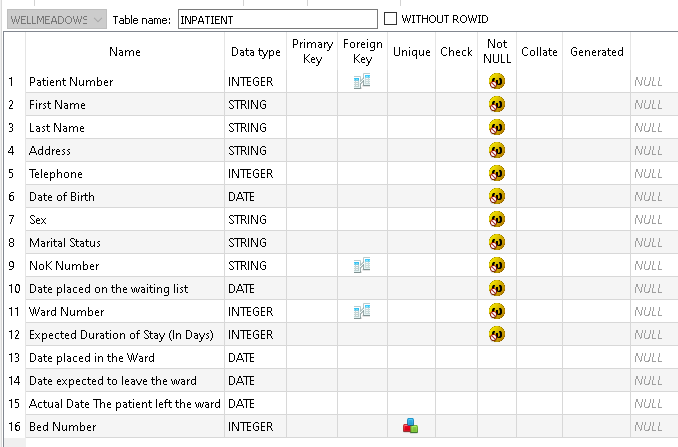
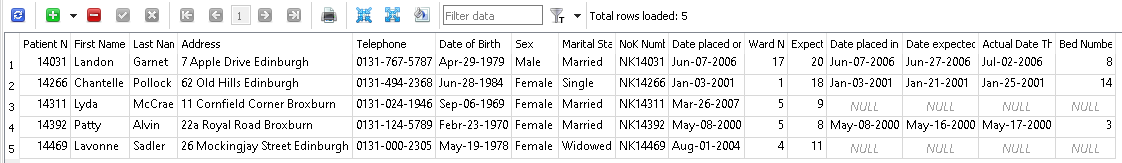
**Jericho Bruce Rivero | BSIT**

