MAPPING TO RELATIONS

PATIENT DETAILS

PATIENT ID	FIRST NAME	LAST NAME	MIDDLE NAME	DOB	CONTACT	GENDER	EMAIL	PASSWORD

PATIENT ADDRESS

ADDRESS ID	PATIENT ID	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	COUNTRY	ZIP	TYPE

PATIENT INSURANCE DETAILS

ID	ISSUER ID	PATIENT ID	EXPIRY DATE

INSURANCE COMPANIES

INSURER ID	NAME	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	COUNTRY	ZIP	EMAIL	PASSWORD	CONTACT

PROVIDER/DOCTOR DETAILS

PROVIDER ID	FIRST NAME	LAST NAME	MIDDLE NAME	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	COUNTRY	ZIP	CONTACT
				EMAIL		PASSWORD		LICENSE		SPECIALITY

PATIENT VISIT DETAILS

VISIT ID	PATIENT ID	PROVIDER ID	DATE	TIME	PATIENT NOTES	PROVIDER NOTES	DIAGNOSIS	SYMPTOMS	MEDICATION	TESTS	STATUS

PATIENT ACCOUNTING DETAILS

CHARGE ID	VISIT ID	TOTAL CHARGES	INSURANCE COVERAGE	PATIENT PAYMENT	BALANCE	STATUS

LABORATORY DETAILS

LABORATORY ID	NAME	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	COUNTRY	ZIP	EMAIL	PASSWORD	CONTACT

LAB TESTS

TEST ID	LAB ID	VISIT ID	TEST NAME	DATE	RESULT	STATUS

PHARMACY DETAILS

PHARMACY ID	NAME	ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	COUNTRY	ZIP	EMAIL	PASSWORD	CONTACT

MEDICATION DETAILS

MEDICATION ID	PHARMACY ID	VISIT ID	DATE	MEDICATION	STATUS

RELATIONAL SCHEMA:

In the above mapping, the EER from Phase- 2 is mapped to relations. Following are the conventions and coding rules:

1. Foreign keys are mentioned in red color (With the arrows mapped to the corresponding primary key).

2. Primary keys are **bold and underlined.**

CANDIDIATE KEYS AND FUNCTIONAL DEPENDENCIES:

RELATION NAME	PRIMARY KEY	FOREIGN KEY(S)	CANDIDATE KEYS	FUNCTIONAL DEPENDENCIES
PATIENT DETAILS	PATIENT ID	-	CONTACT, EMAIL, PASSWORD	PATIENT ID -> FIRST NAME, LAST NAME, MIDDLE NAME, DOB, CONTACT, GENDER, EMAIL, PASSWORD. {CONTACT, EMAIL, PASSWORD} -> PATIENT ID, FIRST NAME, LAST NAME, MIDDLE NAME, DOB, GENDER.
PATIENT INSURANCE DETAILS	ID	ISSUER ID, PATIENT ID	-	ID -> ISSUER ID, PATIENT ID, EXPIRY DATE.
PROVIDER DETAILS	PROVIDER ID	-	CONTACT, EMAIL, PASSWORD	PROVIDER ID -> FIRST NAME, LAST NAME, MIDDLE NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP, CONTACT EMAIL, PASSWORD, LICENSE, SPECIALITY. {CONTACT, EMAIL, PASSWORD} -> PROVIDER ID, FIRST NAME, LAST NAME, MIDDLE NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP, LICENSE, SPECIALITY.

PATIENT VISIT DETAILS	VISIT ID	PATIENT ID, PROVIDER ID	-	VISIT ID -> PATIENT ID, PROVIDER ID, DATE, TIME, PATIENT NOTES, PROVIDER NOTES, DIAGNOSIS, SYMPTOMS, MEDICATION, TESTS, STATUS.
PATIENT ACCOUNT DETAILS	CHARGE ID	VISIT ID	-	CHARGE ID -> VISIT ID, TOTAL CHARGES, INSURANCE COVERAGE, PATIENT PAYMENT, BALANCE, STATUS.
INSURANCE COMPANIES	INSURER ID	-	NAME, EMAIL, CONTACT, PASSWORD	INSURER ID -> NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP, EMAIL, PASSWORD, CONTACT. {NAME, EMAIL, CONTACT, PASSWORD} -> INSURER ID, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP.
LABORATORY DETAILS	LABORATORY ID	-	NAME, EMAIL, CONTACT, PASSWORD	LABORATORY ID -> NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP, EMAIL, PASSWORD, CONTACT. {NAME, EMAIL, CONTACT, PASSWORD} -> LABORATORY ID, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP.
PHARMACY DETAILS	PHARMACY ID	-	NAME, EMAIL, CONTACT, PASSWORD	PHARMACY ID -> NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP, EMAIL, PASSWORD, CONTACT. {NAME, EMAIL, CONTACT, PASSWORD} -> PHARMACY ID, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, COUNTRY, ZIP.

LAB TESTS	TEST ID	LAB ID, VISIT ID	-	TEST ID -> LAB ID, VISIT ID, TEST NAME, DATE, RESULT, STATUS.
MEDICATIONS	MEDICATION ID	PHARMACY ID, VISIT ID	-	PHARMACY ID -> PHARMACY ID, VISIT ID, DATE, MEDICATION, STATUS.

Team Details: Team 4

Members:

Shubham Subhash Borhade (1001994235)

Atul Rajendrakumar Upadhye (1002030159)