## REQUIREMENT SPECIFICATION FORM

Contact Information	tion					
Project Name					Req. Date	
PhysioTrack					22.10.2023	
Requesting Firm	or Organization					
Physiotherapists						
Contact Personel		Phone No	e-mail	nail		
Burak Dumlupına	r					
		I				
Request Informa	tion					
Request Descript	ion					
The system shoul maintain confiden		by using AES algorithm for	all patient-rela	ted informat	ion to	
Justification						
Security is always	s everyone priority while u	ising an app.				
Effect if declined	(Risk if the project reques	et is declined)				
If we fail in this re	quirement, user will not tr	rust us.				
Request Alternation	ves (if exists)					
Dogwood Doview	Information					
Request Review Review Date		'ianatura	Poviou	or Conducio		
Review Date	Reviewer Name and S	ognature		Reviewer Conclusion		
			☐ De	oroved clined stponed (D:	)	
			☐ De	oroved clined stponed (D:	)	
Suggestion Elabo	ration			(	,	
Request Final Re	eview					
Review Date	Reviewer Name and S	Signature	Conclu	sion		
				oroved clined		
Comments (if nee	ed)					