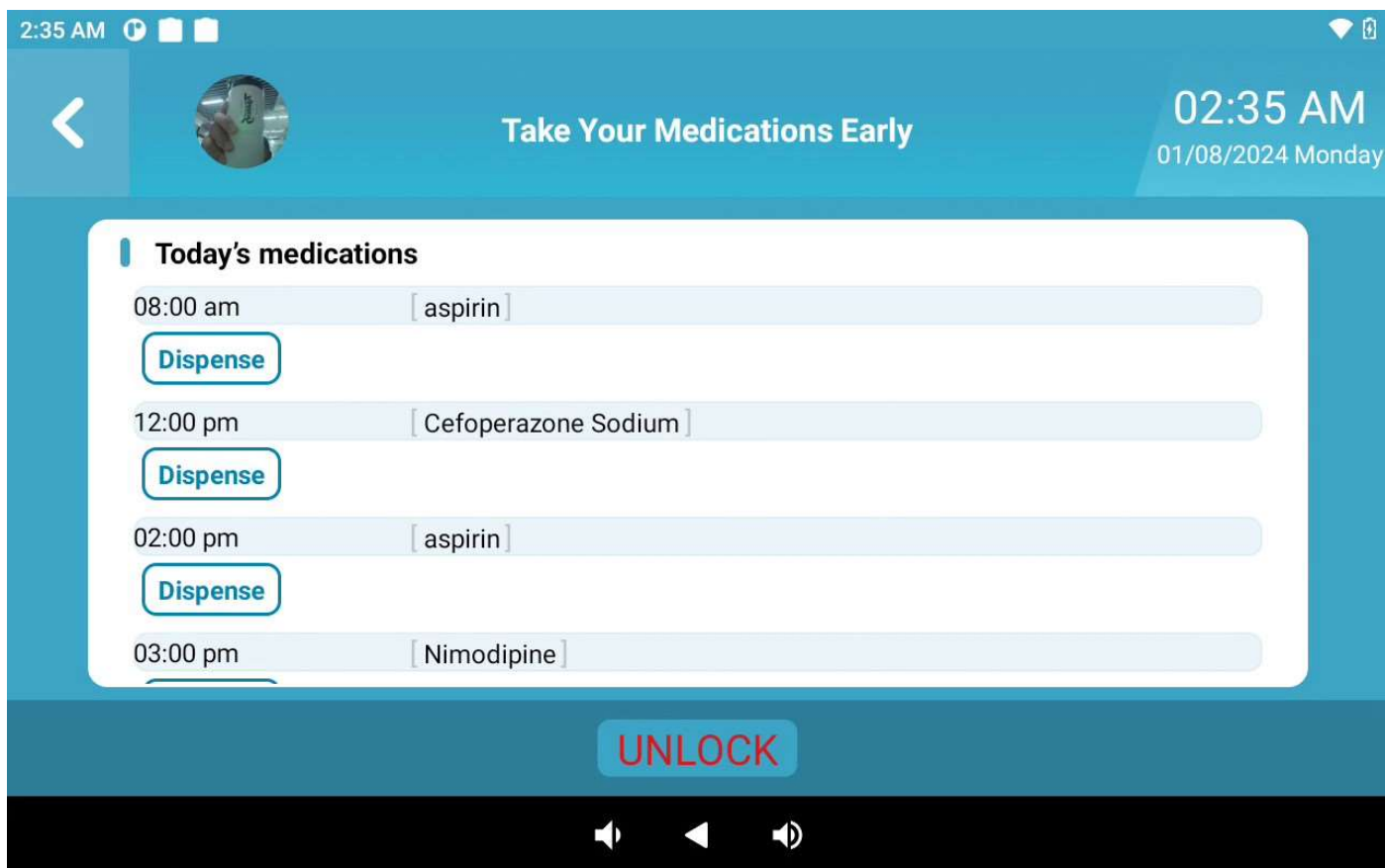


6.8 Check a medication information

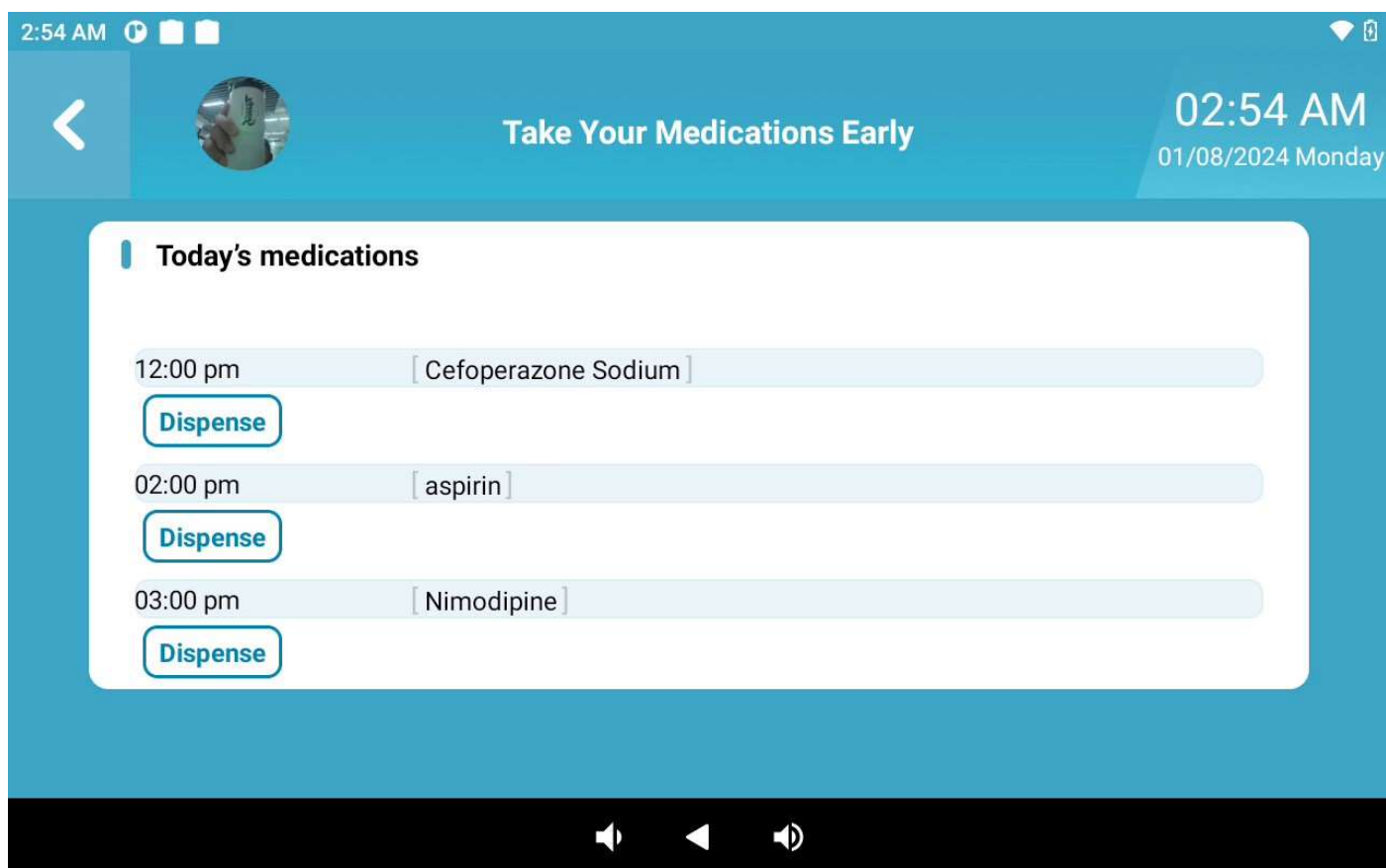


7 Dispense the early medications

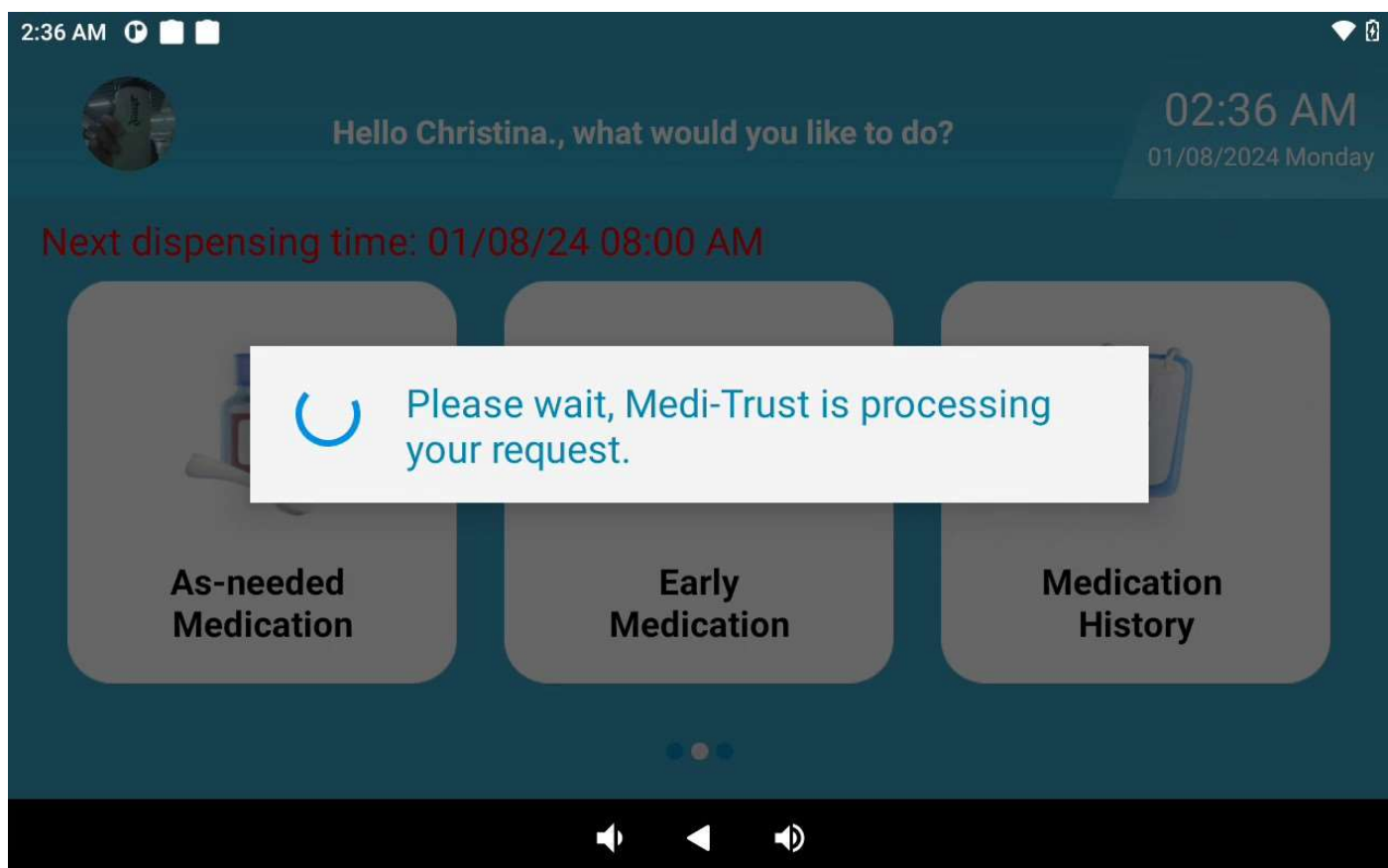
7.1 Unlock to take the early medications



