## Lytec Database Conversion to HearForm Software

Basic Demographics

**Record Number** 

Last Name

First Name

Middle Name

Gender

Date of Birth

Type (patient type)

**Marital Status** 

**Date Last Contact** 

**Social Security** 

**Account Creation Date** 

**Account Modified Date** 

**Assigned Clinician** 

Address Information

Street1

Street2

Street3

City State

Zip

Phone Information

Phone

Phone2

Lytec Custom Table

Patient Notes

Note Date

Note Text

Patient Insurance Information

Insurance Carrier (Provider)

Patient Group #

Patient Insurance ID

Insurance Rank

Patient Physician Information

Physician Code

Insurance (Provider) Information

Provider Code

**Provider Company Name** 

Provider Street1

Provider Street2

**Provider City** 

**Provider State** 

Provider Zip Physician Street1

Provider Phone Physician Street2

Provider ID Physician City

Physician Information Physician State

Physician Code Physician Zip

Physician Company Name Product Information

Physician Name First Product ID

Physician Name Middle Product Category

Physician Name Last Product Supplier

Physician PIN ID Product Circuit/Detail

Physician Phone Product Cost

Physician Phone2 Product Price