CARDIOLOGIST																
DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
NEUROLOGIST																
DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
GENERAL PRACTITIONER																
DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
HAEMATOLOGIST																
DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
SURGEON																
DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
DOCTOR_ID	IVANIE	LASTINAME	FHONE	ADDRESS	USERNAME	FASSWORD	EWAIL	EMPLOTEE_ID								
NURSE_NEUROLOGIST										ORDERS						
NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID		DOCTOR_ID	EXAM_ID	NURSE_ID	EXAM_NAME	EXAM_ROOM		
NURSE_GENERAL_PRACTITIONS	:R															
NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
monoz_is	TOURL	L 10 110 UNL	THORE	710011200	OOLITABLE	THOOMORD	LIVE	Lim COTEL_ID								
NURSE_HAEMATOLOGIST																
NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
NURSE_SURGEON	NAME	LACTHANE	BUONE	4 DDDE-00	USERNAME	DAGGIAGODO	ENANI	EMPLOYEE ID								
NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID								
EMPLOYEE										ADMINISTRATIVE				ASSISTANT MANAGER		
EMPLOYEE_ID	NAME	LASTNAME	PHONE	ADDRESS	DEPARTMENT	USERNAME	PASSWORD	EMAIL		EMPLOYEE_ID	USERNAME	DEGREE_TITLE		EMPLOYEE_ID	USERNAME	DEGREE_TITLE
E.III E012ED	TOURL	L 10 110 UNL	THORE	710011200	DEITHER	OOLIGIAML	17toorrons	Livius		E.II. 20122_10	OOLITICALIE	DEGREE_ITTEE		LIII 20122_ID	COLITAINE	DEGREE_ITTE
PATIENT																
PATIENT_ID	NAME	LASTNAME	PHONE	ADDRESS	INSURANCE	AMKA	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID						
VISIT								VISIT_DISEASES					DISEASE			
PATIENT_ID	DATE	CURE	DOCTOR_ID	NURSE_ID	EMPLOYEE_ID	STATE		PATIENT_ID	DATE	DISEASES			NAME	TRANSMISSIBILITY	INCUBATION	THERAPY_DU
SHIFT							VISIT_SYMPTOMS					DIAGNOSE_SYMPT	OMS			
DATE	DOCTOR_ID	NURSE_ID	TYPE	DEPARTMENT	EMPLOYEE_ID	)		DATE	SYMPTOMS			DIAGNOSE_ID	EXAM_ID	SYMPTOMS		
MEDICATION												DISEASE_SYMPTO				
MED_ID	NAME	TYPE	DOSAGE	USE_FOR	EXP_DATE							NAME	SYMPTOMS			
EXAMINATION						DIAGNOSE										
EXAM_ID	NAME	EXAM_ROOM	NURSE_ID	DOCTOR_ID		DIAGNOSE_ID	EXAM_ID	DISEASE_NAME								
							UNDERGO									
							PATIENT_ID	EXAM_ID	DATE							
PRESCRIBE																