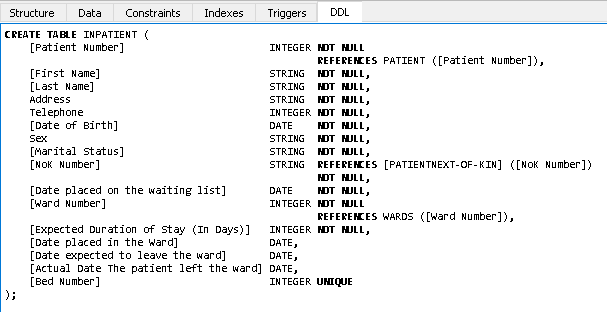
**FUNDAMENTALS OF DATABASE SYSTEMS**

**FINAL SUBMISSION: THE WELLMEADOWS HOSPITAL**

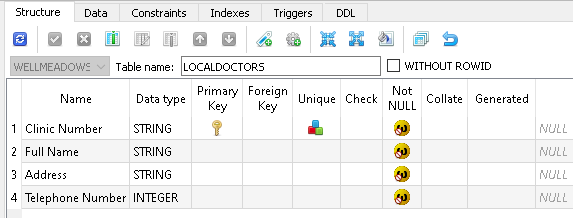
1. **INPATIENT**

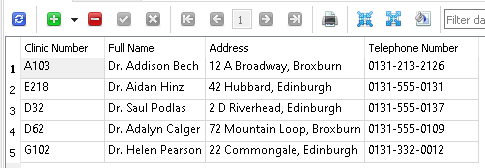


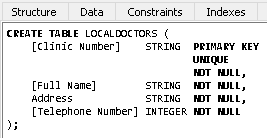
****

****

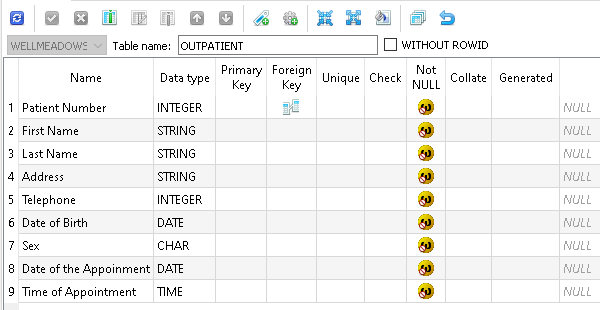
1. **LOCALDOCTORS**

****

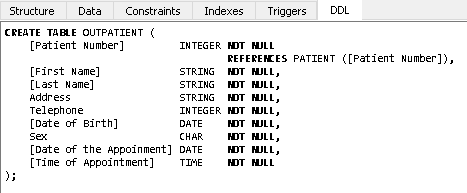
****

****

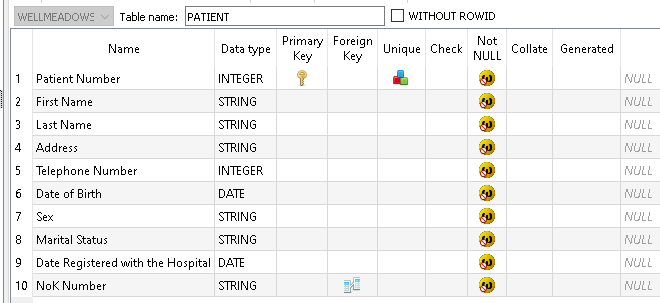
1. **OUTPATIENT**

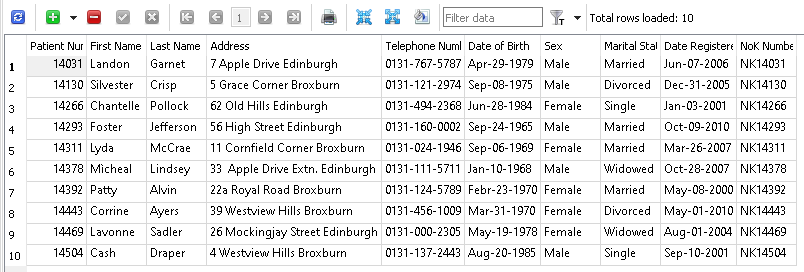
