

Drug dispensing tool Requirements

Patient

- ❖ Patient SSN
- ❖ Age
- ❖ Patient Name
- ❖ Address

Doctor

- ❖ Doctor SSN
- ❖ Name
- ❖ Specialty
- ❖ Years of Experience
- ❖ Age

Prescription

- ❖ Prescription ID
- ❖ Prescription Details
- ❖ Prescription Issue Date

Pharmaceutical company

- ❖ Name
- ❖ Phone Number

Drug

- ❖ Trade Name
- ❖ Formula
- ❖ Pharmaceutical company

Contract

- ❖ Contract ID
- ❖ Start date
- ❖ End date
- ❖ Contract Text

Supervisor

- ❖ Supervisor ID
- ❖ Supervisor Name

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