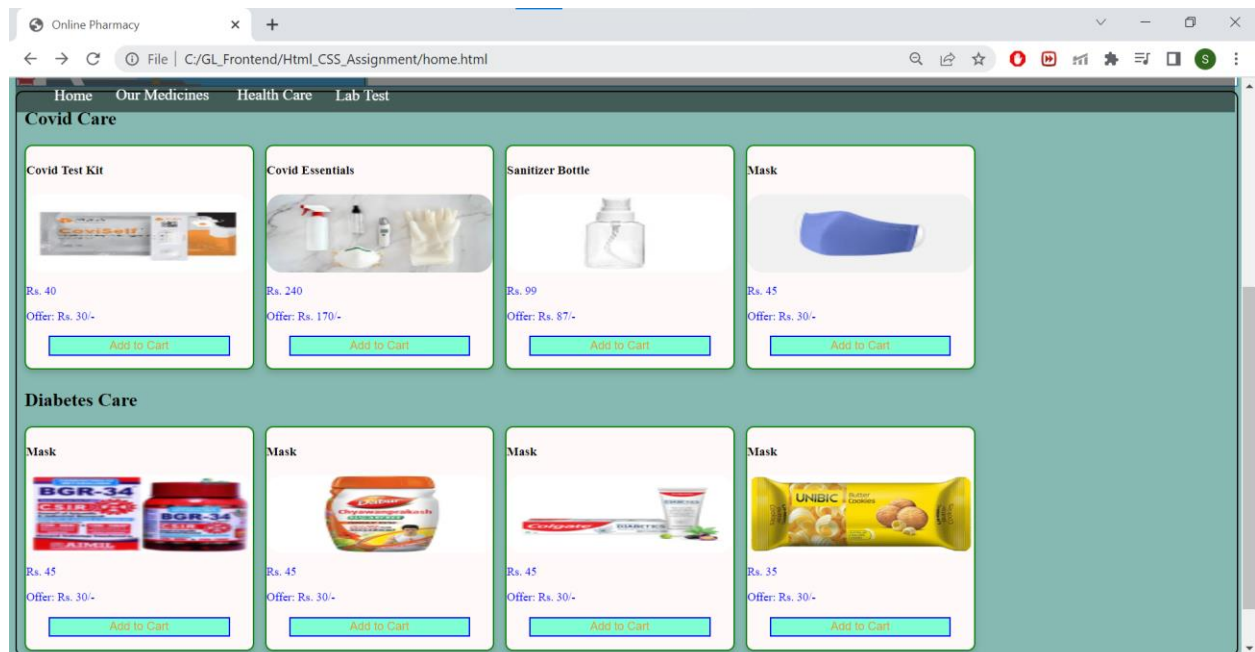
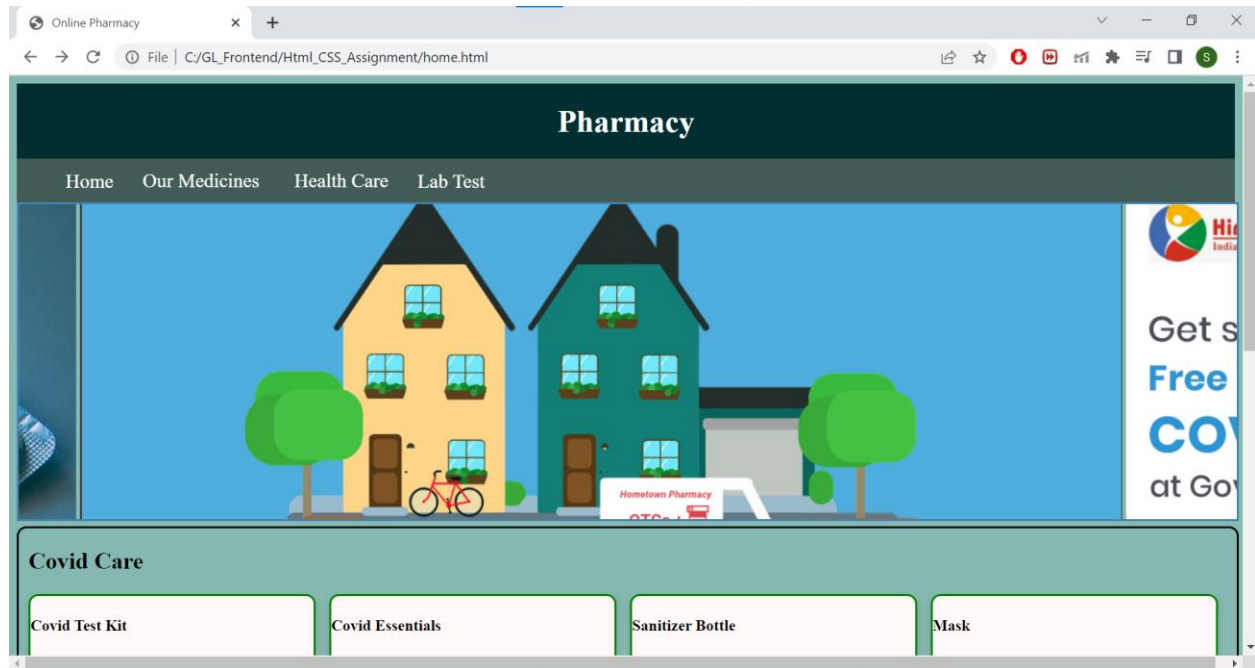
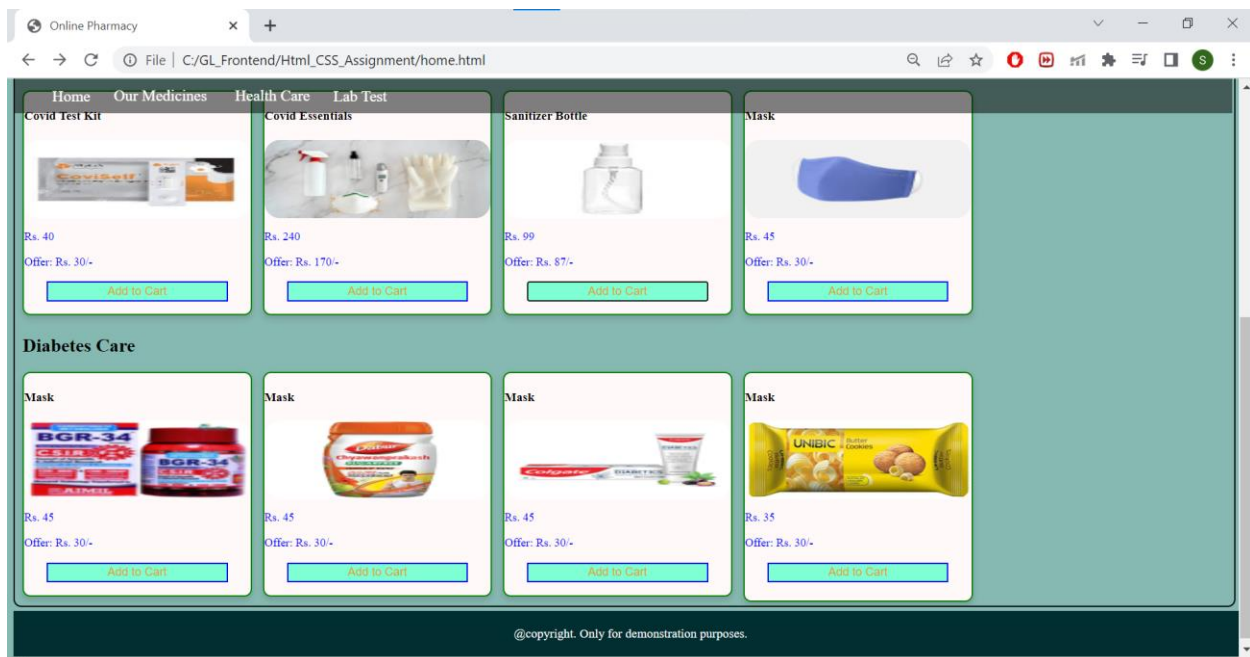
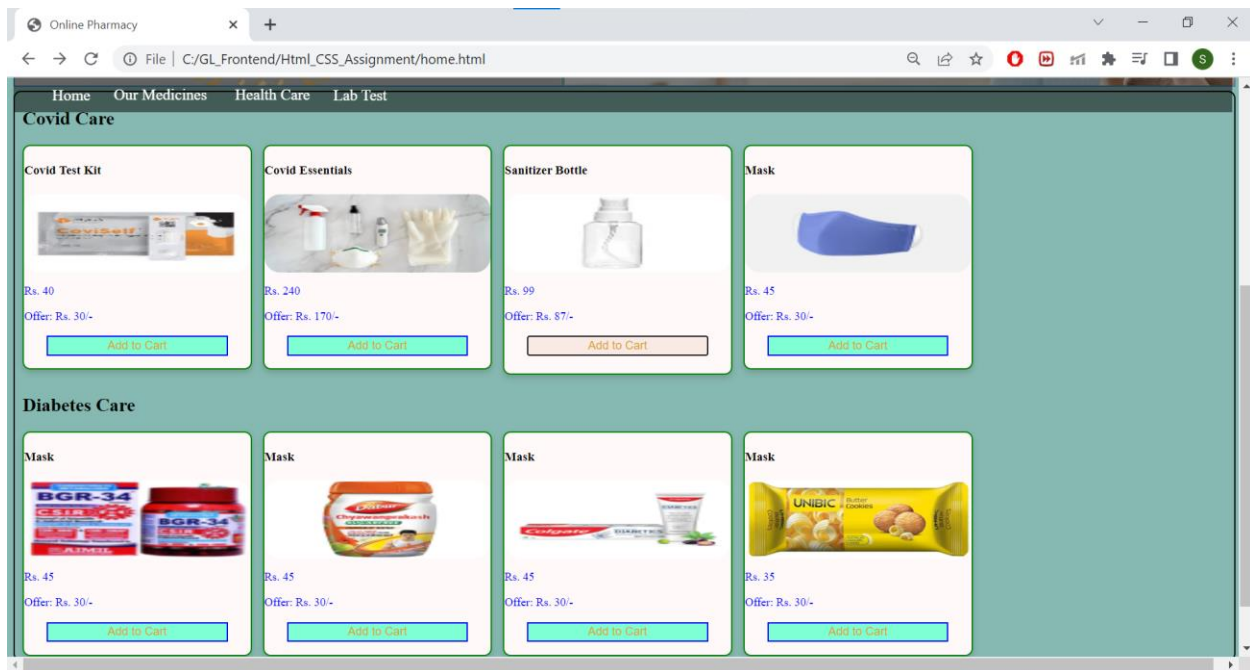
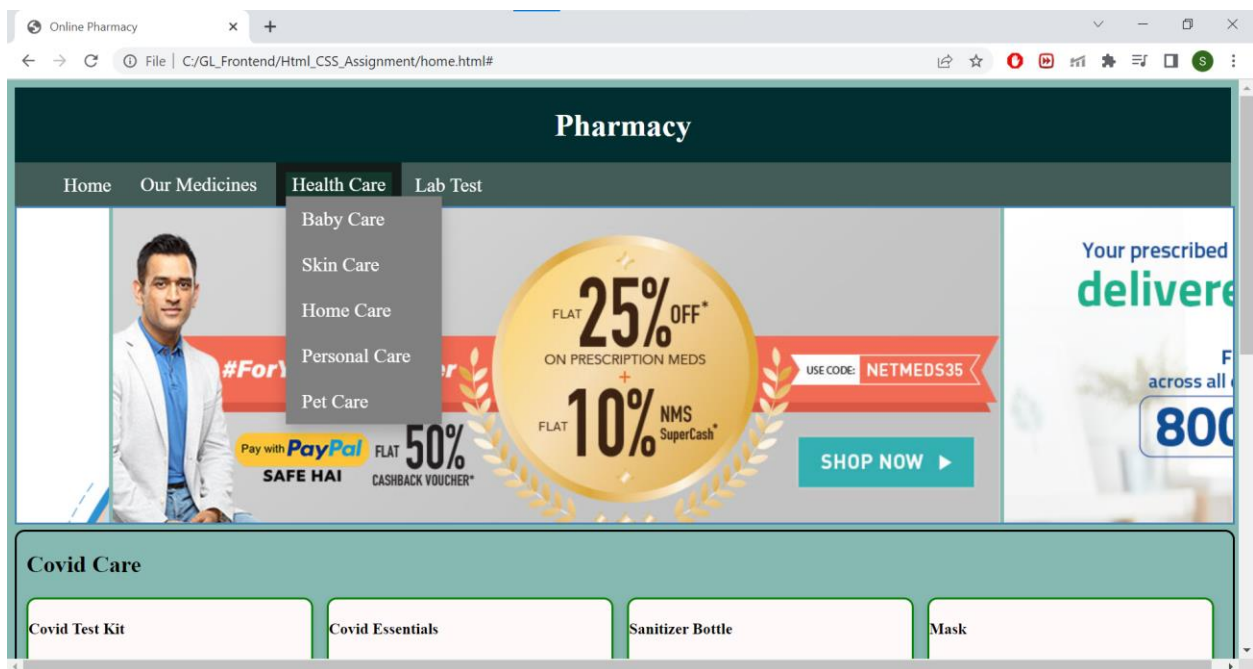
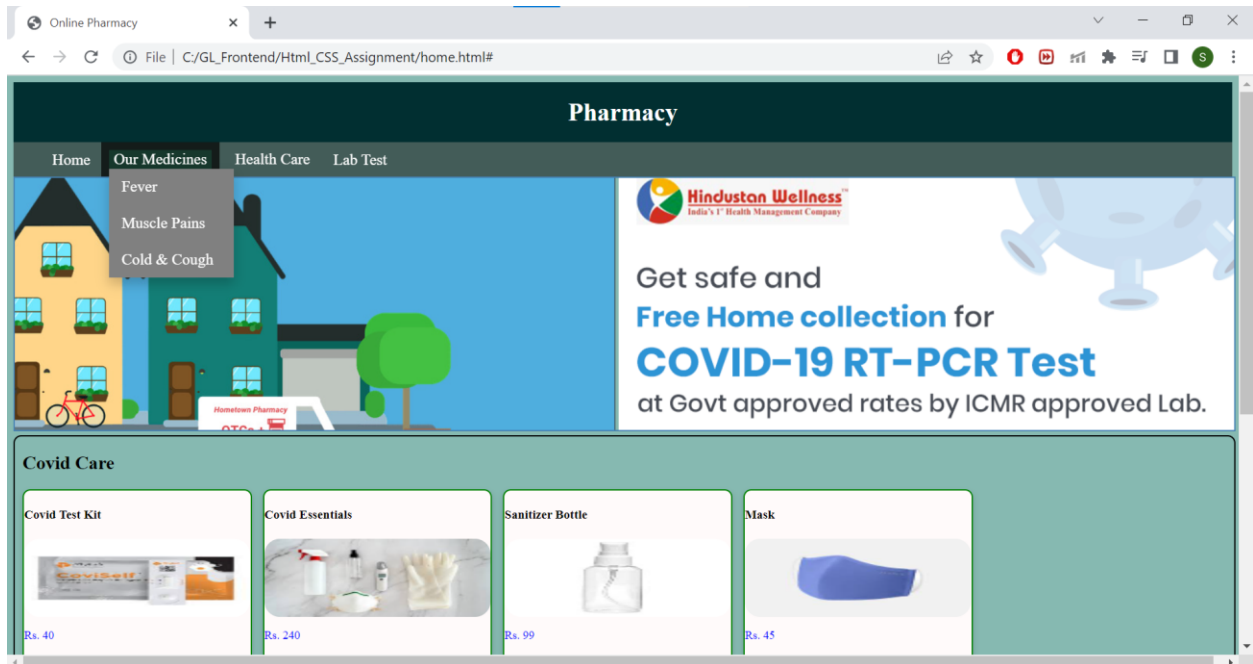


Screenshots of Output







Lab Form


File | C:/GL_Frontend/Html_CSS_Assignment/lab.html

1. Your Contact Details

Full Name	Patient Id if exists
<input type="text"/>	<input type="text"/>
Contact Number	Email Id
<input type="text"/>	<input type="text"/>

2. Address

H-No.	Street
<input type="text"/>	<input type="text"/>
Area	
<input type="text"/>	
District	
<input type="text"/>	



Lab Form

File | C:/GL_Frontend/Html_CSS_Assignment/lab.html

District

Choose

Choose

Kanyakumari

Coimbatore

Madurai

Test Type

☐ CBC

☐ Complete Blood Count

☐ Lipid Profile

☐ Thyroid Stimulating Hormone (TSH)

☐ Glucose Test


Do you want a hard copy of the report also?

☐ Yes

☐ No

Select your comfortable Date and Time

dd-mm-yyyy --:--



Lab Form

File | C:/GL_Frontend/Html_CSS_Assignment/lab.html

District

Choose

Choose the Test Type

☐ CBC

☐ Complete Blood Count

May, 2022

↑

↓

Mo	Tu	We	Th	Fr	Sa	Su
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

ClearToday

22

36

Report also?

Time

dd-mm-yyyy --:--

Reset

Submit

