

REQUIREMENT SPECIFICATION FORM

Contact Information		
Project Name	Req. No	Req. Date
PhysioTrack	14	22/10/2023
Requesting Firm or Organization		
Hospital		
Contact Personel	Phone No	e-mail
Mehmet Emir Tümer	05445202249	

Request Information
Request Description
The personal information of each patient except their age,job and sex must be hidden from the physiotherapist at first match on system.
Justification
Necessary for the security of users and the usability of the application.
Effect if declined (Risk if the project request is declined)
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)		