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| Auth-Users | | | | | | | | |
| Sr no. | Field Name | Data Type | Width | Required | Unique | PF/FK | Referred Table | Description |
| 1 | Username | varchar | 24 | yes | yes | yes | - |  |
| 2 | Password | varchar | 14 | yes | yes | no | - |  |
| 3 | Subscription | varchar | 50 | yes | - | no | - | Default: Regular  (Regular|VIP|Primium) |

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| Pills | | | | | | | | |
| Sr no. | Field Name | Data Type | Width | Required | Unique | PF/FK | Referred Table | Description |
| 1 | Pill\_Id | varchar | 30 | yes | Yes | yes | - |  |
| 2 | Pill\_Name | varchar | 100 | yes | No | No | - |  |
| 3 | Pill\_Type | varchar | 30 | yes | No | No | - | (liquid|tablet|syringe) |
| 4 | Company\_\_Id | varchar | 20 | Yes | No | yes | Medical\_Companies |  |
| 5 | Weight | float | 10 | No | No | No | - |  |

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| Stock | | | | | | | | |
| Sr no. | Field Name | Data Type | Width | Required | Unique | PF/FK | Referred Table | Description |
| 1. | Pill\_Id | varchar | 30 | yes | No | yes | Pills | Primary Key |
| 2 | User\_Id | varchar | 40 | yes | No | yes | Users | Primary Key |
| 3 | Current Stock | integer | 10 | yes | No | No | - | - |

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| Medication | | | | | | | | |
| Sr no. | Field Name | Data Type | Width | Required | Unique | PF/FK | Referred Table | Description |
| 1 | User\_Id | varchar | 20 | Yes | No | Yes | Users | Primary Key |
| 2 | Pill\_Id | varchar | 30 | Yes | No | Yes | Pills | Primary Key |
| 3 | Time | Standard Time |  | Yes | No | No | - |  |
| 4 | End Date | Standard Date |  | Yes | No | No | - |  |
| 5 | Remainder | Boolean | - | Yes | No | No | - | Default:false |

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| Test | | | | | | | | |
| Sr no. | Field Name | Data Type | Width | Required | Unique | PF/FK | Referred Table | Description |
| 1 | Test\_Id | Varchar | 30 | Yes | Yes | yes | - |  |
| 2 | Parameters | varchar | 30 | Yes | No | No | - |  |
| 3 | High\_Value | varchar | 30 | No | No | No | - |  |
| 4 | Low\_Value | Varchar | 30 | No | No | No | - |  |

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| Report | | | | | | | | |
| Sr no. | Field Name | Data Type | Width | Required | Unique | PF/FK | Referred Table | Description |
| 1 | Report\_Id | Varchar | 20 | Yes | Yes | Yes | - |  |
| 2 | User\_Id | varchar | 20 | Yes | No | Yes | Users |  |
| 3 | Test\_id | varchar | 20 | yes | No | yes | Test |  |
| 4 | Report\_Date | Standard Date |  | Yes | No | No | - |  |
| 5 | Report\_File | varchar | 100 | No | Yes | No | - |  |

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| Users | | | | | | | | |
| Sr no. | Field Name | Data Type | Width | Required | Unique | PF/FK | Referred Table | Description |
| 1 | User\_Id | varchar | 20 | yes | Yes | Yes | - |  |
| 2 | FirstName | Varchar | 20 | yes | No | No | - |  |
| 3 | LastName | varchar | 20 | yes | No | No | - |  |
| 4 | Phone | varchar | 20 | yes | No | No | - |  |
| 5 | Address | Varchar | 20 | yes | No | No | - |  |
| 6 | Weight | float | 20 | yes | No | No | - |  |
| 7 | Height | float | 20 | yes | No | No | - |  |
| 8 | Allergic Info | Varchar | 100 | No | No | No | - |  |
| 9 | Chronic Diseases | Varchar | 100 | No | No | No | - |  |
| 10 | Emergency Contact | Varchar | 100 | No | No | No | - |  |
| 11 | Aakhiri Iccha | Varchar | 5000 | No | No | No | - |  |
| 12 | Date Of Birth | Date |  | Yes | No | No | - |  |