**Validate “Patient Info” form**

**Positive test cases**

1. Create patient form for US citizen entering 5 digits in “Postal/Zip code” and using valid data in mandatory fields
2. Create patient form for US citizen entering 9 digits in “Postal/Zip code” and using valid data in all fields
3. Create patient form for non US citizen entering 1 character in “Postal/Zip code” and using valid data in all fields
4. Create patient form for non US citizen entering 2 characters in “Postal/Zip code” and using valid data in mandatory fields
5. Create patient form for non US citizen entering all characters in “Postal/Zip code” and using valid data in mandatory fields
6. Inspect the link “Report abuse”
7. Inspect the link “Terms of Service”

**Negative test cases**

1. Save the form by clicking directly on the button “Save”
2. Fill the form by using invalid data in “First Name” field
3. Fill the form by using invalid data in “Last Name” field
4. Fill the form by using invalid data in “SSN” field
5. Fill the form by using invalid data in “Address Line 1” field
6. Inspect the synchronization between the fields “State/Province/Region” and “Postal/Zip code” by using non matching data
7. Fill the form by using invalid date format in “Today’s Date” field
8. Fill the form by using invalid date format in “Date of Birth” field
9. Fill the form by using invalid email form in “Email” field
10. Fill the form by using invalid number in “Phone Number” field
11. Select invalid value in “Preferred Contact” drop down menu