

PATIENT

<u>PatientID</u>	PhoneNumber	Email	Gender	Password	Insurance	FirstName	LastName	City	Street	Building	Year	Day	Month
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DOCTOR

<u>DoctorID</u>	FirstName	LastName	PhoneNumber	Gender	Title	Email	Rating	Specialization
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APPOINTMENT

<u>ApptID</u>	Status	Type	Date	Time	DoctorID	FacilityID	PatientID	Fees
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PHARMACY

<u>PharmacyId</u>	Address	Name
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FACILITY

<u>FacilityID</u>	Address	Type	Name
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MEDICINE

<u>Name</u>	Price
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WORKS\_AT

<u>FacilityID</u>	<u>DoctorID</u>
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SELLS

<u>Name</u>	<u>PharmacyId</u>
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PHARMACY\_PHONENO

<u>PharmacyID</u>	<u>Pharmacy_PhoneNo</u>
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FACILITY\_PHONENO

<u>FacilityID</u>	<u>Facility_PhoneNo</u>
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PRESCRIPTION

<u>DoctorID</u>	<u>PatientID</u>	<u>PharmacyID</u>
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