(address) (email) UR Nowber (Name) age Experience teens doctor Patient 2-mail Prescrial Quantity My dialest rove date - Com Pany + drugs (address) Strength Phone (Kade)

patient (UR Namber, Name Address, Age, Email, Thomas medicare and)

Doctor (Name, e-mails Phone, speciality, experience years

IP)

Company (Name, Address, Phone)

prugs (Trade Name Strength, ID Company Name)

prescription (Date quantity pray and, ID,
uR Number, poctor ID)

Patient - doctor (201 ur number, Doctor ID)