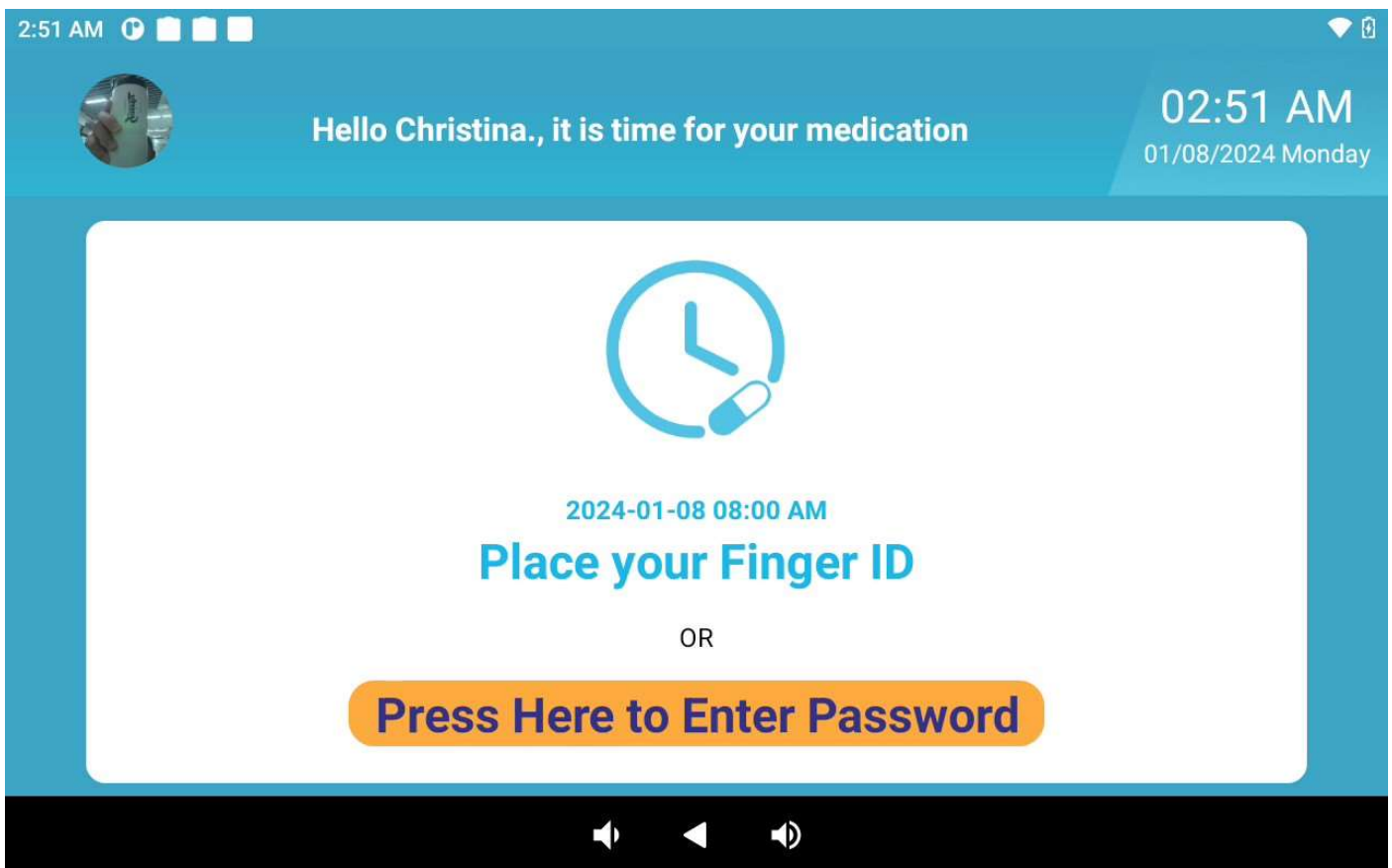
7.2 Select the early medications



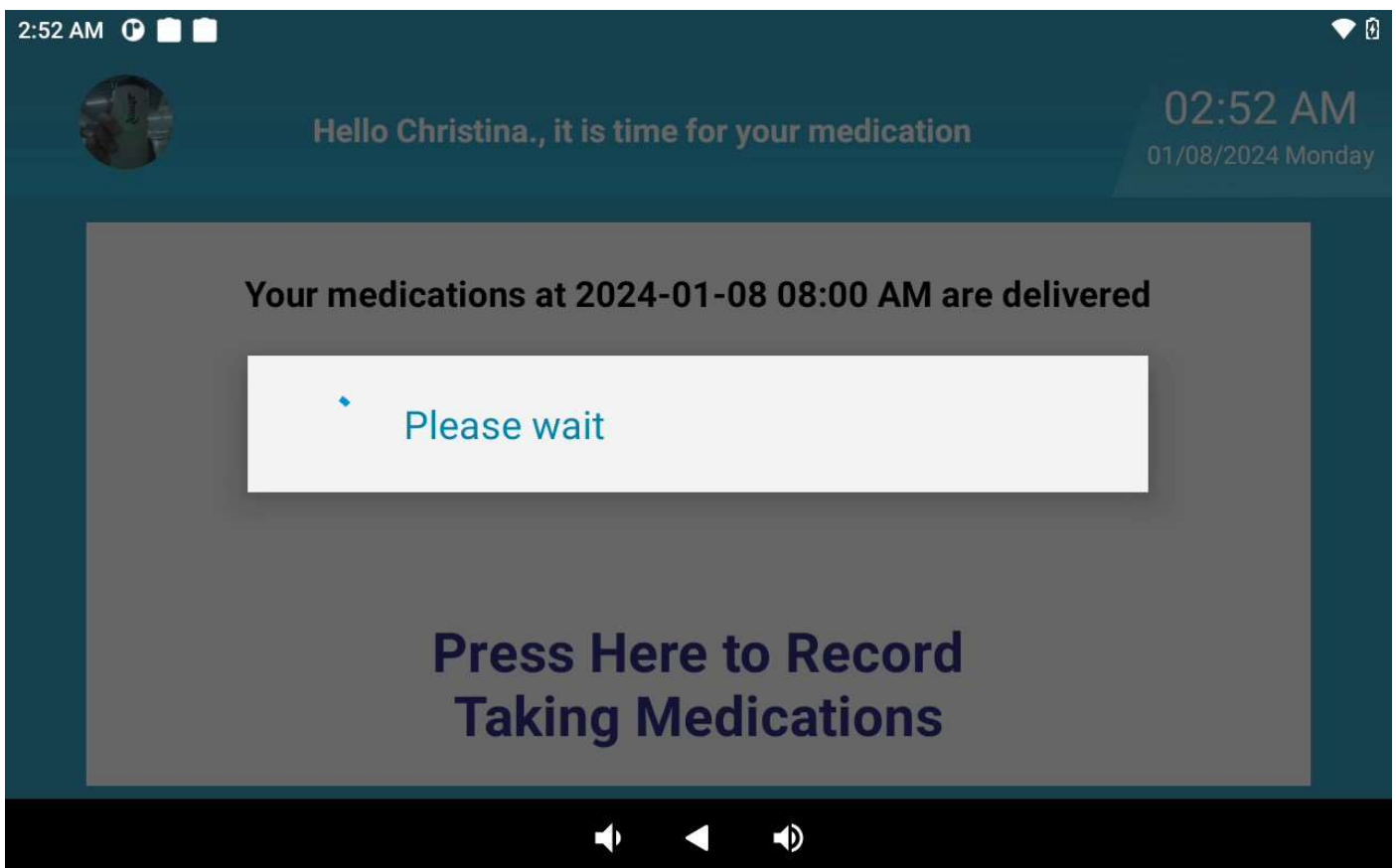
7.3 Taking out the early medications



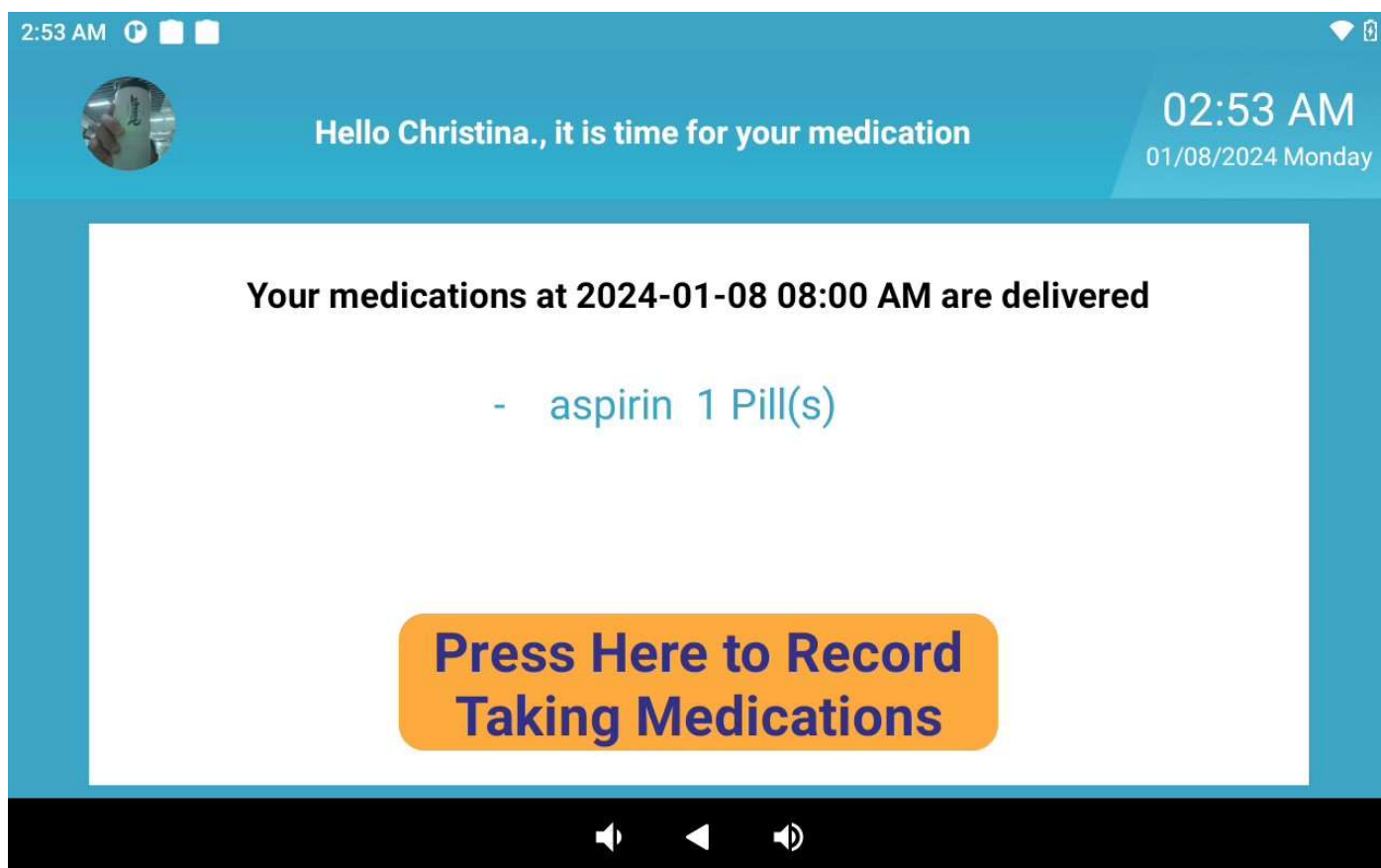
7.4 Password confirmation for the early medications



