

Seif Kamal

202101838

Medication				
<u>ID</u>	Dosage	Name	frequency	Cost

Prescription					
<u>ID</u>	Name	Dosage	Patient's ID	Doctor's ID	Medicine ID

Billing				
<u>ID</u>	Date	Status	Amount	Patient's ID

Appointment			
<u>ID</u>	time	Patient ID	Doctor's ID

Staff											
<u>ID</u>	Email	Role	Gender	street number	street name	Apartment number	Building number	Phone number	Home number	First name	Last name

Doctor											
<u>ID</u>	Email	Specialty	Gender	street number	street name	Apartment number	Building number	Phone number	Home number	First name	Last name

Patient											
<u>ID</u>	Email	job	Gender	street number	street name	Apartment number	Building number	Phone number	Home number	First name	Last name