****

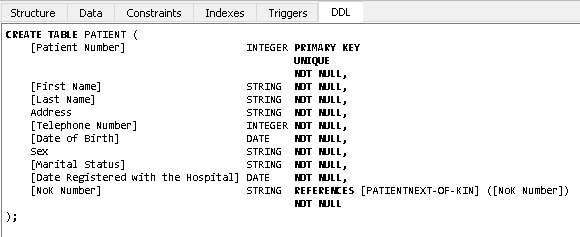
****

****

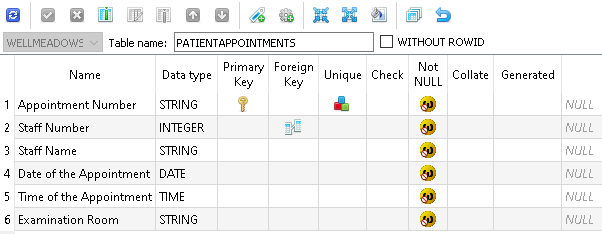
1. **PATIENT**

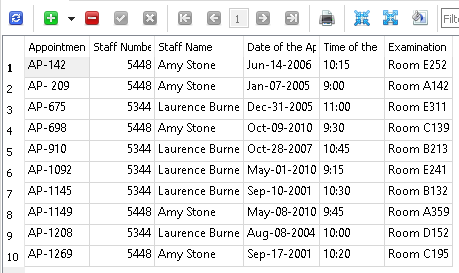
****

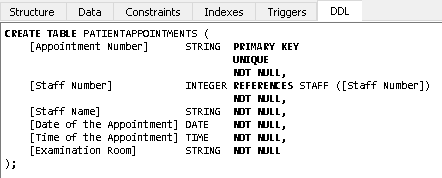


****

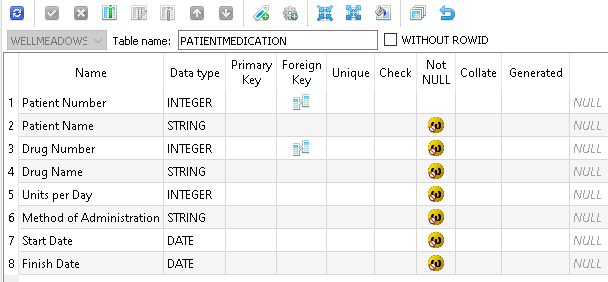
1. **PATIENTAPPOINTMENTS**

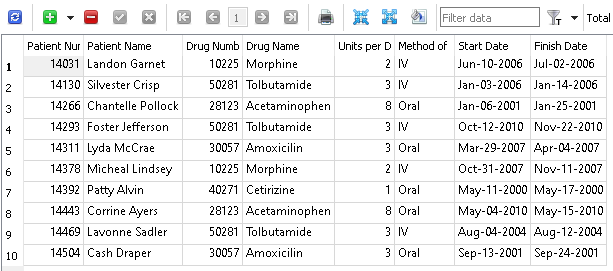
****

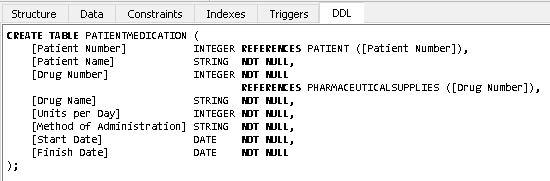
****

****

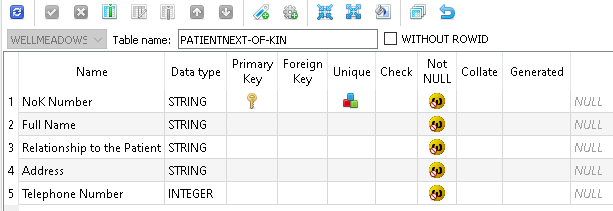
1. **PATIENTMEDICATION**

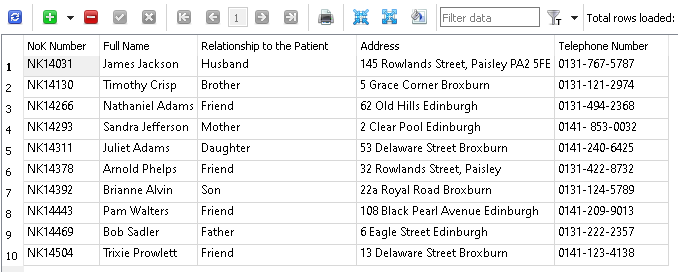
****

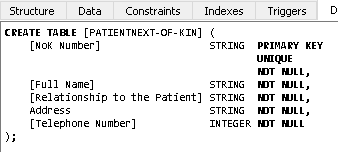