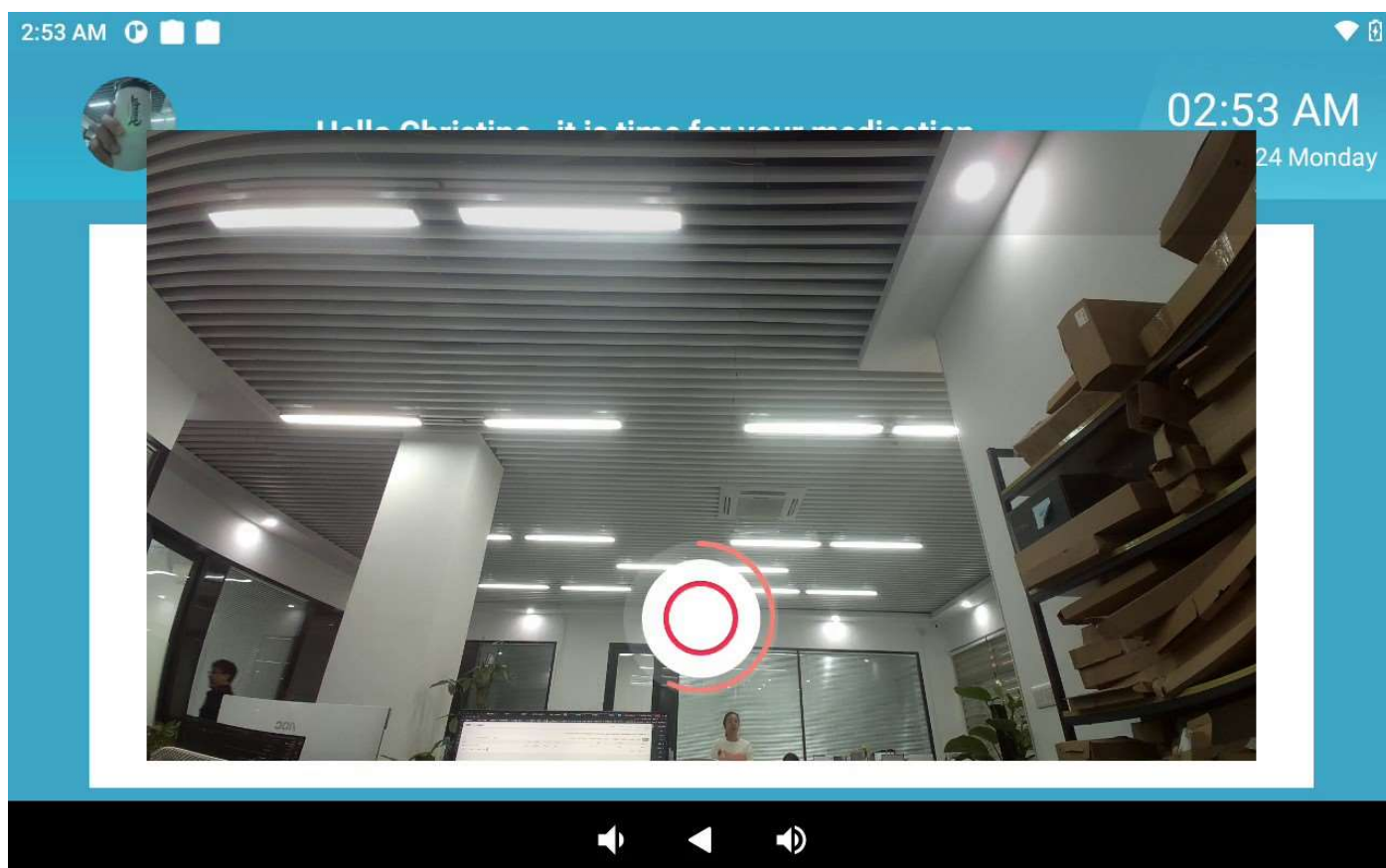
7.5 Delivering out the cup for early medications



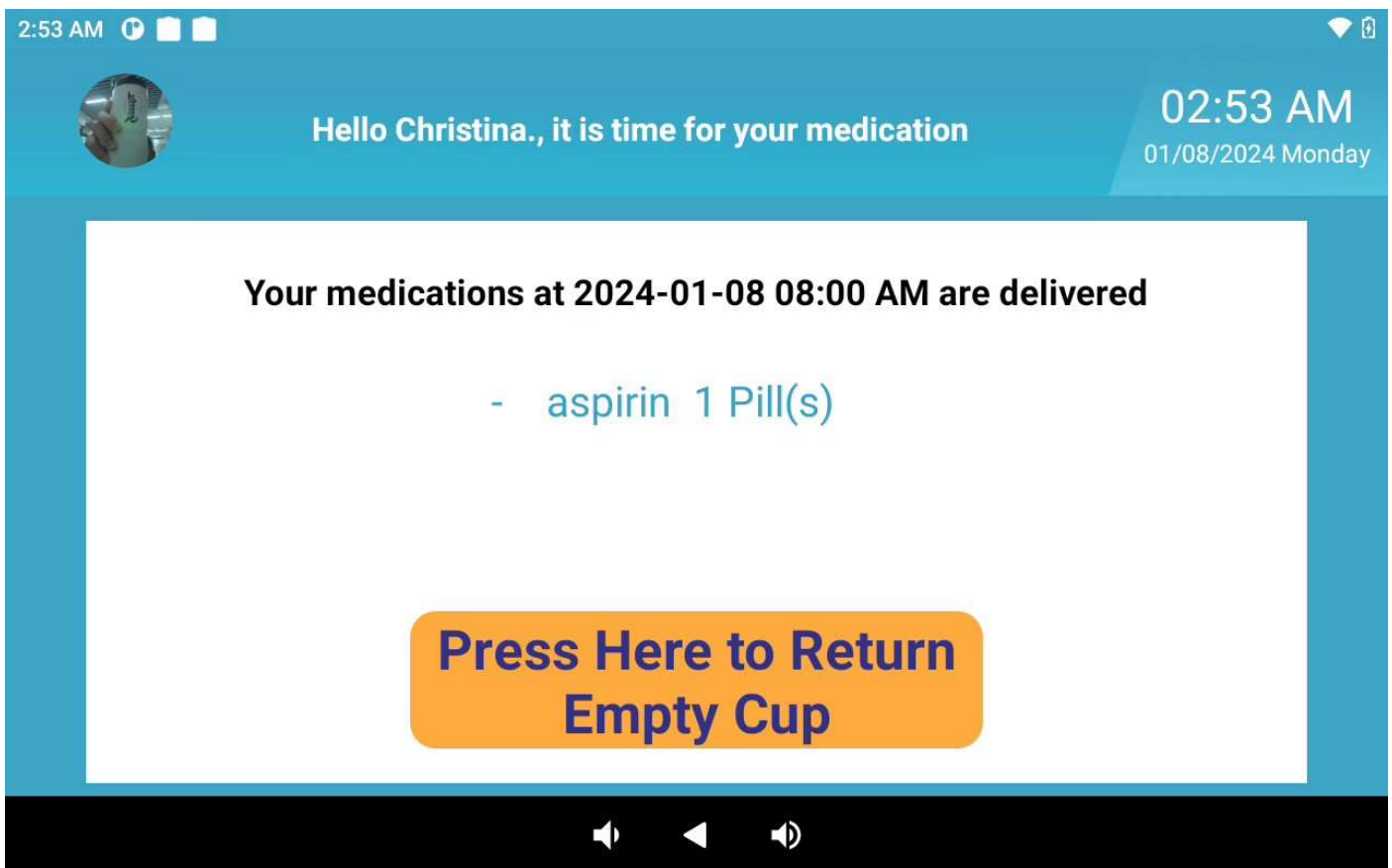
7.6 listing the early medications information



