



Form

View



Form

View

## Patient Registration Form

First Name :

Last Name :

Age :

Email :

Message :

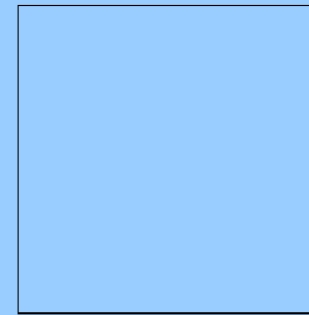
Patient Type :

Gender :

☐ MALE

☐ FEMALE

☐ OTHER



Upload Image

Choose File...

SUBMIT



Form

View

# Patient Registration Form

First Name :

12

Last Name :

Age :

Email :

Message :

Patient Type :

Gender :

☐ MALE

☐ FEMALE

☐ OTHER

SUBMIT

User Information



First Name is not a string

OK

Upload Image

Choose File...



Form

View

# Patient Registration Form

First Name :

Akash

Last Name :

/^-/.\*

Age :

Email :

Message :

Patient Type :

Gender :

☐ MALE

☐ FEMALE

☐ OTHER

User Information



Last Name is not a string

OK

Upload Image

Choose File...

SUBMIT



Form

View

# Patient Registration Form

First Name :

Akash

Last Name :

Bahri

Age :

as

Email :

Message :

Patient Type :

Gender :

☐ MALE

☐ FEMALE

☐ OTHER

SUBMIT

User Information



Age is not a number

OK

Upload Image

Choose File...



Form

View

# Patient Registration Form

**First Name :**

**Last Name :**

**Age :**

**Email :**

**Message :**

**Patient Type :**

**Gender :** ☐ MALE ☐ FEMALE ☐ OTHER



**Upload Image**

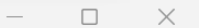
Choose File...

User Information

Age is not in range

OK

SUBMIT



Form

View

## Patient Registration Form

First Name :

Akash

Last Name :

Bahri

Age :

24

Email :

sample@noperiod

Message :

Patient Type :

Gender :

☐ MALE

☐ FEMALE

☐ OTHER

SUBMIT

User Information



Message is empty

OK

Form

View

# Patient Registration Form

First Name :

Akash

Last Name :

Bahri

Age :

24

Email :

bahri.a@northeastern.edu

Message :

Patient Type :

Gender :

☐ MALE

☐ FEMALE

☐ OTHER

SUBMIT

User Information



Message is empty

OK



Form

View

## Patient Registration Form

First Name :

Eesha

Last Name :

Bahri

Age :

28

Email :

Eesha@gmail.com

Message :

hello !@#\$

Patient Type :

Gender :

☐ MALE

☐ FEMALE

☐ OTHER

SUBMIT

User Information

×



Patient Type Not Selected

OK

Upload Image

Choose File...



Form

View

# Patient Registration Form

First Name :

Eesha

Last Name :

Bahri

Age :

28

Email :

Eesh

Message :

hello

Patient Type :

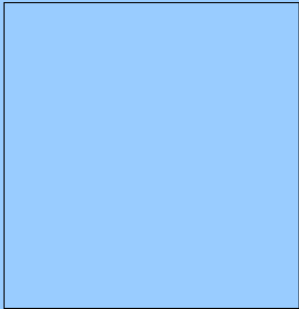
General

Gender :

☐ MALE

☐ FEMALE

☐ OTHER



Upload Image

Choose File...

SUBMIT

User Information



Patient Gender Not Selected

OK

Form

View

# Patient Registration Form

First Name :

Akash

Last Name :

Bahri

Age :

24

Email :

bahri.a@northeastern.edu

Message :

Welcome Huskies !!!

Patient Type :

Gender :

General

ICU

Emergency

Pregnancy

Surgery

Staff

Upload Image

Choose File...

SUBMIT

Form

View

## Patient Registration Form

**First Name :**

Akash

**Last Name :**

Bahri

**Age :**

24

**Email :**

bahri.a@northeastern.edu

**Message :**

Welcome Huskies !!!

**Patient Type :**

Surgery

**Gender :**

☒ MALE

☐ FEMALE

☐ OTHER



**Image Uploaded**

Choose File...

SUBMIT



Form

View

## Patient View Form



**First Name :** Akash

**Last Name :** Bahri

**Age :** 24

**Email :** bahri.a@northeastern.edu

**Patient Type :** Surgery

**Gender :** MALE

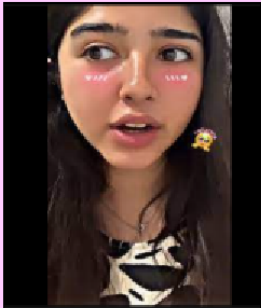
**Message :** Welcome Huskies !!!



Form

View

## Patient View Form



**First Name :** Eesha

**Last Name :** Bahri

**Age :** 28

**Email :** Eesha@gmail.com

**Patient Type :** General

**Gender :** FEMALE

**Message :** hello !@#&



Form

View

## Patient View Form

No Photo



**First Name :** Rob

**Last Name :** William

**Age :** 45

**Email :** r@w.c

**Patient Type :** General

**Gender :** OTHER

**Message :** I did not upload any photo