****

****

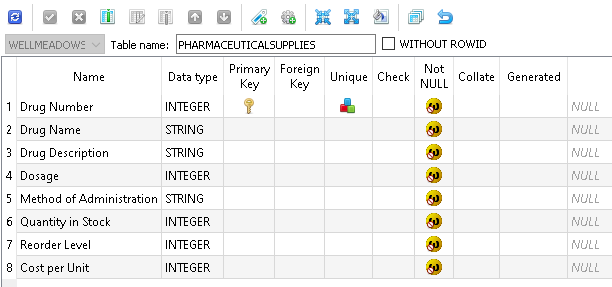
1. **PATIENTNEXT-OF-KIN**

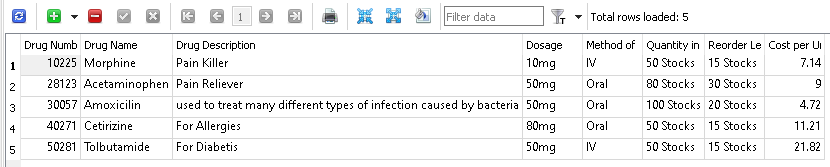
****

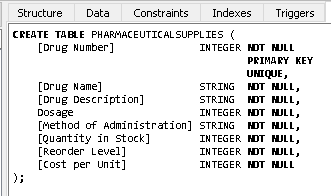
****

****

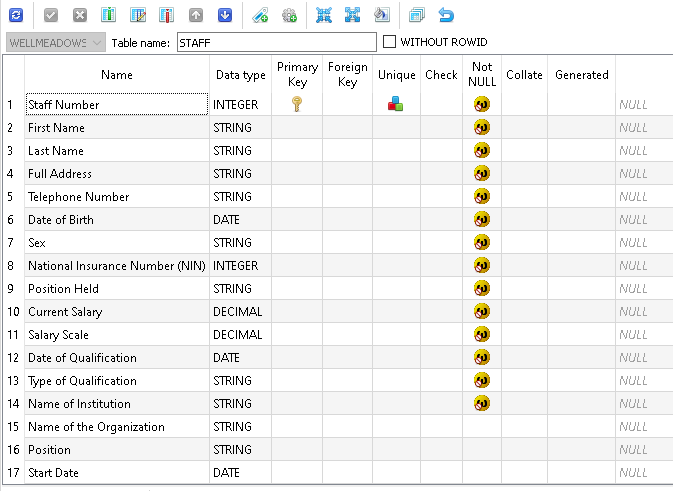
1. **PHARMACEUTICALSUPPLIES**

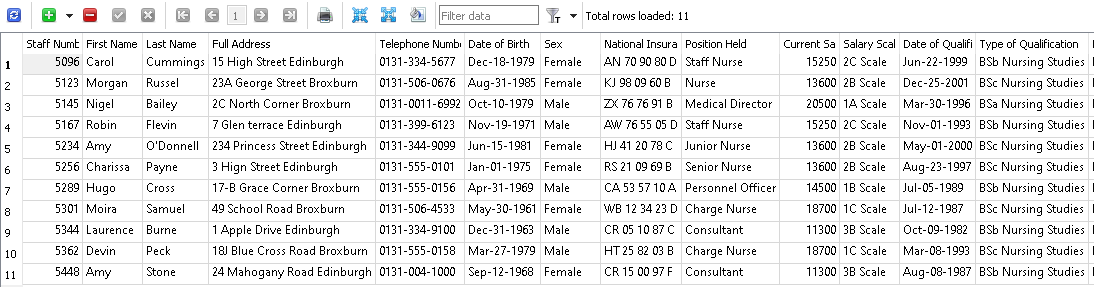
****

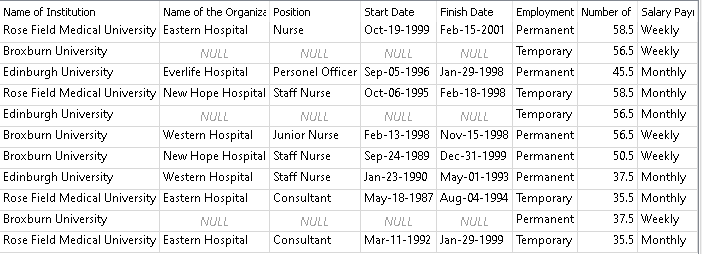


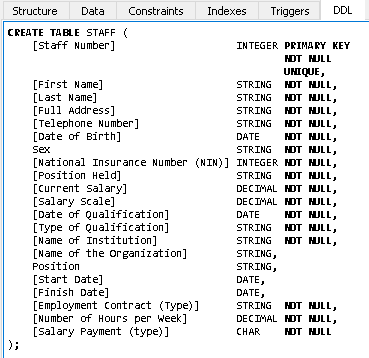
****

1. **STAFF**

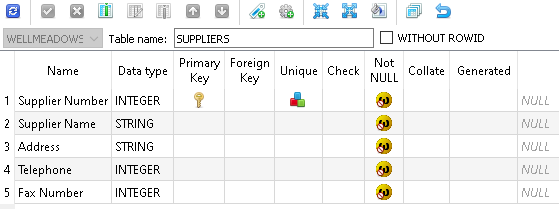
****

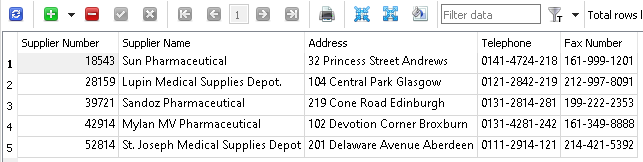


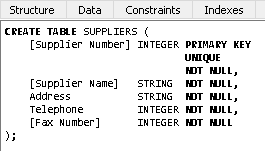
