

Pharmacy Database

CounterSale

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	SaleID	int(3)			No	None		AUTO_INCREMENT	Change Drop More
<input type="checkbox"/> 2	Date	date			No	None			Change Drop More

CounterSaleItem

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	SaleItemID	int(11)			No	None		AUTO_INCREMENT	Change Drop More
<input type="checkbox"/> 2	Quantity	int(3)			No	None			Change Drop More
<input type="checkbox"/> 3	SaleID	int(11)			No	None			Change Drop More
<input type="checkbox"/> 4	StockID	int(3)			No	None			Change Drop More






































Customer

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	CustomerID	int(11)			No	None		AUTO_INCREMENT	Change Drop More
<input type="checkbox"/> 2	FirstName	varchar(30)	utf8_general_ci		No	None			Change Drop More
<input type="checkbox"/> 3	LastName	varchar(30)	utf8_general_ci		No	None			Change Drop More
<input type="checkbox"/> 4	Address	varchar(30)	utf8_general_ci		No	None			Change Drop More
<input type="checkbox"/> 5	DateOfBirth	date			No	None			Change Drop More
<input type="checkbox"/> 6	PhoneNumber	int(25)			No	None			Change Drop More


















Doctor

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	DoctorID	int(3)			No	None		AUTO_INCREMENT	Change Drop More
<input type="checkbox"/> 2	FirstName	varchar(30)	utf8_general_ci		No	None			Change Drop More
<input type="checkbox"/> 3	LastName	varchar(30)	utf8_general_ci		No	None			Change Drop More
<input type="checkbox"/> 4	ClinicAddress	varchar(30)	utf8_general_ci		No	None			Change Drop More
<input type="checkbox"/> 5	ClinicNumber	int(3)			No	None			Change Drop More
<input type="checkbox"/> 6	MobileNumber	int(15)			No	None			Change Drop More
<input type="checkbox"/> 7	HomeAddress	varchar(30)	utf8_general_ci		No	None			Change Drop More
<input type="checkbox"/> 8	HomePhoneNumber	int(15)			No	None			Change Drop More
















Drug

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	DrugID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	BrandName	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 3	GenericName	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 4	Strength	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 5	Form	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 6	UsageInstructions	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 7	SideEffects	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 8	CostPrice	decimal(5,2)			No	None			 Change  Drop  More
<input type="checkbox"/> 9	RetailPrice	decimal(5,2)			No	None			 Change  Drop  More
<input type="checkbox"/> 10	ReorderLevel	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 11	ReorderQuantity	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 12	Quantity	int(3)			No	None			 Change  Drop  More
















invoice

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	InvoiceID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	IssueDate	date			No	None			 Change  Drop  More
<input type="checkbox"/> 3	PaidDate	date			No	None			 Change  Drop  More
<input type="checkbox"/> 4	Amount	decimal(5,2)			No	None			 Change  Drop  More
<input type="checkbox"/> 5	SupplierID 	int(3)			No	None			 Change  Drop  More















OrderDrug

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	OrderDrugID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Quantity	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 3	DrugID 	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 4	OrderID 	int(11)			No	None			 Change  Drop  More















OrderItem

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	OrderItemID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Quantity	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 3	StockID 	int(10)			No	None			 Change  Drop  More
<input type="checkbox"/> 4	OrderID 	int(10)			No	None			 Change  Drop  More
















OrderTable

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	OrderID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Date	date			No	None			 Change  Drop  More
<input type="checkbox"/> 3	DeliveryDate	date			No	None			 Change  Drop  More
<input type="checkbox"/> 4	SupplierID 	int(11)			No	None			 Change  Drop  More




























Payment

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	PaymentID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Amount	decimal(5,2)			No	None			 Change  Drop  More
<input type="checkbox"/> 3	Date	date			No	None			 Change  Drop  More
<input type="checkbox"/> 4	SupplierID 	int(3)			No	None			 Change  Drop  More



























Prescription

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	PrescriptionID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Date	date			No	None			 Change  Drop  More
<input type="checkbox"/> 3	DoctorID 	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 4	CustomerID 	int(3)			No	None			 Change  Drop  More




















PrescriptionItem

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	PrescriptionItemID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Quantity	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 3	DoctorInstructions	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 4	Dosage	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 5	FrequencyDosage	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 6	LengthDosage	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 7	DrugID 	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 8	PrescriptionID 	int(3)			No	None			 Change  Drop  More

Stock

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	StockID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Name	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 3	CostPrice	decimal(5,2)			No	None			 Change  Drop  More
<input type="checkbox"/> 4	RetailPrice	decimal(5,2)			No	None			 Change  Drop  More
<input type="checkbox"/> 5	ReOrderLevel	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 6	ReOrderQuantity	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 7	Quantity	int(3)			No	None			 Change  Drop  More
<input type="checkbox"/> 8	SupplierID 	int(11)			No	None			 Change  Drop  More

Supplier

#	Name	Type	Collation	Attributes	Null	Default	Comments	Extra	Action
<input type="checkbox"/> 1	SupplierID 	int(3)			No	None		AUTO_INCREMENT	 Change  Drop  More
<input type="checkbox"/> 2	Name	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 3	Address	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 4	Email	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 5	WebSite	varchar(30)	utf8_general_ci		No	None			 Change  Drop  More
<input type="checkbox"/> 6	PhoneNumber	int(15)			No	None			 Change  Drop  More

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