

Patient

<u>ID</u>	Name	DOB	Consultant_ID	Host_ID
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Consultant

<u>ID</u>	Name
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Ward

<u>ID</u>	Name	Supervisor_ID
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Nurse

<u>ID</u>	Name	Ward_ID
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Drug

<u>Code</u>	Rec_Dosage
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Drug_Brand

<u>Drug_Code</u>	Brand
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Examination

<u>Consultant_ID</u>	<u>Patient_ID</u>
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Drug_Taking

<u>Patient_ID</u>	<u>Nurse_ID</u>	<u>Drug_Code</u>	<u>Date</u>	Time	Dosage
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