****

****

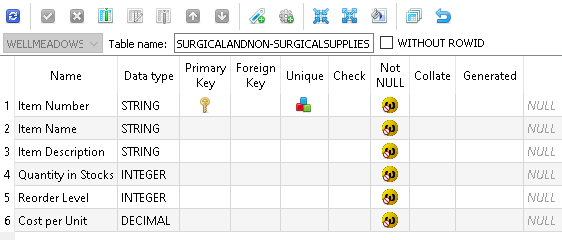
1. **SUPPLIERS**

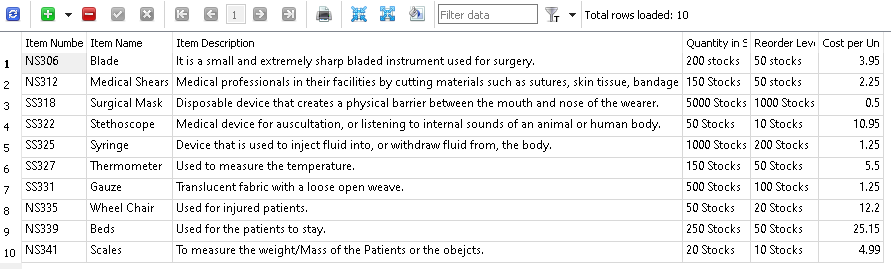
****

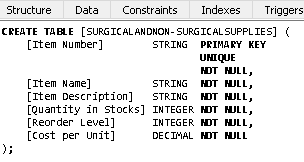
****

****

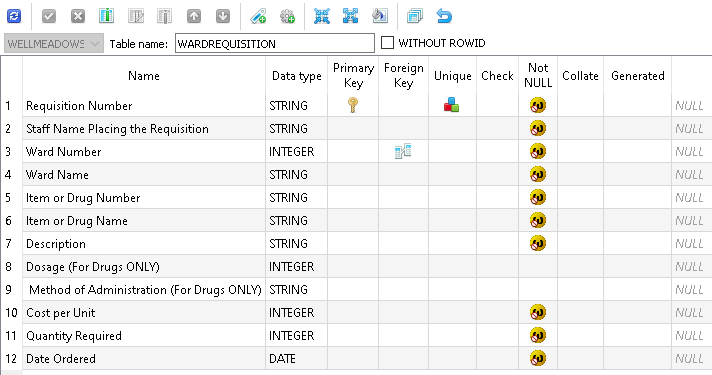
1. **SURGICALANDNON-SURGICALSUPPLIES**

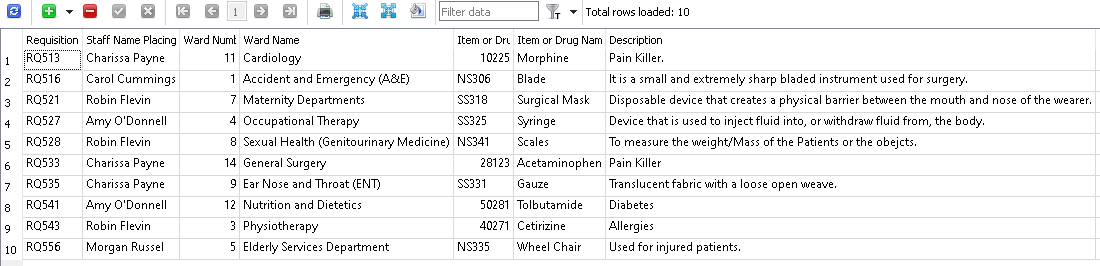
****

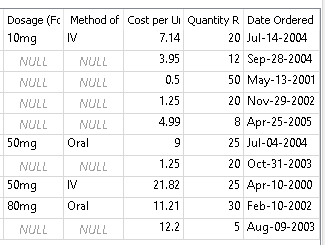
****

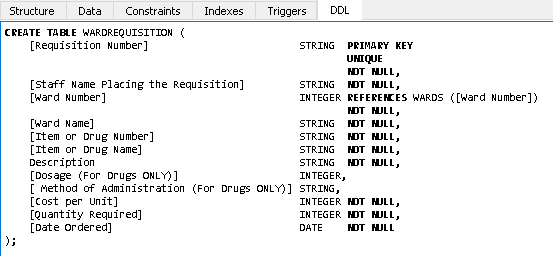
****

1. **WARDREQUISITION**

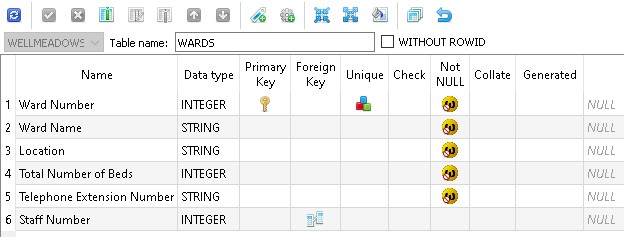
****

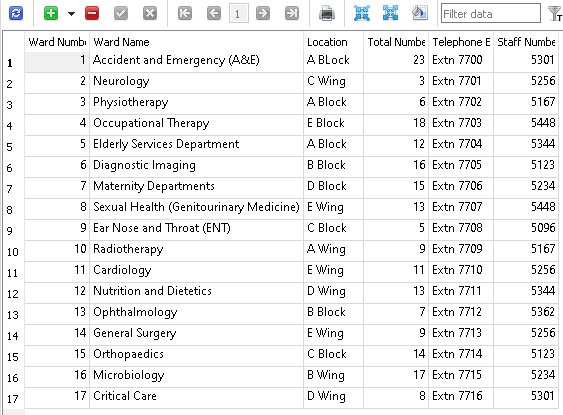


