

PHARMACY

PHONE

FAX

CITY

NAME

PHID

DOCTOR



CUSTOMER

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DID | DNAME | SPECIALITY | AGE | MOBILE | GENDER |

DID

AGE

PHONE

CITY

SEX

NAME

PID

MANUFACTURER

PHARID

CITY

MOBILE

EMAIL

NAME

CID

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MEDIQUIPMENT | | | | | | |  |
| CODE | TRADE\_NAME | PRODUCT\_TYPE | MFG\_DATE | EXP\_DATE | PRICE | CID | |

SUPPLIER

PHARID

CID

EMAIL

MOBILE

CITY

NAME

EMPLOYEE

PHARID

SEX

AGE

SALARY

MOBILE

DOJ

CITY

NAME

HOSPITAL

PHARID

CITY

PHONE

EMAIL

NAME

HID

BILL

PHARID

AMOUNT

PRODUCT

CITY

MOBILE

PNAME

AGE

DOB

BID

WORKS

END\_DATE

START\_DATE

PHARID

CONTRACT

END\_DATE

START\_DATE

CID

PHARID

PRESCRIBE

PID

DID

MEDICINE

DOP