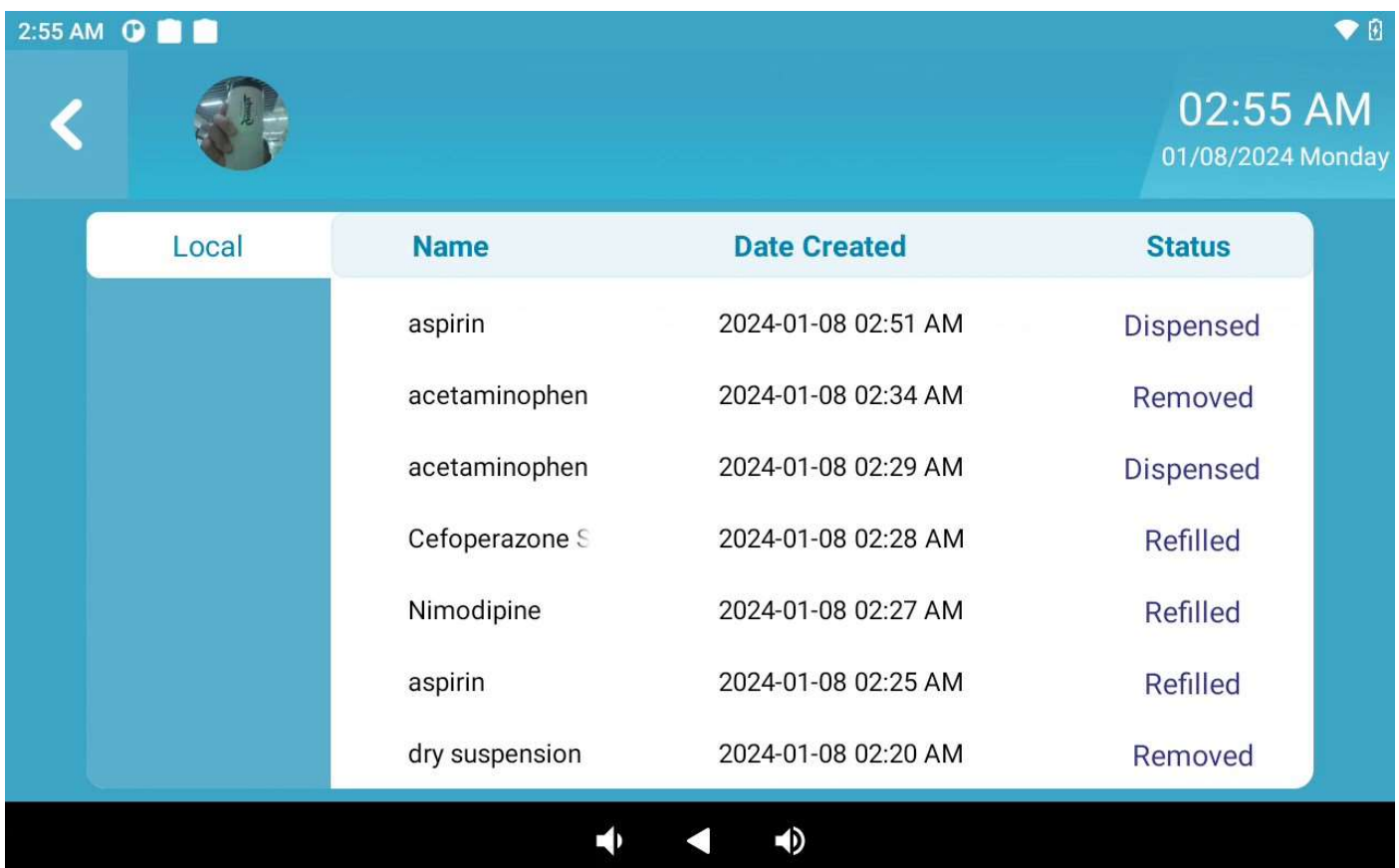
7.7 Taking a video for the early medications