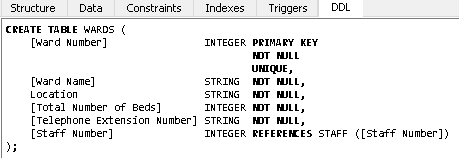
****

****

1. **WARDS**

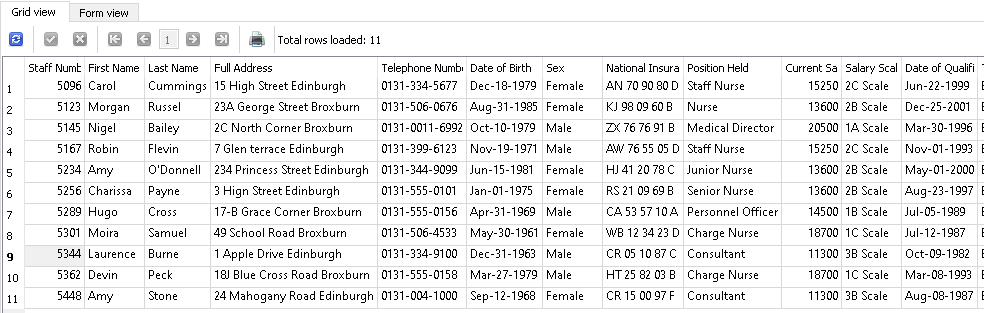
****

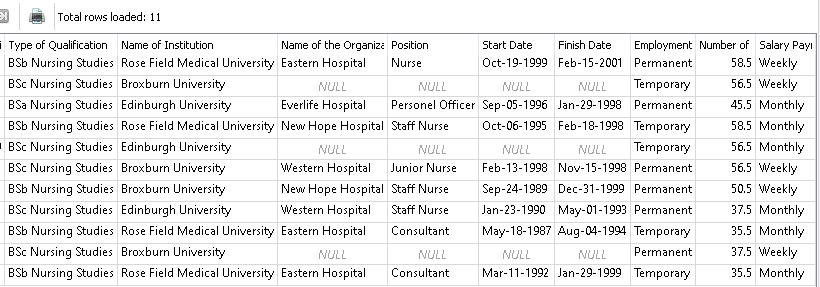
****

****

1. **Member of Staff**

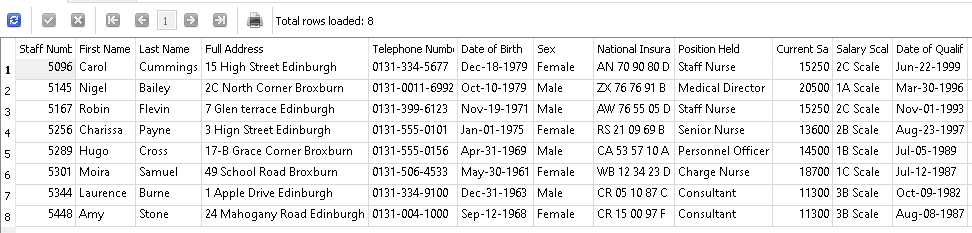
****

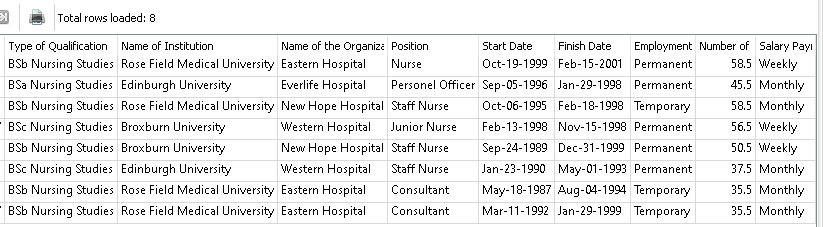


****

1. **Work Exp**

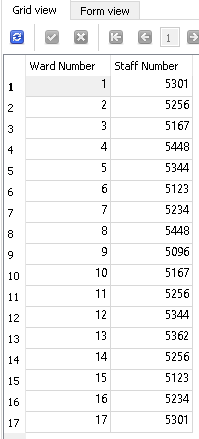
****





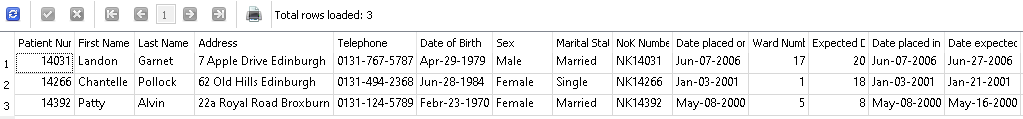
1. **Staff Each Ward**

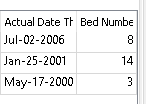
****

****

1. **Patient referred to the Hospital**

