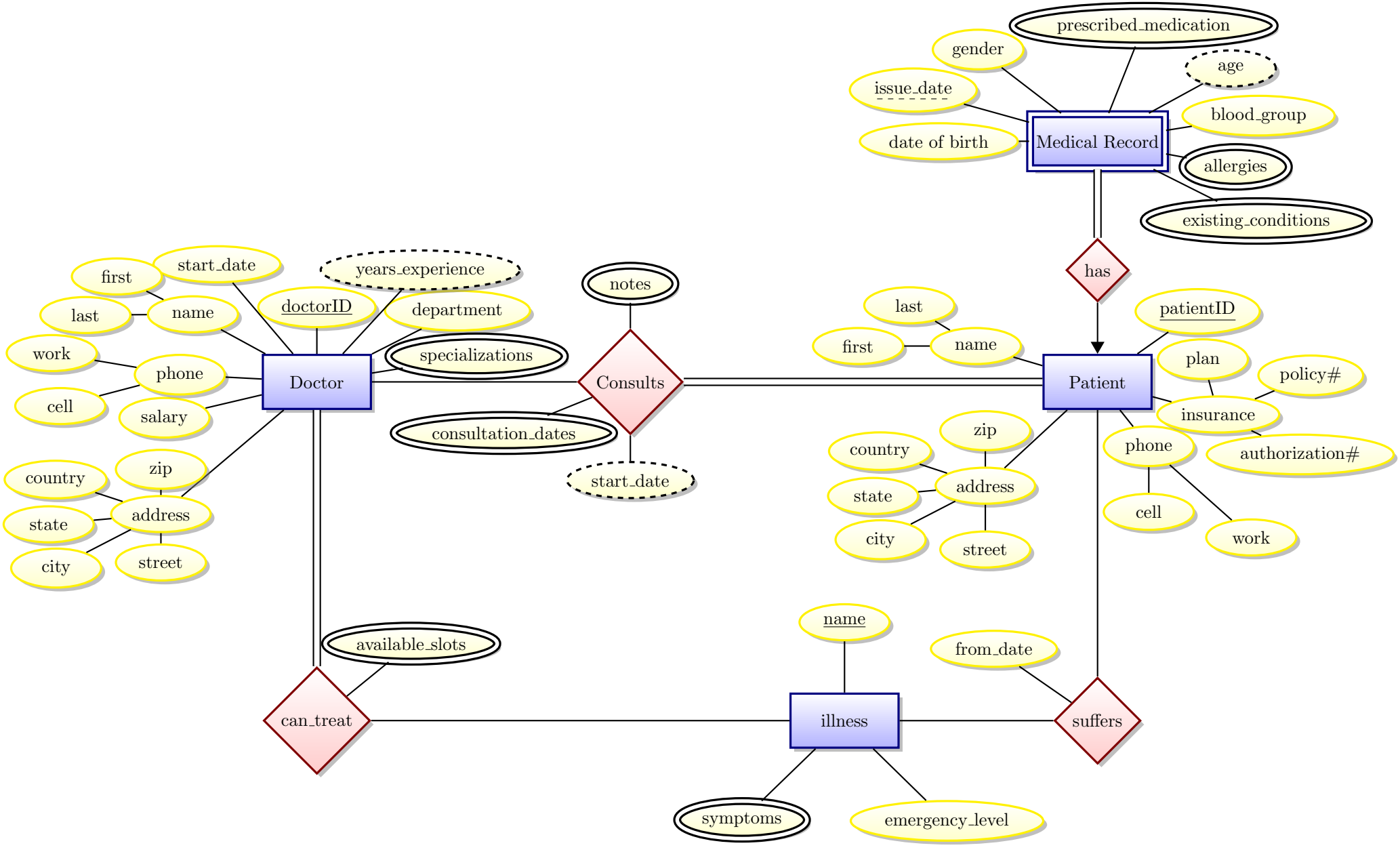
prescribed_medication
gender
age
issue_date
blood_group
date of birth
Medical Record
allergies
existing_conditions
has
first
start_date
years_experience
notes
last
name
doctorID
department
work
specializations
phone
Doctor
Consults
cell
salary
consultation_dates
start_date
country
zip
state
address
city
street
last
patientID
first
name
plan
policy#
Patient
insurance
zip
phone
authorization#
country
address
state
cell
city
street
work
name
available_slots
from_date
can_treat
illness
suffers
symptoms
emergency_level