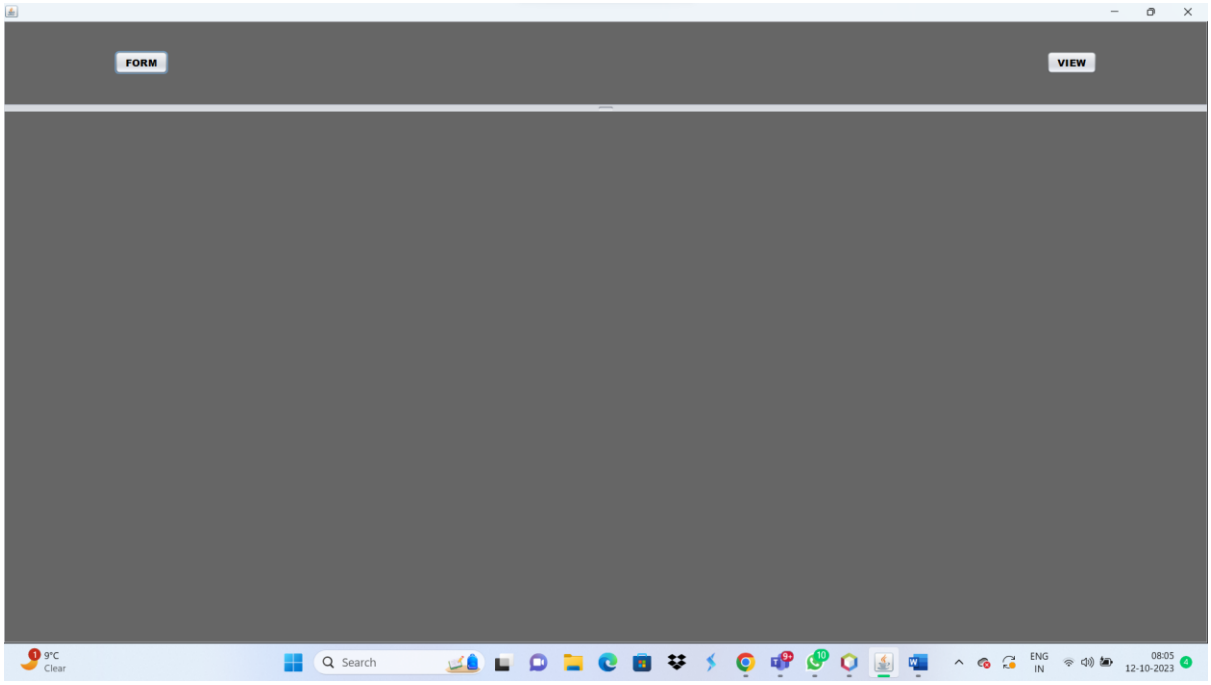
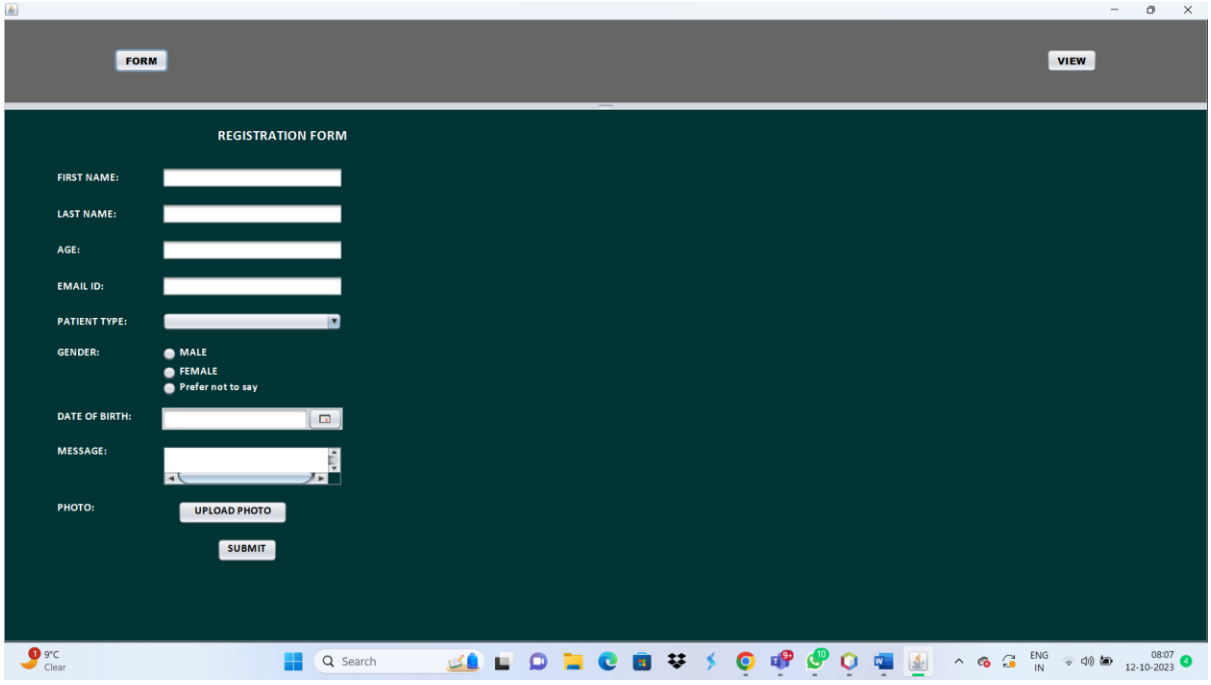
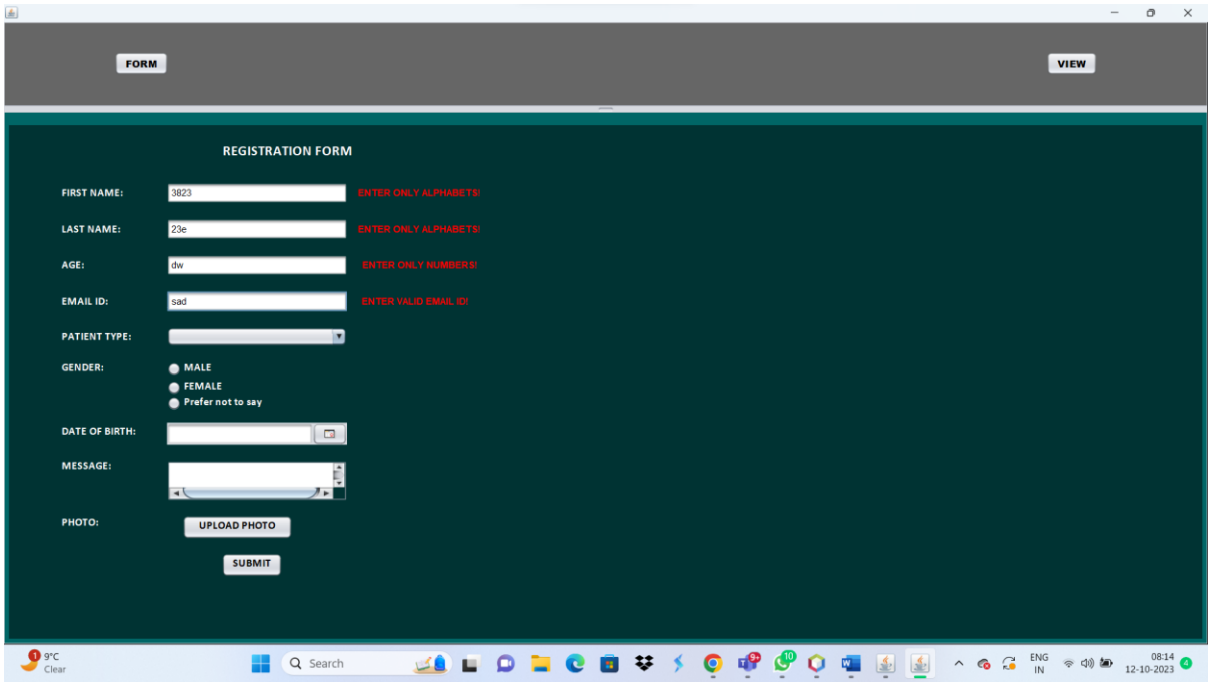
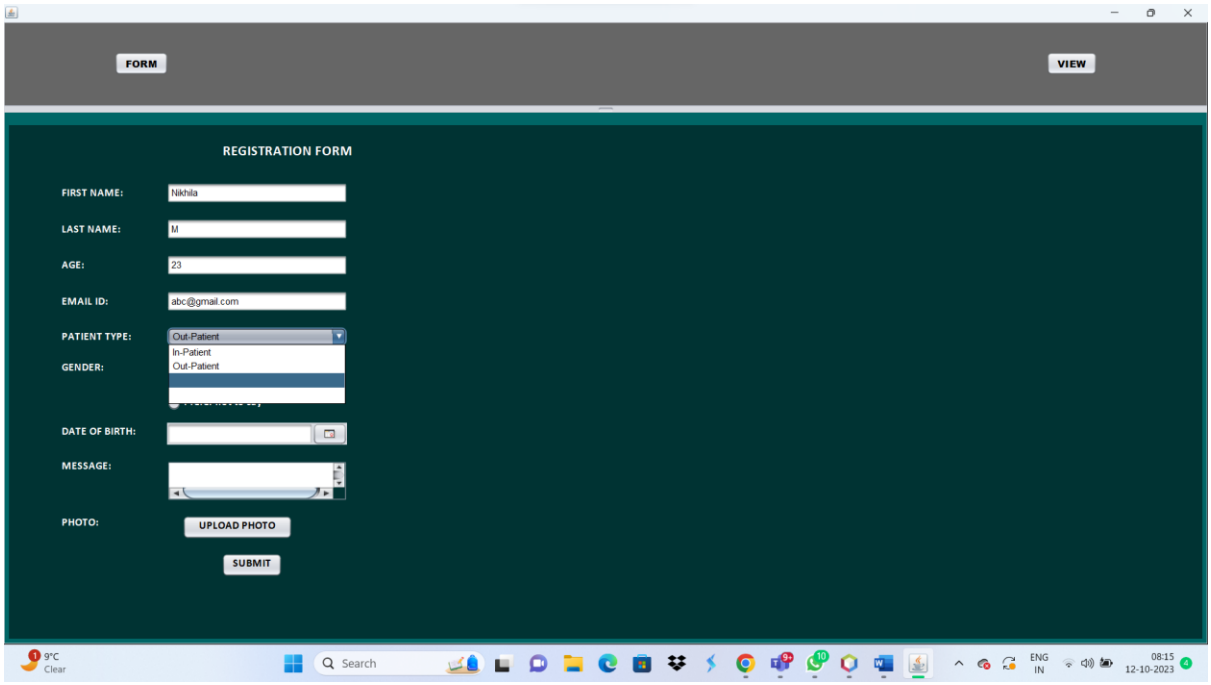
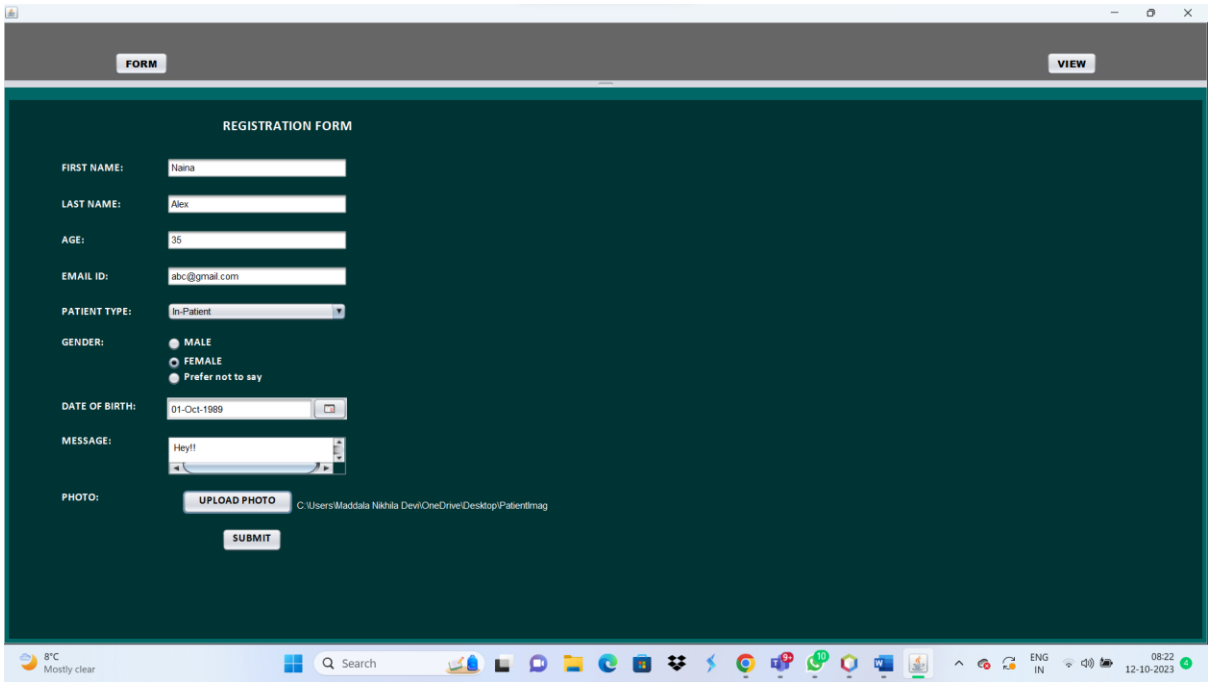
OUTPUT SCREENSHOTS

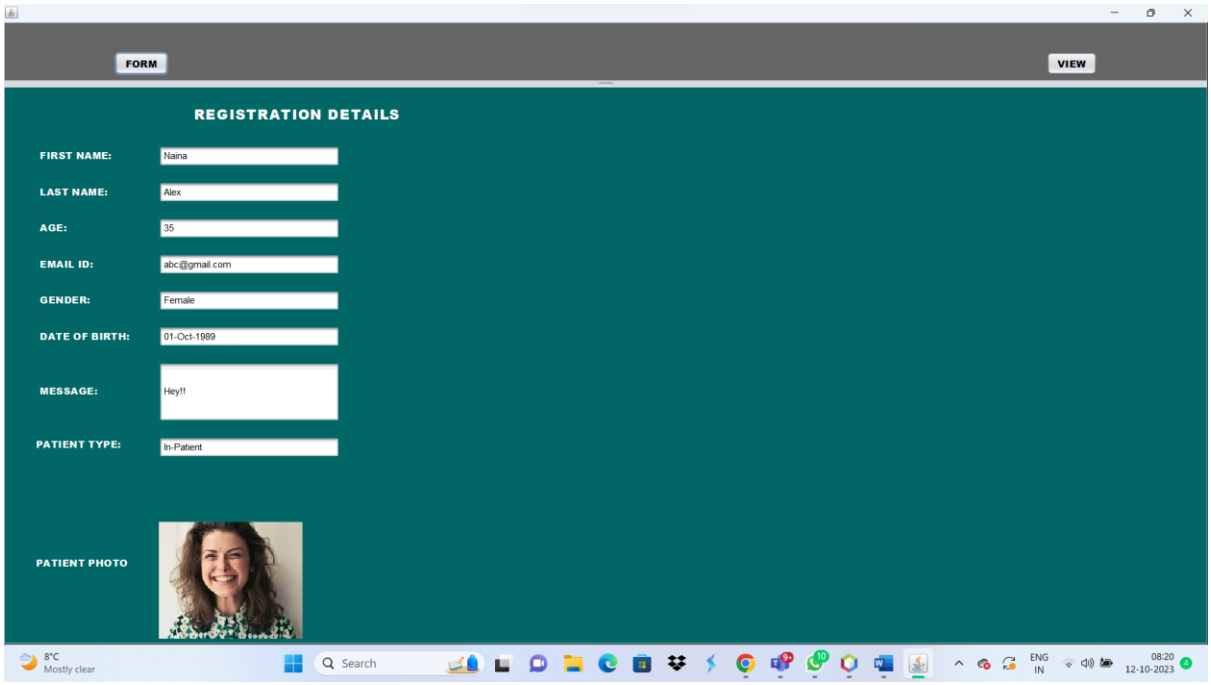





FORM
VIEW
REGISTRATION FORM
FIRST NAME:
3823
ENTER ONLY ALPHABETS!
