



Patients		
 PK	PatientID	NUMBER
<hr/>		
FirstName	TEXT	
LastName	TEXT	
Address	TEXT	
City	TEXT	
State	TEXT	
Zip	TEXT	
DateOfBirth	DATE	
SSN	TEXT	
InsuranceCompany	TEXT	
ContactName	TEXT	
ContactAddress	TEXT	
ContactPhone	TEXT	
ContactEmail	TEXT	
EmergencyPhone	TEXT	

Visits		
 PK	VisitID	NUMBER
<hr/>		
DateOfVisit	DATE	
ReasonOfVisit	TEXT	
Diagnostic	TEXT	
FollowUpDate	DATE	
 FK	PatientID	NUMBER
 FK	DoctorID	NUMBER

VisitNurses		
 PK	VisitNurseID	NUMBER
<hr/>		
VisitID	NUMBER	
NurseID	NUMBER	

Doctors		
 PK	DoctorID	NUMBER
<hr/>		
FirstName	TEXT	
LastName	TEXT	
Address	TEXT	
City	TEXT	
State	TEXT	
Zip	TEXT	
HireDate	DATE	
TerminationDate	DATE	
BoardDate	DATE	

Nurses		
 PK	NurseID	NUMBER
<hr/>		
FirstName	TEXT	
LastName	TEXT	
Address	TEXT	
City	TEXT	
State	TEXT	
Zip	TEXT	
HireDate	DATE	
TerminationDate	DATE	
BoardDate	DATE	

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Test 1 – Part 2