

PATIENT

<u>D-SSN</u>	<u>SSN</u>	DOB	Name	City	Street	State	Zip
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Prescribes

D-SSN	P-SSN	Drug Co Name	Trade Name	Date	Qty
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Doctor

<u>Doc-SSN</u>	Name	Sp. Lty	Exp. yrs
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DRUG

<u>Co-name</u>	<u>Trade-name</u>	Formula
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Sells

Co Name	Tradename	P Name	Price
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PHARMACY

<u>Name</u>	Phone no	Address
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CONTRACT

PHARM-CO

Pharmacy Name	Pharm-co Name	Start date	End Date	Text	Supervisor
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<u>Name</u>	Phone num
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PERSON

<u>Name</u>	Street	City
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CUSTOMER

<u>Name</u>	Credit-rating
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EMPLOYEE

<u>Name</u>	Salary
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SECRETARY

<u>Name</u>	Hours_worked
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TELLER

<u>Name</u>	Station-number	Hours_worked
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OFFICER

<u>Name</u>	Office-number
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Options used:
A and A



PERSON

<u>Name</u>	Street	City
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CUSTOMER

<u>Name</u>	Credit-rating
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EMPLOYEE

<u>Name</u>	Salary
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SECRETARY

<u>Name</u>	Salary	Hours_worked
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TELLER

<u>Name</u>	Salary	Station-number	Hours_worked
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OFFICER

<u>Name</u>	Salary	Office-number
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Options used:
A and B

