

**Name**                      **Email**                      **Phone**      **Category**  
tester    tester123@yopmail.com    5896321456    Hair Loss

| Question  | Answer                        | Details   |
|---|-------------------------------|-----------|
| What is your type of hair loss                            | Genetic Hair Loss/ Mild       |           |
| When did you notice any hair loss                         | past couple of months / years |           |
| Have you experienced hair loss anywhere else on your body | no                            |           |
| Are any of the following true                             | no                            | Psoriasis |
| What is your type of hair loss                            | Genetic Hair Loss/ Mild       |           |