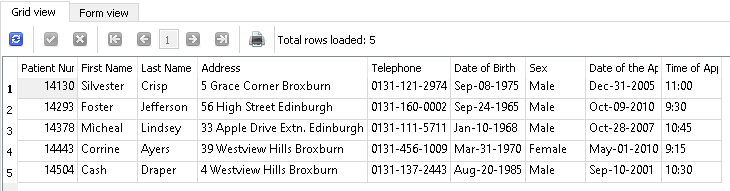
****



****

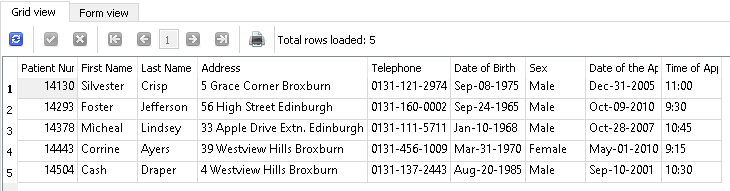
1. **Outpatient**

****

****

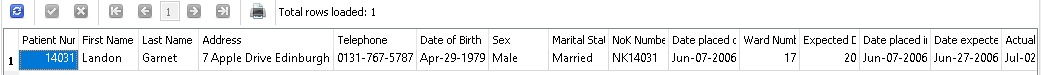
1. **Referred to the Out-Patient**

****

****

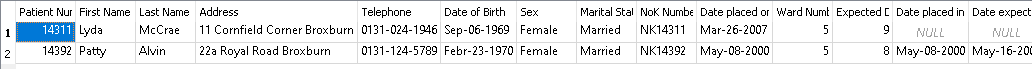
1. **Patient(s) Referred to Ward 17**

****



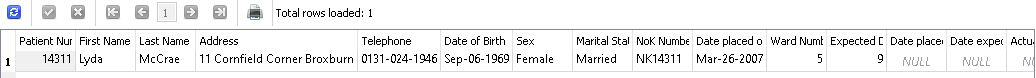
1. **Elderly Services Department**

****



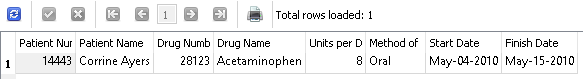
1. **Patients on the Waiting List on Ward 4**

****



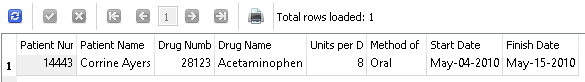
