



## Sai Durga Pathological Laboratory

FullName	<input type="text"/>
Age	<input type="text"/>
DOB	<input type="text" value="dd-mm-yyyy"/>
Refer DOC	<input type="text"/>
Test Type	<input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>
<input type="button" value="submit"/>	