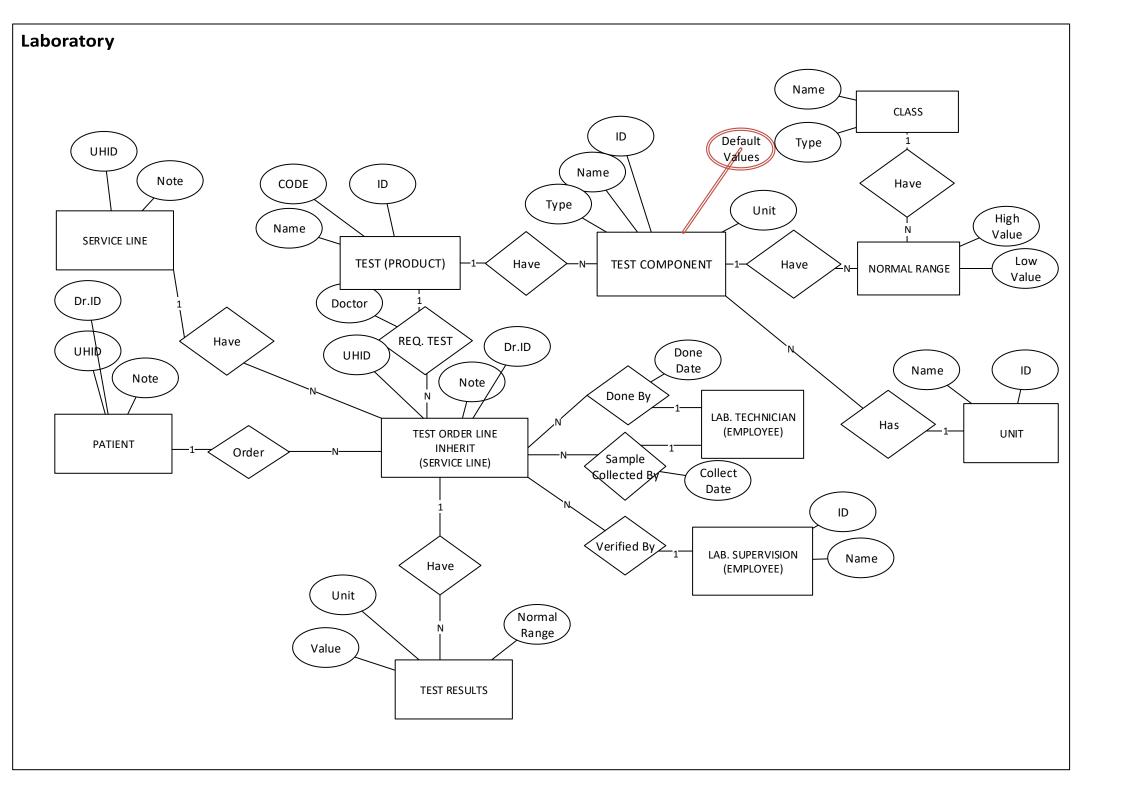
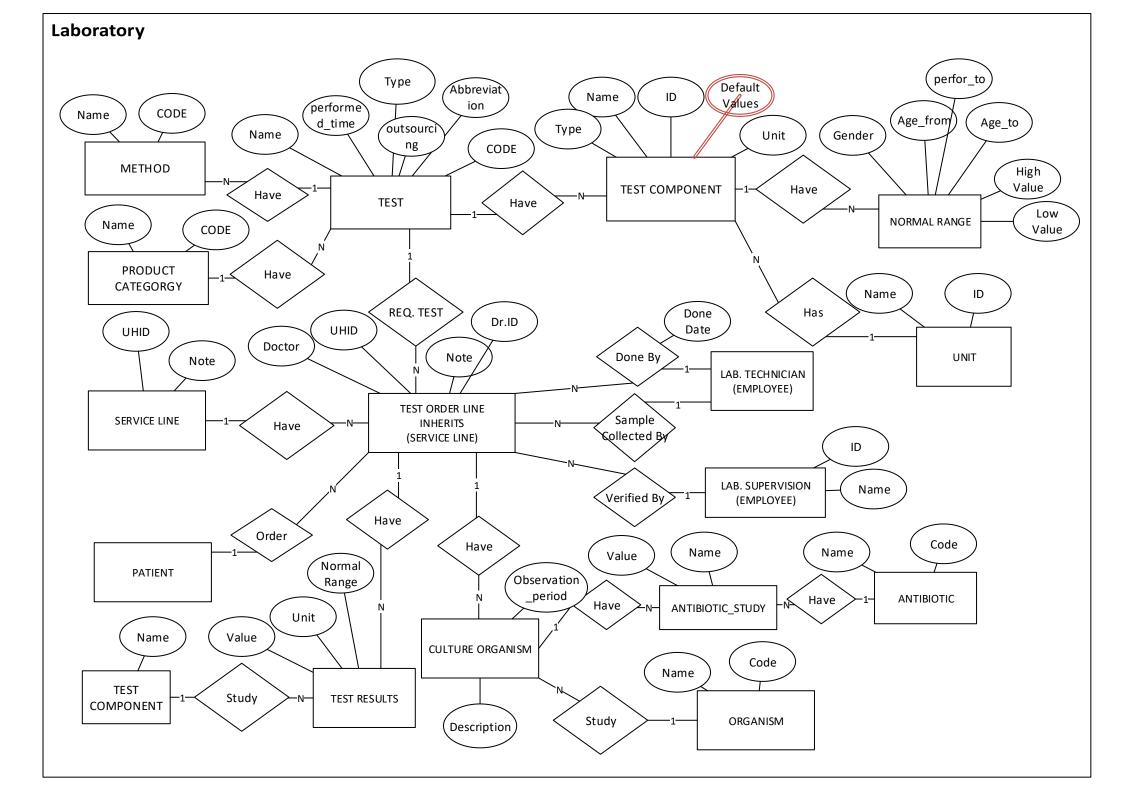
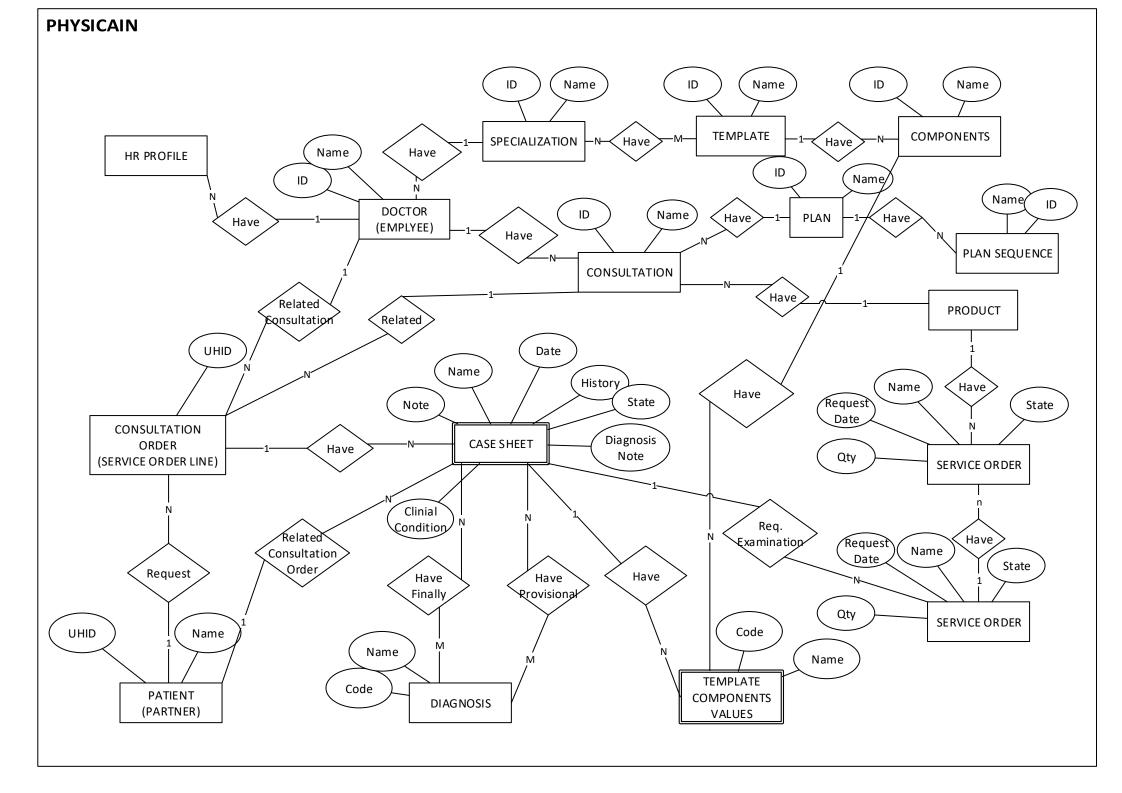
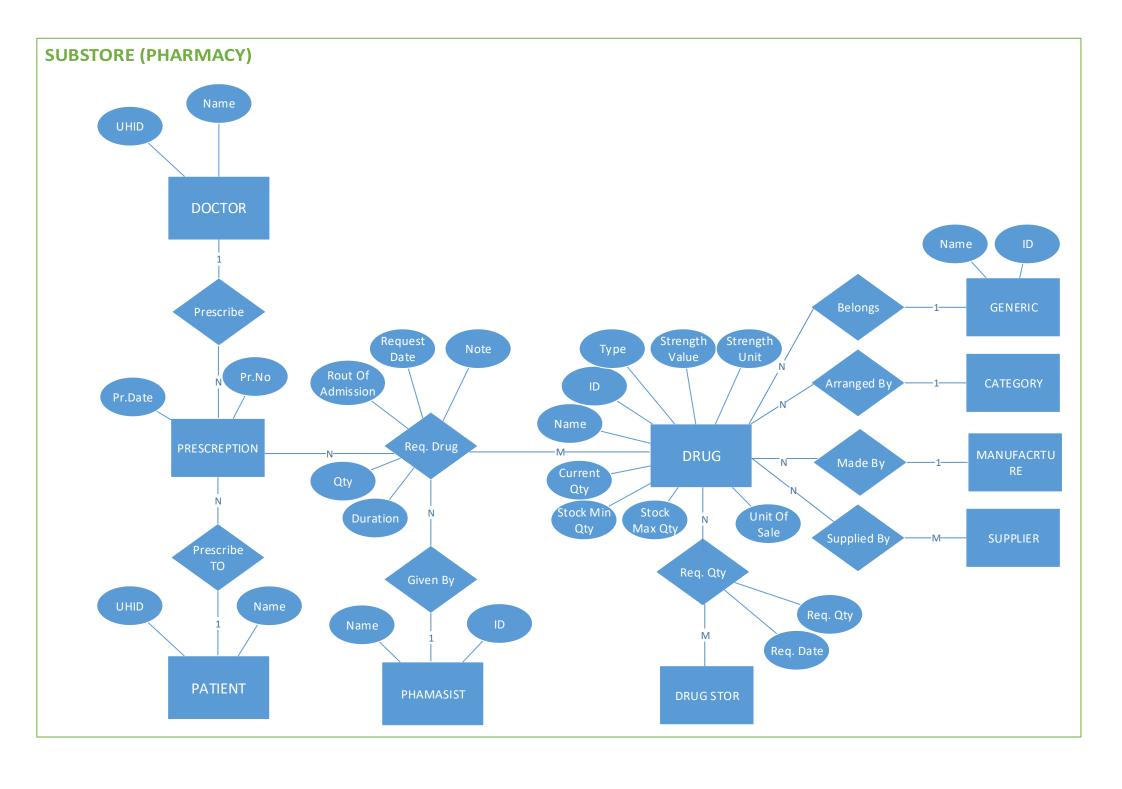
## **FRONT OFFICE** Drugs Gender Patient Allergies Food Amt Bill Amt Allergies Name Other