7.8 Taking back the early medications cup



8 View the medications record



9 Fingerprint recognition and password

9.1 Input a new password

2:57 AM

<

Device password

Fingerprint

Version:1.0.3-10
SN:202104222102

Reset device password

Current device password

Password

New device password

Password

Show

CONFIRM

9.2 Add a new fingerprint

2:57 AM

<

Device password

Fingerprint

Version:1.0.3-10
SN:202104222102



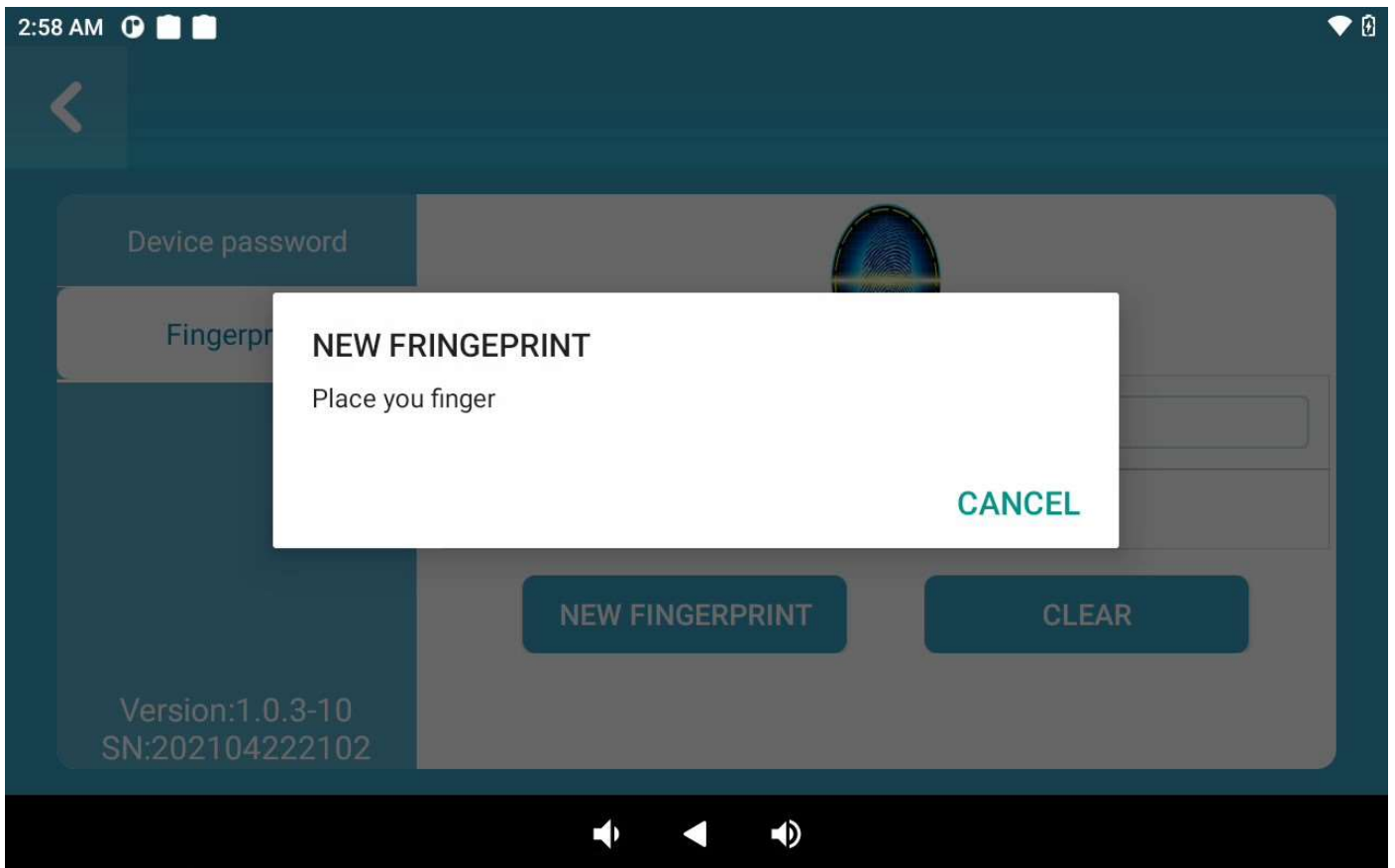
Fingerprint 1

Fingerprint 2

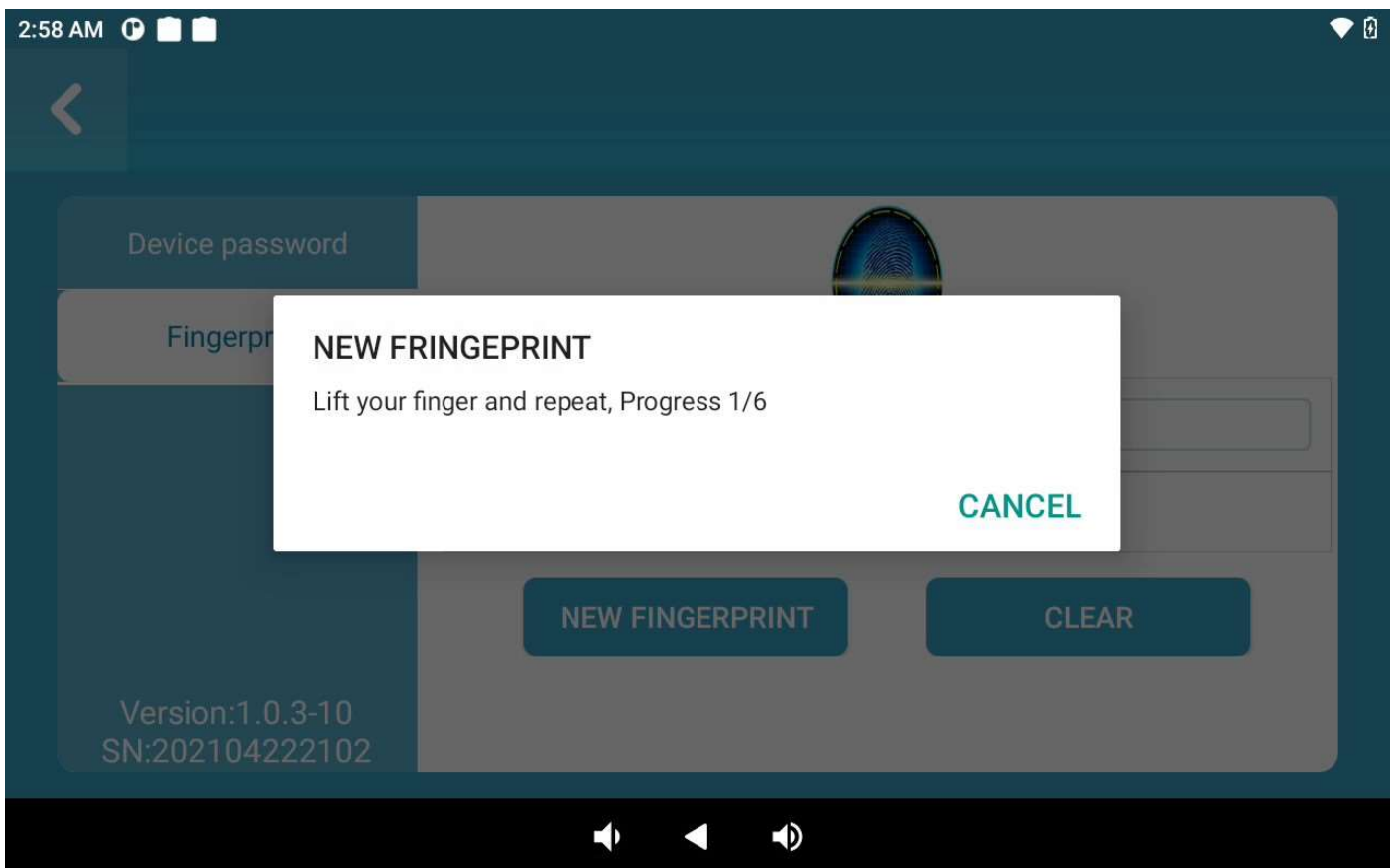
Fingerprint 3

NEW FINGERPRINT

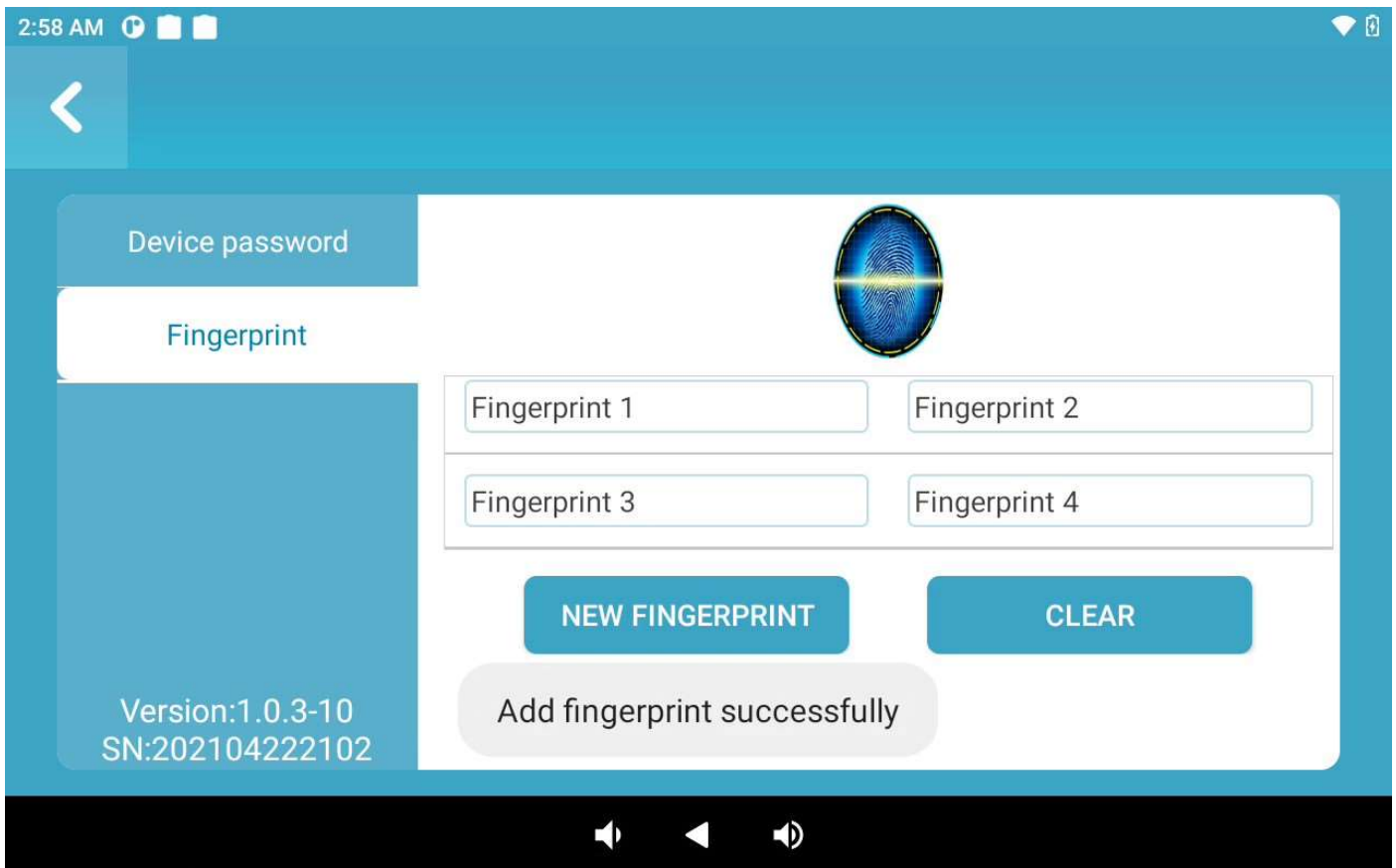
CLEAR



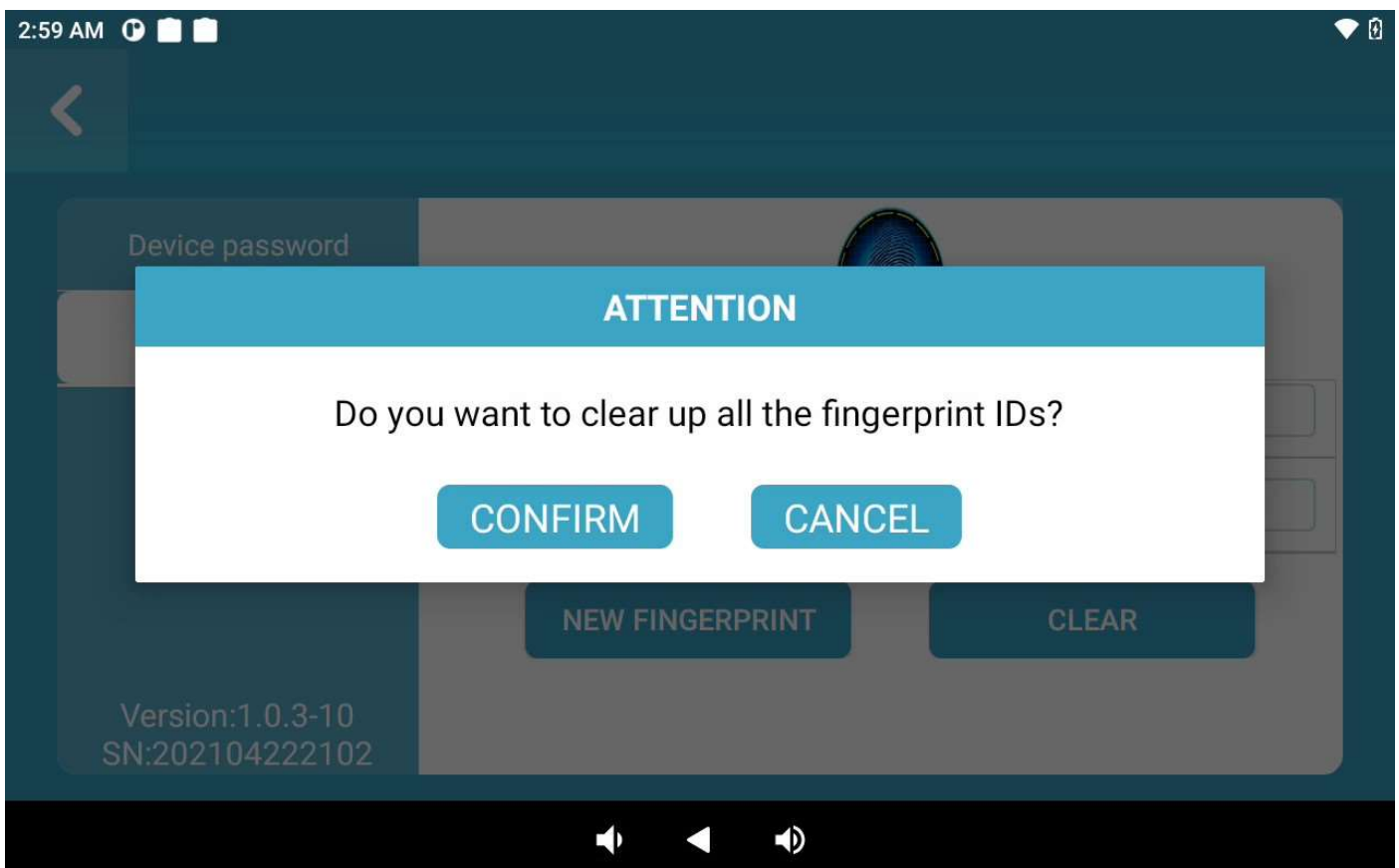
9.3 Input a new fingerprint



9.4 Success to add a new fingerprint

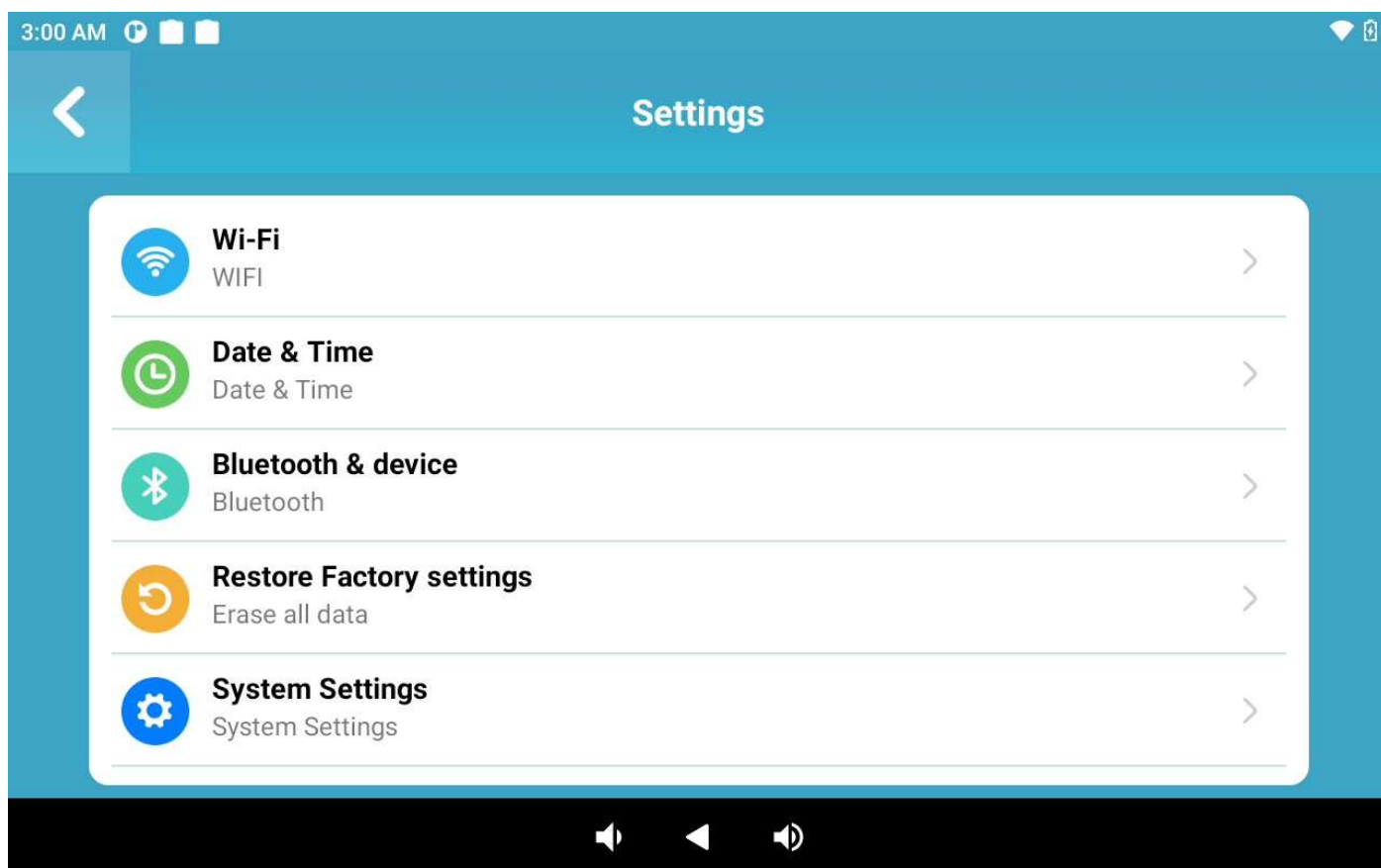


9.5 Delete all fingerprints

