**Patient:**

Patient ID

Patient name

Patient age

Patient SSN

Patient medical code\*

Patient address +

Patient job \*

Patient department \*

Medical description id

**Doctor:**

Doctor ID

Doctor name

Specialty id

**Specialty name:**

Specialty id

specialty name

**Insurance/contract Company:**

Contract ID

Contract Name

**Medical description:**

Description id

Diagnosis type id

Prescription type id

Treatment type id

Contract type id

Patient Initial diagnosis date

Patient diagnosis type id

Transfer date\*

**diagnosis types:**

diagnosis id

diagnosis type

**prescription info:**

prescription id

Copy of the prescription

**Treatment type:**

Type id

(Patient id)

**Payment:**

Patient medical code

Patient detection date

The cost (full cost / contract discount)

Doctor name

Doctor signature