

Building	
PK	<u>Zipcode</u>
PK	<u>Address</u>
	Name
	City
	State

Office	
PK	<u>Room Number</u>
	Waiting_Room_Capacity

Insurance	
	Insurer
	Policy_Num

Doctors	
PK	<u>Medical Liscense Num</u>
	First_Name
	Last_Name

Patient	
PK	<u>SSN</u>
	First_Name
	Last_Name

Appointments	
	Appt_Date
	Appt_Time

condition	
PK	<u>ICD10</u>
	Description

Labwork	
PK	<u>Test Timestamp</u>
PK	<u>Test Name</u>
	Test_Value

