



PatientDiseaseImmunity_Satisfies_OrgReqlmm ▲	
PK,FK	Patient_id
PK,FK	DiseaseImmunity_ID
PK,FK	DiseaseImmunity_ID1
PK,FK	Organization_ID

Organization	
PK	Organization_ID
U1	OrgName

Address ▲	
PK	Address_id
FK,U1	MedFacility_id
	StreetAddress1
	StreetAddress2
FK	City_code_-_enum
FK	PostalCode_code_-_enum
FK	StateProvince!_code_-_enum
FK	Country_code_-_enum

Allergy	
PK	Allergy_id
U1	AllergyName

MedFacility ▲	
PK	MedFacility_id
	FacilityName

Satisfies /
Requires

Patient_PhoneNumber	
PK,FK	Patient_id
PK	PhoneNumber

is of /
has

has /
is of

has /
is of

Patient ▲	
PK	Patient_id
	LastName
	MiddleName
	FirstName
	DateOfBirth
FK	Address_id
	Gender_code_-_enum
U1	PrimaryEmail

is of /
has

LegalGuardian_Address ▲	
PK,FK	GuardianPatient_id
PK,FK	DependentPatient_id
PK,FK	Address_id

has /
is of

PatientAllergy ▲	
PK	Allergy_id
PK,FK	Patient_id
FK	Severity_code_-_enum

Organization_Patient	
PK	Organization_ID
PK,FK	Patient_id





