Organization & Providers Tables

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| --- | --- | --- |
| # | Column | Description |
| Organization | | |
| 1 | **ID** |  |
| 2 | **Name** | **Name of the organization** |
| 3 | **Phone** | **Phone** |
| 4 | **Mail** | **Email** |
| 5 | **Address** | **Address** |
| 6 | **Mobile** | **Mobile** |
| 7 | **Postal Code** | **Postal Code** |
| 8 | **SMS Notifications** | **ON, Off** |
| 9 | **Specialty** | **Specialty of organization has Specialty’s name, description** |

|  |  |  |
| --- | --- | --- |
| # | Column | Description |
| Provider | | |
| 1 | **ID** |  |
| 2 | **Name** | **Name of the provider** |
| 3 | **Phone** | **Phone** |
| 4 | **Mail** | **Email** |
| 5 | **Mobile** | **Mobile** |
| 6 | **Address** | **Address** |
| 7 | **Postal Code** | **Postal Code** |
| 8 | **SMS Notifications** | **ON, Off** |
| 9 | **Clinic Name** | **Clinic Name** |
| 10 | **Specialty** | **Specialty of provider has Specialty’s name, description** |
| 11 | **Practice** | **Provider’s practice has Practice’s name** |
| 12 | **Organization** | **Organization that provider belongs to** |
| 13 | **Date of birth** | **Date of birth of provider** |
| 14 | **Gender** | **Male or female** |