Hospital Design (Phone_Number) (Physician ID) Patient ID (Certification_Number) (Expertise_Field) Address Monitored_By hone_Numbe Patient Physician Date Nurse ID Hospitalized_In Orders Has Duration Phone_Number Description Status Name М d Ì Instruction Executes Nurse Room (Certification_Number) М Room Number Capacity (Instruction_Code Fee Address Payable Description Paid_By Health Record Status Date ls_In Record ID Patient_ID (Payment ID) Invoice_ID Date_Paid Amount Ν Is_Paid_By Sent Invoice Payment N Total_Amount Date_Issued Invoice ID Patient_ID Administers (Amount_Daily) Medication Patient

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