

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 | |
| Do you have any scalp problems | no | Psoriasis |
| Are any of the following true | no | Psoriasis |
| When did you notice any hair loss | past couple of months / years | |
| Have you experienced hair loss anywhere else on your body | yes | |
| When did you notice any hair loss | past couple of months / years | |
| Have you experienced hair loss anywhere else on your body | no | |
| When did you notice any hair loss | past couple of months / years | |
| Have you experienced hair loss anywhere else on your body | no | |

