M\_LOG\_MARKETING

LOG\_CUSTOMER

NAME

TITLE

NUMBER

ADDRESS

PHONE NUMBER

EMAIL

M\_LOG\_BILLING

NAME

BILLING ADDRESS

AMOUNT

PAYMENT METHOD

COMFIRMATION

M\_LOG\_LOCATION

NAME

ADDRESS

ZIPCODE

STATE

PHONE NUMBER

DISTANCE

M\_LOG\_INSURANCE

TYPE OF INSURANCE

PRODUCTS

COSTS

MEDICAL EXPENSES