1. **Medications given to Corrine Ayers**

****

****

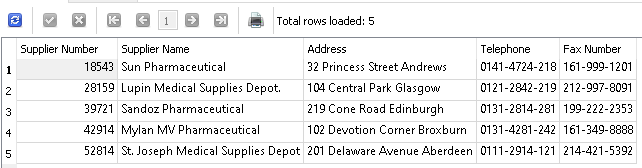
1. **Medications given to Corrine Ayers**

****

****

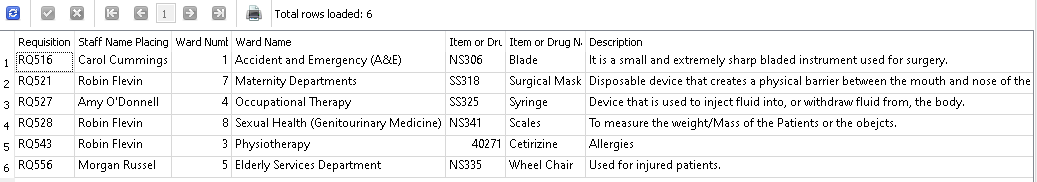
1. **Suppliers of Well Meadows Hospital**

****

****

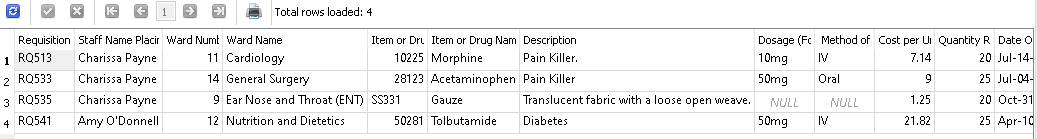
1. **Supply requisitions for wards 1- 10**

****



1. **Supply requisitions for wards 10 – 17**

****



Member Dinner (MEMBER NUM, MEMBER NAME, MEMBER ADDRESS, DINNER NUM, DINNER DATE,

VENUE CODE, VENUE DESCRIPTION, 1{FOOD CODE, FOOD DESCRIPTION}n)