PATIENTS

SSN	
Name	
Address	
Age	

SUBMIT **CANCEL**

DOCTORS

SSN	
Name	
Specialty	
Years	

SUBMIT	**CANCEL**

PHARMACUEUTICAL COMPANY

Name

Phone number

SEARCH

CANCEL

SUBMIT ORDER

CANCEL

DRUG NAME	TRADE NAME	FORMULA	DATE OF MANUFACTURER	EXPIRY DATE	

SUBMIT ORDER

CANCEL

PHARMACY

Name	

Address	

Phone Number	

SEARCH	CANCEL
SUBMIT ORDER	CANCEL

Years

PRESCRIPTION

Name

Drug

Quantity

CREATE PRESCRIPTION

VIEW PRESCRIPTION