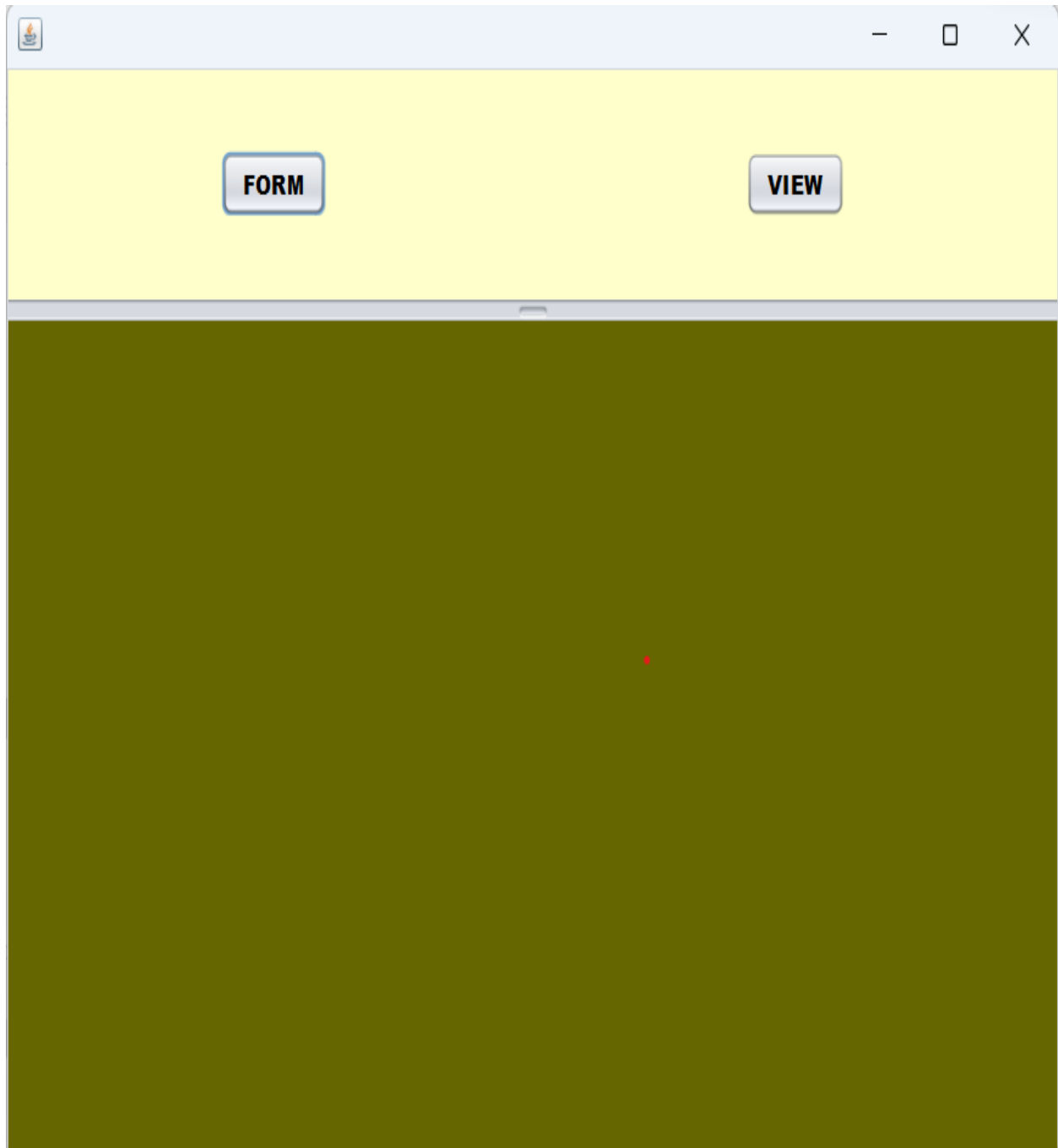


LAB_4 ASSIGNMENT
PATIENT REGISTRATION

Name: Rashmitha Ashwathappa

Nuid: 002837410

SNAPSHOTS:



FORM

VIEW

PATIENT REGISTRATION FORM

FIRST NAME

LAST NAME

AGE

EMAIL ID

DATE OF BIRTH

GENDER

☐ MALE

☐ FEMALE

☐ OTHERS

MESSAGE

PATIENT TYPE

NEW PATIENT

PATIENT PHOTO

UPLOAD PHOTO

SUBMIT

FORM

VIEW

PATIENT REGISTRATION FORM

FIRST NAME

rashmi1

ENTER ONLY ALPHABETS!

LAST NAME

x ---cm d

ENTER ONLY ALPHABETS!

AGE

2m

ENTER ONLY NUMBERS!

EMAIL ID

rahmitha

ENTER VALID EMAIL ID!

DATE OF BIRTH

GENDER

☐ MALE

☒ FEMALE

☐ OTHERS

MESSAGE


PATIENT TYPE

NEW PATIENT

PATIENT PHOTO

UPLOAD PHOTO

SUBMIT



X

FORM

VIEW

PATIENT REGISTRATION FORM

FIRST NAME

Rashmitha

LAST NAME

Ashwathappa

AGE

22

EMAIL ID

rahmitha@gmail.com

DATE OF BIRTH

October


2023

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
40	1	2	3	4	5	6	7
41	8	9	10	11	12	13	14
42	15	16	17	18	19	20	21
43	22	23	24	25	26	27	28
44	29	30	31				

PATIENT PHOTO

UPLOAD PHOTO



SUBMIT

— □ ×

FORM

VIEW

PATIENT REGISTRATION FORM

FIRST NAME	<input type="text" value="Rashmitha"/>
LAST NAME	<input type="text" value="Ashwathappa"/>
AGE	<input type="text" value="22"/>
EMAIL ID	<input type="text" value="rahmitha@gmail.com"/>
DATE OF BIRTH	<input type="text" value="Oct 2, 2023"/> 
GENDER	<div><input type="radio"/> MALE <input checked="" type="radio"/> FEMALE <input type="radio"/> OTHERS</div>
MESSAGE	<div><input type="text" value="Hello, Welcome!!"/></div>
PATIENT TYPE	<div><div>EXISTING PATIENT ▾</div><div>C:\Users\User\OneDrive\Documents\WEU_ASSIGNMENTS\I..</div></div>
PATIENT PHOTO	<div><div>UPLOAD PHOTO</div><div>SUBMIT</div></div>



VIEW

