

← Patient Record System



HTML

CSS

JS

OUTPUT

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Sandip Bhagit

23 days • 3 views

web



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PRIVATE

```
1 .
2 .
3     <!DOCTYPE html>
4 <html lang="en">
5 <head>
6
7 <meta charset="UTF-8">
8 <meta name="viewport"
9 content="width=device-width,
10 initial-scale=1">
11
12 <title>Patient Record System</title>
13
14 <style>
15 body {
16 font-family: Arial, sans-serif;
17 background-color: white;
18 margin: 20px;
19 }
20
21 .container {
22 width: 60%;
23 margin: auto;
24 background-color: powderblue;
25 padding: 25px;
26 border-radius: 10px;
27 box-shadow: 0 0 15px rgba(0,0,0,0.1);
28 color:black;
29 }
30
31 h1{
32 text-align: center;
33 color:purple;
34 font-size: 23px;
35 }
36
37 label {
38 font-weight: bold;
39 display: block;
40 margin-top: 15px;
41 }
```

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```
41 }
42
43 input[type="text"],
44 input[type="email"],
45 input[type="tel"],
46 input[type="date"],
47 select,
48
49 textarea {
50 width: 100%;
51 padding: 10px;
52 margin-top: 5px;
53 border: 1px solid #ccc;
54 border-radius: 5px;
55 }
56
57 gender-options {
58 margin-top: 5px;
59 }
60
61 .gender-options label{
62 font-weight: normal;
63 margin-right: 15px;
64 }
65
66 input[type="submit"] {
67 background-color: #28a745;
68 color: white;
69 padding: 10px 25px;
70 margin-top: 20px;
71 border: none;
72 border-radius: 5px;
73 cursor: pointer;
74 }
75
76 input[type="submit"]:hover {
77 background-color: #218838;
78 }
79
80 </style>
81 </head>
82 <body>
```

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```
81 </head>
82 <body>
83 <div class="container">
84
85 <h1>Patient Record System</h1>
86
87 <form action="#" method="post">
88
89 <label for="id">Patient Id: </label>
90 <input type="text" id="id" name="name"
91 required>
92
93 <label for="name">Patient Name: </label>
94 <input type="name" id="name"
95 name="name" required>
96
97 <label for="phone">Age: </label>
98 <input type="tel" id="phone" name="phone"
99
100 required>
101 <label for="gender">Gender: </label>
102 <div class="gender-options">
103
104 <label><input type="radio" name="gender"
105 value="Male" required>Male</label>
106
107 <label><input type="radio" name="gender"
108 value="Female">Female</label>
109
110 <label><input type="radio" name="gender"
111 value="Other">Other</label>
112 </div>
113
114 <label for="phone">Phone: </label>
115 <textarea id="phone" name="phone" rows="3"
116 required></textarea>
117
118 <label for="message">Symptoms: </label> <textarea
119 id="message" name="message" rows="3"></textarea>
120
121 </form>
```

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RUN ►

Patient Record System

Patient Id:

Patient Name:

Age:

Gender:

☐ Male

☐ Female

☐ Other

Phone:

Symptoms:

Submit