

DRUG DISPENSING TOOL REQUIREMENT

Patient—SSN ,Names,Address,age

Doctor—SSN,Names,Speciality,Years of experience

Pharmaceutical company—Name,phone number

Drug—Trade name,Formula

Pharmacy—Name,Address, phone number

Prescription—date,quantity,dosage,route of administration

Contract—Start date,End date, text of the contract

Supervisor—SSN,Names,contract assigned

Inventory—Drug name,quantity,pharmacy name

Pharmacist---SSN,Names,Pharmacy