LAST NAME:
23e
ENTER ONLY ALPHABETS!
AGE:
dw
ENTER ONLY NUMBERS!
EMAIL ID:
sad
ENTER VALID EMAIL ID!
PATIENT TYPE:
GENDER:
MALE
FEMALE
Prefer not to say
DATE OF BIRTH:
MESSAGE:
PHOTO:
UPLOAD PHOTO
SUBMIT


FORM
VIEW
REGISTRATION FORM
FIRST NAME:
Nikhila
LAST NAME:
M
AGE:
23
EMAIL ID:
abc@gmail.com
PATIENT TYPE:
Out-Patient
In-Patient
Out-Patient
GENDER:
DATE OF BIRTH:
MESSAGE:
PHOTO:
UPLOAD PHOTO
SUBMIT


FORM
VIEW
REGISTRATION FORM
FIRST NAME:
Naina
LAST NAME:
Alex
AGE:
35
EMAIL ID:
abc@gmail.com
PATIENT TYPE:
In-Patient
GENDER:
MALE
FEMALE
Prefer not to say
DATE OF BIRTH:
01-Oct-1989
MESSAGE:
Hey!!
PHOTO:
UPLOAD PHOTO
C:\Users\Maddala Nikhila Devi\OneDrive\Desktop\PatientImag
SUBMIT
8°C
Mostly clear
Search
ENG
IN
08:22
12-10-2023


FORM
VIEW
REGISTRATION DETAILS
FIRST NAME:
Naina
LAST NAME:
Alex
AGE:
35
EMAIL ID:
abc@gmail.com
GENDER:
Female
DATE OF BIRTH:
01-Oct-1989
MESSAGE:
Hey!!
PATIENT TYPE:
In-Patient
PATIENT PHOTO
8°C
Mostly clear
Search
ENG
IN
08:20
12-10-2023