Bill Date Tel No Patient ID Allergies DOB Address Discount Marital Bill No Status State Name SERVICE Have **PATIENT** INVOICE Need ORDER UHID Have Order By Write Billing By Name ID SERVICE Have DOCTOR INVOICE LINE **BILLING USER** ORDER LINE Have **PRODUCT**

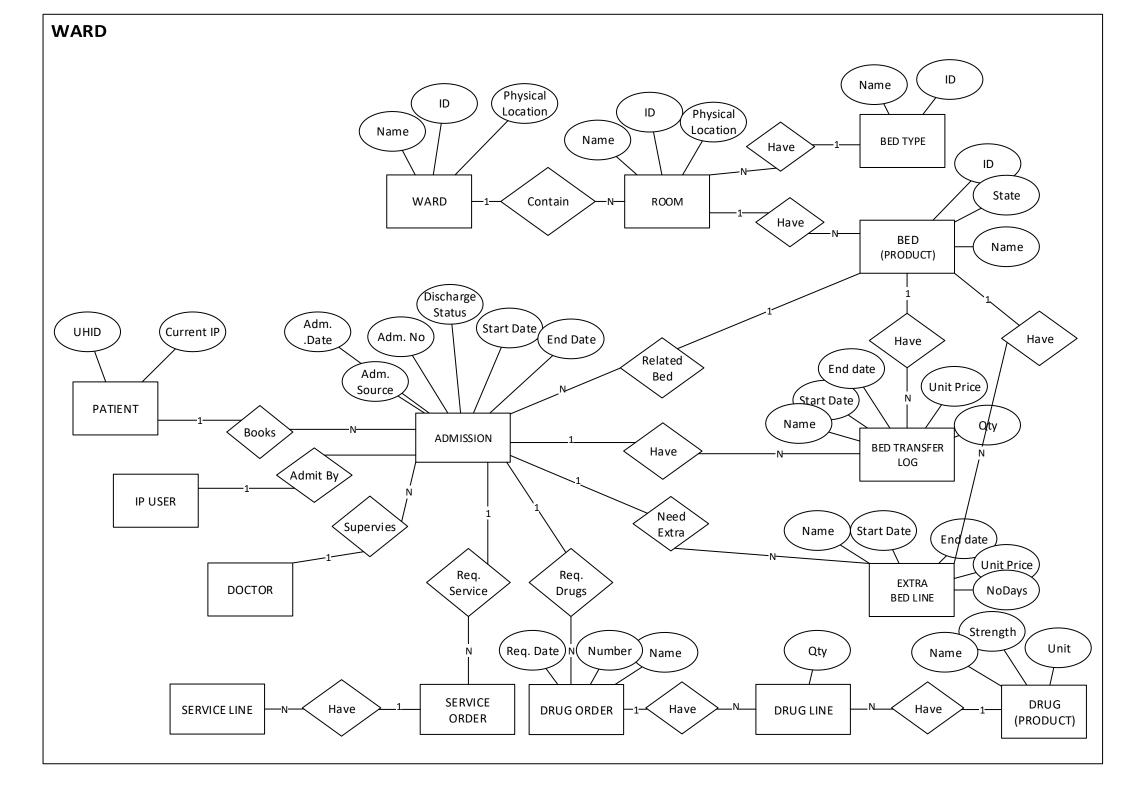


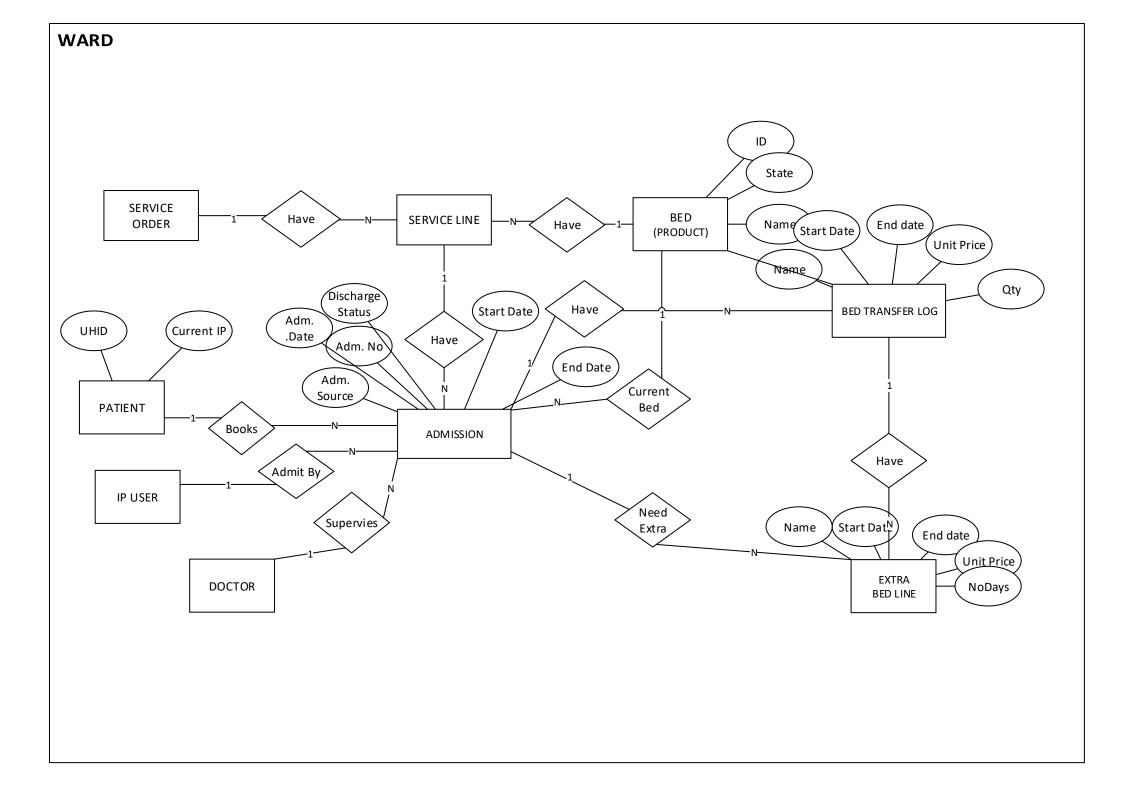


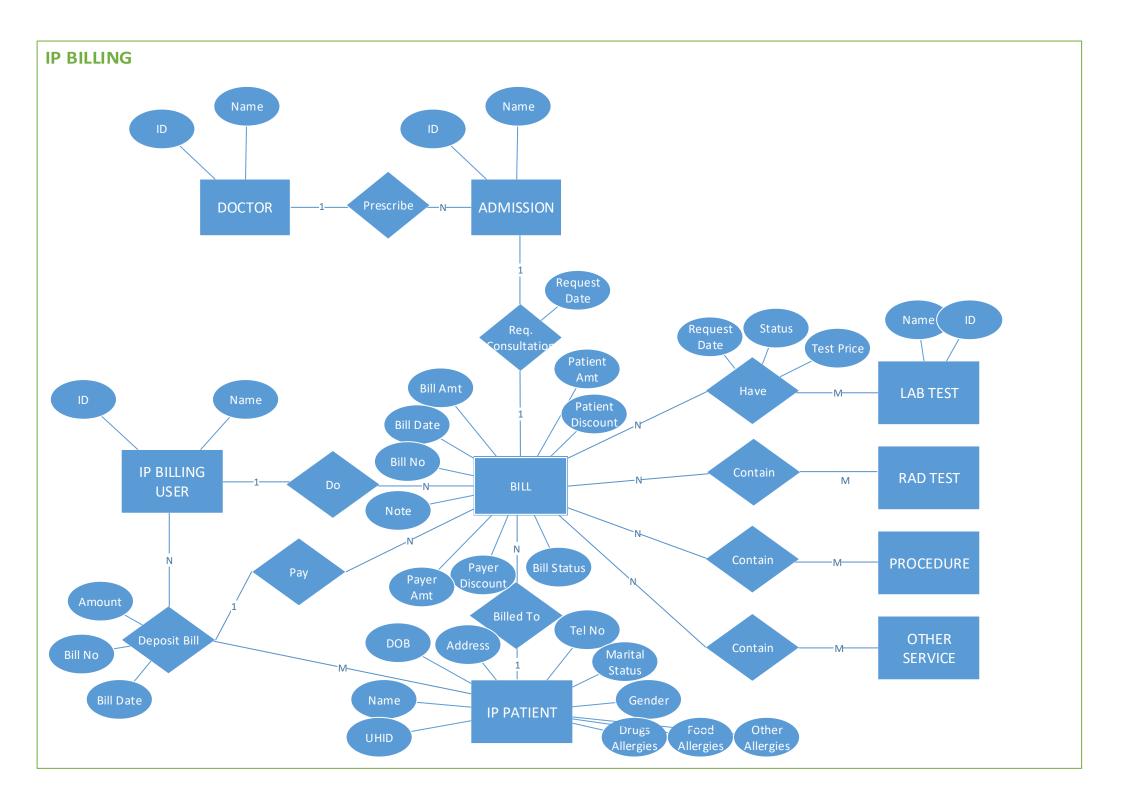


## Radiology CODE Name Conclusion Report SERVICE ORDER TEST (PRODUCT) Have REPORT TEMPLATE LINE Have REQ. TEST Note Report ID TEST ORDER LINE INHERIT Order TEST REPORT USER **PATIENT** Have Typing By Name (SERVICE ORDER LINE) (Request By (Reported By ID RADIOLOGIST DOCTOR Name (EMPLOYEE) (RESOURCE)









## **MAIN STORE** Req.User Req.Date DEPARTMENT Mapped

## **CONTRACT MANAGEMENT** Start Date Tel No End Date **COMPANY** CONTRACT Have Percent Percent Discount GRADE SERVICE **PATIENT** Services List: - OP Consultation - Laboratory Test - Radiology Test - Procedures - Surgery **BED TYPE** - Drugs - Bed Rent - Other Services