**Branch:**

Name

City

Contact number

Manager

**Service:**

Name

Description

Duration

Cost

**Staff:**

First name

Last name

Gender

Date of birth

Email

Employee ID

Role: managers, receptionists, hygienists, and dentists.

**Patients:**

First name

Last name

Gender

Date of birth

Email

Phone number

**Appointment:**

Date

Time

Patient name

Staff name

Service name

Estimated Duration

Status: "scheduled", "confirmed", "cancelled", or "completed".

**Bill:**

Date

Patient

Dental Branch

Services

Total Cost

VAT

Discounts

Insurance

Payment Method