

FORM

VIEW

REGISTRATION FORM

First Name:

Last Name:

Age:

Email:

Gender:

☐ Male

☐ Female

☐ Prefer not to say

Patient Type:

Message:

Image Upload:

Browse

SUBMIT

FORM

VIEW

REGISTRATION FORM

First Name:

Last Name:

Age:

Email:

Gender:

☐ Male

☐ Female

☐ Prefer not to say

Patient Type:

Message:

Image Upload:

Browse

SUBMIT

Message

i

Enter a first valid name

OK

FORM

VIEW

REGISTRATION FORM

First Name:

Last Name:

Age:

Email:

Gender:

☐ Ma

☐ Fer

☐ Pre

Patient Type:

Message:

Image Upload:

Browse

OK

SUBMIT

FORMVIEW

REGISTRATION FORM

First Name:

Last Name:

Age:

Email:

Gender:

☐ Male

☐ Female

☐ Prefer not to say

Patient Type:

Message:

Image Upload:

Browse

SUBMIT

Validation Error

!

Invalid age format

OK

FORM

VIEW

REGISTRATION FORM

First Name:

Gaurav

Last Name:

Rai

Age:

25

Email:

rai@northeastern.com

Gender:

☐ Male

☐ Female

☐ Prefer not to say

Patient Type:

Message:

Image Upload:

Browse

SUBMIT

Message

i

please select your gender

OK

FORM

VIEW

REGISTRATION FORM

First Name:

Gaurav

Last Name:

Rai

Age:

25

Email:

rai@northeastern.com

Gender:

☐ Male

☐ Female

☐ Prefer not to say

Patient Type:

Message:

Image Upload:

Browse

SUBMIT

Message

i

Please select patient type.

OK

FORM

VIEW

REGISTRATION FORM

First Name:

Gaurav

Last Name:

Rai

Age:

25

Email:

rai@northeastern.com

Gender:

☐ Male

☐ Female

☐ Prefer not to say

Patient Type:

Message:

Image Upload:

Browse

Message

i

Please enter a message

OK

SUBMIT

FORM

VIEW

REGISTRATION FORM

First Name:

Gaurav

Last Name:

Rai

Age:

25

Email:

rai2northeastern.com

Gender:

☒ Male

☐ Female

☐ Prefer not to say

Patient Type:

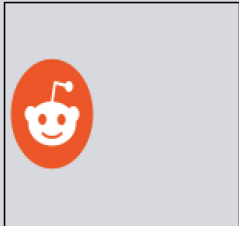
Specific

Message:

Hi

Image Upload:

Browse



SUBMIT

FORMVIEW

REGISTRATION FORM

First Name:

Gaurav

Last Name:

Rai

Age:

25

Email:

rai@northeastern.com

Gender:

☒ Male

☐ Female

☐ Prefer not to say

Patient Type:

Specific

Message:

Hi


Image Upload:

Browse

SUBMIT



User Information



Gaurav Rai

25

rai@northeastern.com

Male

Hi

Specific

OK

FORM

VIEW

VIEW PATIENT FORM

First Name:

Gaurav

Last Name:

Rai

Age:

25

Email:

rai@northeastern.com

Gender:

☒ Male

☐ Female

☐ Prefer not to say

Patient Type:

Specific

Message:

Hi

Image Upload:

Browse

