

REQUIREMENT SPECIFICATION FORM

Contact Information		
Project Name	Req. No	Req. Date
PhysioTrack	10	22.10.23
Requesting Firm or Organization		
Contact Personel	Phone No	e-mail
Mehmet Emir Türker	5465052546	

Request Information
Request Description
System should send a confirmation code to both patient and physiotherapist by message
Justification
This requirement is necessary to ensure that both the patient and physiotherapist are aware of the appointment and to prevent unauthorized access to information of each other.
Effect if declined (Risk if the project request is declined)
Unauthorized access to patient records may occur.
Request Alternatives (if exists)

Request Review Information		
Review Date	Reviewer Name and Signature	Reviewer Conclusion
		<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Postponed (D:)
		<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Postponed (D:)
Suggestion Elaboration		

Request Final Review		
Review Date	Reviewer Name and Signature	Conclusion
		<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Comments (if need)		

Request Final Review