

Password

U



date\_of\_birth

phone\_number

email

address

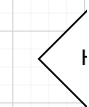
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appointment\_id

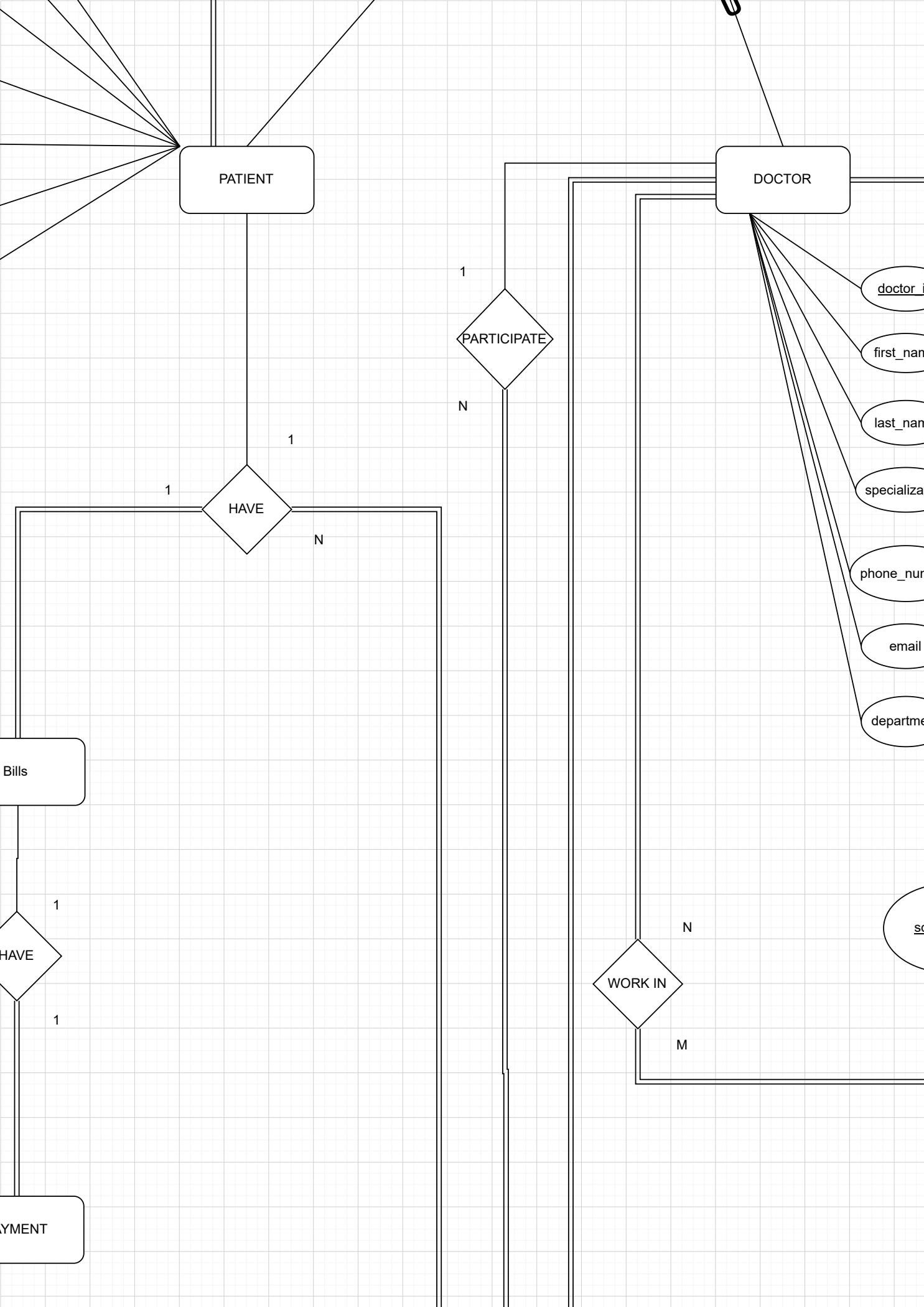