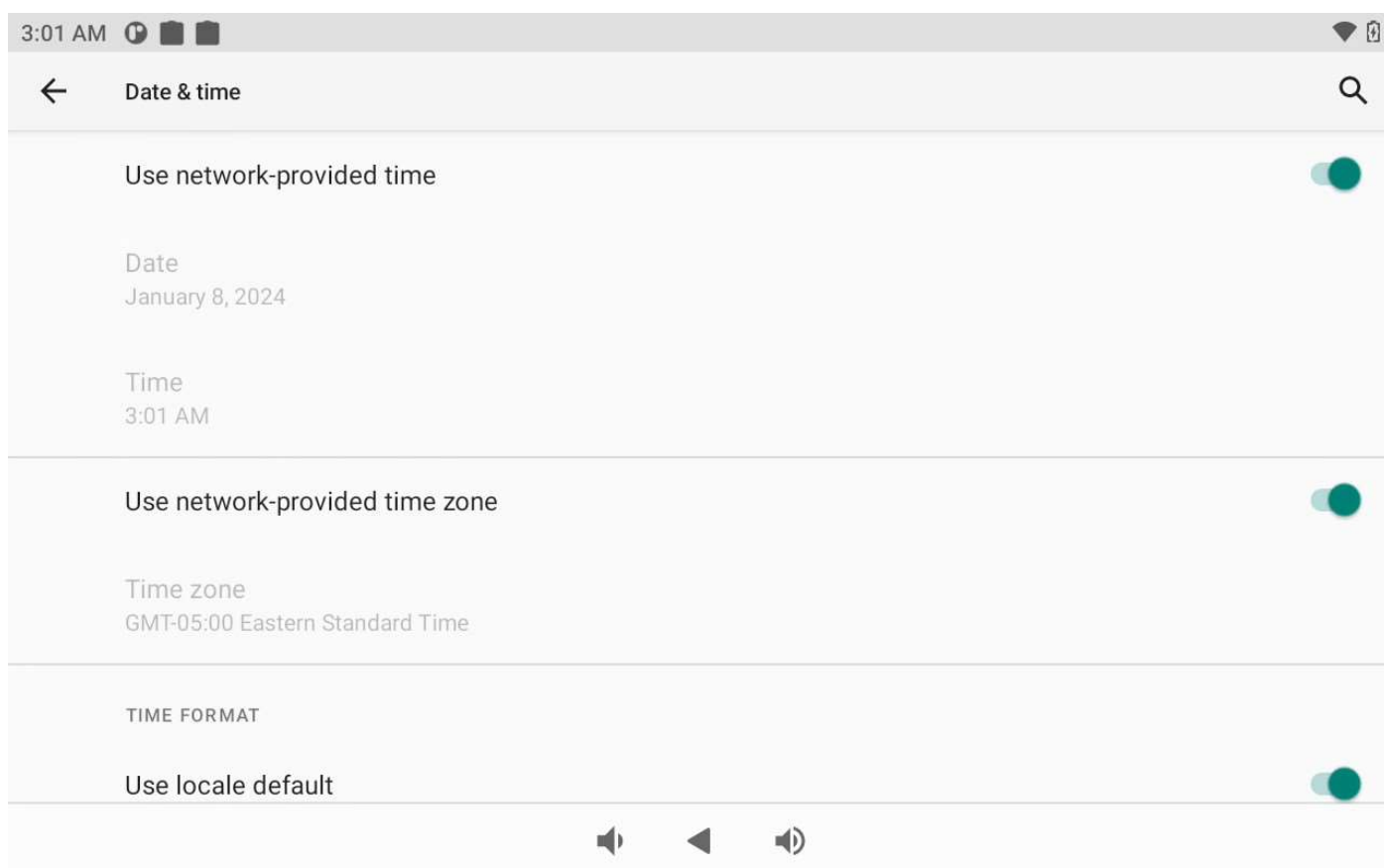


10 System setting

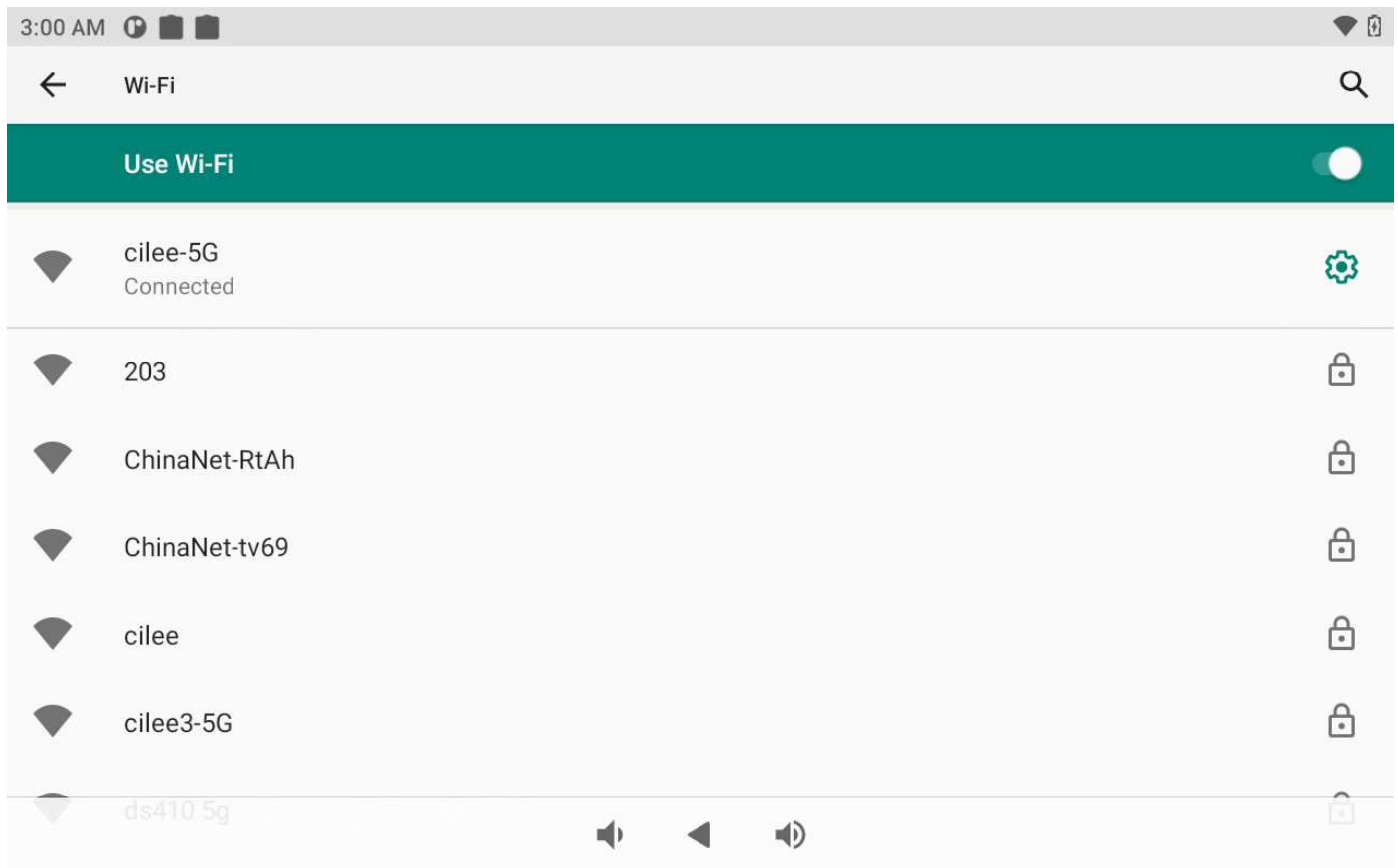
10.1 System setting overview



10.2 Date & time setting



10.3 WiFi setting



FCC Warning

This device complies with part 15 of the FCC rules. Operation is subject to the following two conditions: (1) this device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.

Changes or modifications not expressly approved by the party responsible for compliance could void the user's authority to operate the equipment.

NOTE: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

Radiation Exposure Statement

This equipment complies with FCC radiation exposure limits set forth for an uncontrolled environment. This equipment should be installed and operated with minimum distance 20cm between the radiator and your body.