REQUIREMENT SPECIFICATION FORM

	ation				
Project Name			R	eq. No	Req. Date
PhysioTrack			9	9	05/11/202
Requesting Firm	or Organization				
Hsopital					
Contact Personel Phone No e-mail		e-mail			
Eren Köselerli		5342832328 eren.koselerli@std.ieu.edu		edu.tr	
Request Inform	ation				
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Request Descrip			unt and the aveter		l tuo ole the oir
process toward t		onalized goals for each patie	ent, and the system	m snould	i track their
Justification					
these treatment. motivated and er	Also, just because both do	tient and their need first. Thi octor and patient can see re s system track progress it als	sult clearly, every	one shou	uld be more
Effect if declined	(Risk if the project reques	t is declined)			
	urpose is fall short becaus and positive feedback with	e when we talked with our c			
patient and treati		patient. This requirement is	where we get fee	edback fr	om our
	ment.	patient. This requirement is	where we get fee	edback fr	om our
patient and treati	ment.	patient. This requirement is	where we get fee	edback fr	om our
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patient and treati	ment. rives (if exists)		Reviewer		
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