

PHARMACY

<u>PHID</u>	NAME	CITY	FAX	PHONE
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DOCTOR

<u>DID</u>	DNAME	SPECIALITY	AGE	MOBILE	GENDER
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CUSTOMER

<u>PID</u>	NAME	SEX	CITY	PHONE	AGE	<u>DID</u>
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MANUFACTURER

<u>CID</u>	NAME	EMAIL	MOBILE	CITY	<u>PHARID</u>
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MEDIQUIPMENT

<u>CODE</u>	TRADE_NAME	PRODUCT_TYPE	MFG_DATE	EXP_DATE	PRICE	<u>CID</u>
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SUPPLIER

NAME	CITY	<u>MOBILE</u>	EMAIL	<u>CID</u>	<u>PHARID</u>
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EMPLOYEE

NAME	CITY	DOJ	<u>MOBILE</u>	SALARY	AGE	SEX	<u>PHARID</u>
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HOSPITAL

<u>HID</u>	NAME	EMAIL	PHONE	CITY	<u>PHARID</u>
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BILL

<u>BID</u>	DOB	AGE	PNAME	MOBILE	CITY	PRODUCT	AMOUNT	<u>PHARID</u>
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WORKS

<u>PHARID</u>	START_DATE	END_DATE
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CONTRACT

<u>PHARID</u>	<u>CID</u>	START_DATE	END_DATE
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PRESCRIBE

DOP	MEDICINE	<u>DID</u>	<u>PID</u>
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