


Patient		
P	* THC	VARCHAR2 (9)
	* SSN	VARCHAR2 (11)
	* DOB	DATE
	* First_Name	VARCHAR2 (10)
	* Last_Name	VARCHAR2 (10)
	* Phone	VARCHAR2 (12)
	* Email	VARCHAR2 (30)
	* Insurance	VARCHAR2 (20)
 Patient_PK (THC)		