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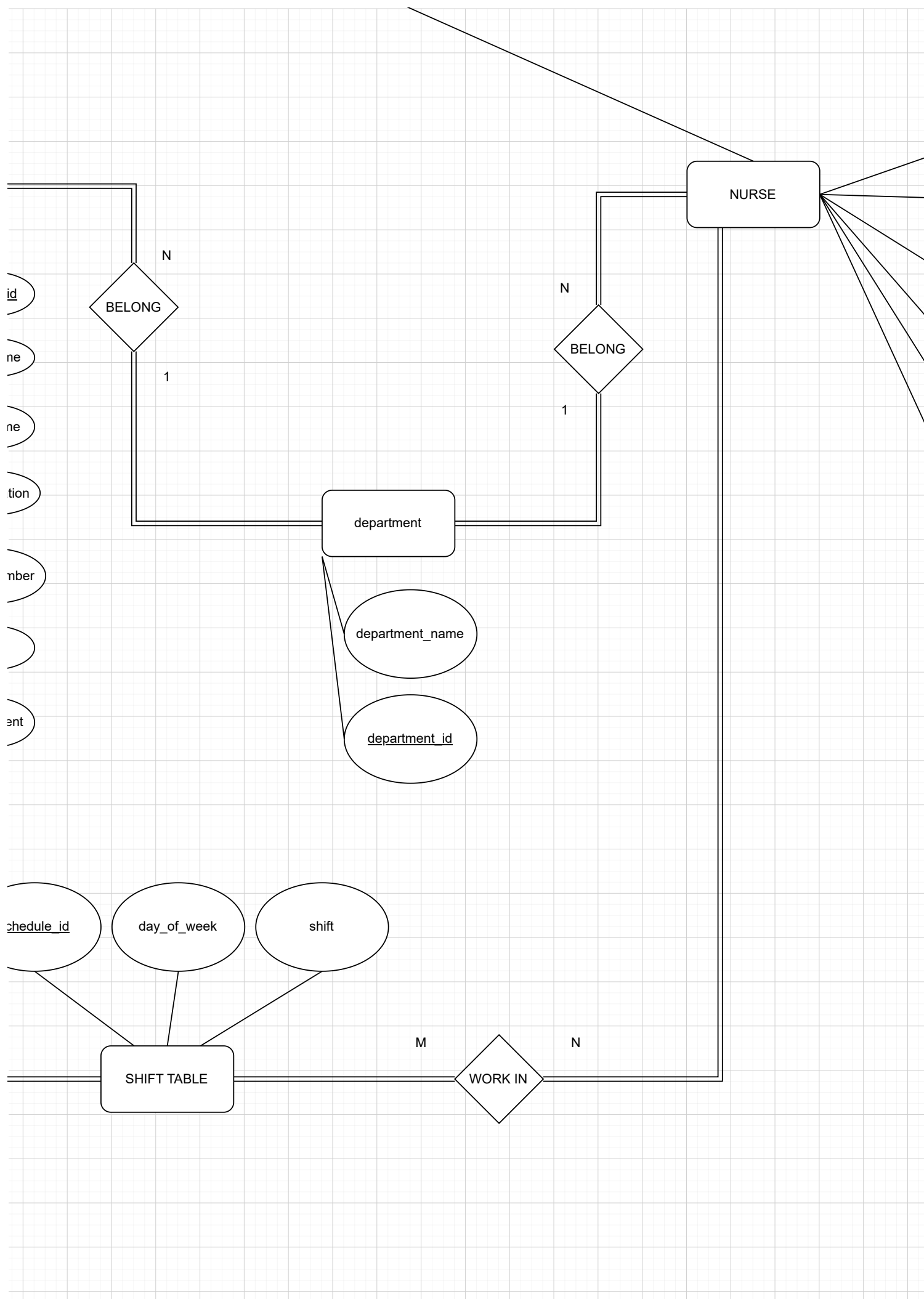
payment\_status

payment\_date



PA





first\_name

last\_name

phone\_number

email

department

nurse\_id



