Medical Shop

HLD

-Owner

-Customer

-Medicines

-Shop Details

-Workers/Assistants

LLD

Owner – Name, Qualification, Age, Experience

Customer – Name, Type of Medicine, Quantity, Prescription Doctor, Payment Method, Some basic Details

Medicines – Types, Categories, Mft Date, Exp Date, Company

Shop Details – Shop Name, Address, GST no

Assistants – Name, Age, Qualification, Salary, Address