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Deliverable2

Q1.

1. EMPLOYEE

Primary Key: EMP_ID

Attributes:

EMP_LNAME, EMP_FNAME, POS_ID, DEP_ID, EMP_HIREDATE, EMP_DOB, EMP_PNUM,
EMP_EMAIL, EMP_ADDRESS

- No partial dependencies EMP_ID is the only PK.
- No transitive dependency

EMPLOYEE is in 3NF

2. POSITION

Primary Key: POS_ID

Attributes: DEP_ID, POS_NAME, POS_DESCRIPT, POS_COUNT

- No partial dependencies (single PK).
- No transitive dependency

POSITION is in 3NF

3. DEPARTMENT

Primary Key: DEP_ID

Attributes: DEP_NAME, DEP_ADDRESS, DEP_FUNDS

- No partial or transitive dependencies.

4. PATIENT

Primary Key: PAT_ID

Attributes:

PAT_LNAME, PAT_FNAME, EMP_ID, INSUR_ID, PAT_DOB, PAT_PNUM, PAT_EMAIL,
PAT_ADDRESS

- No partial dependencies (single PK).
- No transitive dependency

PATIENT is in 3NF

INSUR_AGENCY

Primary Key: INSUR_ID

Attributes: INSUR_NAME, INSUR_PNUM, INSUR_EMAIL, INSUR_ADDRESS

- No partial or transitive dependencies.

INSUR_AGENCY is in 3NF

PRESCRIPTIONS

Primary Key: PRE_ID

Attributes: PAT_ID, EMP_ID, PRE_NAME, DOS_MG

- No partial dependencies.
- No transitive dependencies

PRESCRIPTIONS is in 3NF

OPERATIONS

Primary Key: OP_ID

Attributes: PAT_ID, EMP_ID, ROOM_ID, OP_TYPE, OP_STATUS, OP_DATE

- No partial dependencies.
- No transitive dependencies.

ROOM

Primary Key: ROOM_ID

Attributes: DEP_ID, ROOM_STAT, ROOM_TYPE, ROOM_CAP

- No partial dependencies.
- No transitive dependencies.

ROOM is in 3NF

APPOINTMENT

Primary Key: APP_ID

Attributes: PAT_ID, EMP_ID, INV_ID, ROOM_ID, APP_REASON, APP_OUTCOME, DATE

- No partial dependencies.
- No transitive dependencies.

APPOINTMENT is in 3NF

INVOICE

Primary Key: INV_ID

Attributes: INSUR_ID, EMP_ID, PAT_ID, INV_COST, INV_DATE

- No partial dependencies.
- No transitive dependency

Dependency Diagram

https://lucid.app/lucidchart/5fc9590b-28e4-489c-b211-a543050abd89/edit?viewport_loc=-69%2C-515%2C2537%2C1213%2C0_0&invitationId=inv_146ba88b-7221-49ac-9a5f-aaed7683121a

Data Dictionary

TABLE NAME	ATTRIBUTE NAME	CONTENT	TYPE	FORMAT	RANGE	REQUIRED	PK OR FK	DEF
DEPARTMENT	Dep_ID	Department ID	INT	###	NA	Y	PK	
DEPARTMENT	Dep_Name	Department Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
DEPARTMENT	Dep_Address	Department Address	VARCHAR(255)	XXXXXXXXXX	NA	Y		
DEPARTMENT	Dep_Funds	Available Funds	DOUBLE PRECISION	0.00	>=0			
ROOM	Room_ID	Room ID	INT	###	NA	Y	PK	
ROOM	Dep_ID	Linked Department	INT	###	NA	Y	FK	DEPARTMENT
ROOM	Room_Stat	Room Status	VARCHAR(255)	XXXXXXXXXX	NA			
ROOM	Room_Type	Room Type	VARCHAR(255)	XXXXXXXXXX	NA			
ROOM	Room_Cap	Room Capacity	INT	###	>=1			
POSITION	Pos_ID	Position ID	INT	###	NA	Y	PK	
POSITION	Dep_ID	Linked Department	INT	###	NA	Y	FK	DEPARTMENT
POSITION	Pos_Name	Position Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
POSITION	Pos_Descript	Position Description	VARCHAR(255)	XXXXXXXXXX	NA			
POSITION	Pos_Count	Number of Positions	INT	###	>=1			
EMPLOYEE	Emp_ID	Employee ID	INT	###	NA	Y	PK	
EMPLOYEE	Emp_LName	Last Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
EMPLOYEE	Emp_FName	First Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
EMPLOYEE	Pos_ID	Position ID	INT	###	NA	Y	FK	POSITION
EMPLOYEE	Dep_ID	Department ID	INT	###	NA	Y	FK	DEPARTMENT
EMPLOYEE	Emp_HireDate	Hire Date	DATE	DD-MON-YY	NA			
EMPLOYEE	Emp_DOB	Date of Birth	DATE	DD-MON-YY	NA			
EMPLOYEE	Emp_PNum	Phone Number	VARCHAR(20)	(XXX) XXX-X	NA			
EMPLOYEE	Emp_Email	Email	VARCHAR(255)	XXXXXXXXXX	NA			
EMPLOYEE	Emp_Address	Address	VARCHAR(255)	XXXXXXXXXX	NA			
INSUR_AGENCY	Insur_ID	Insurance ID	INT	###	NA	Y	PK	
INSUR_AGENCY	Insur_Name	Insurance Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
INSUR_AGENCY	Insur_PNum	Phone Number	VARCHAR(20)	(XXX) XXX-X	NA			
INSUR_AGENCY	Insure_Email	Email	VARCHAR(255)	XXXXXXXXXX	NA			
INSUR_AGENCY	Insur_Address	Address	VARCHAR(255)	XXXXXXXXXX	NA			
INVOICE	Inv_ID	Invoice ID	INT	###	NA	Y	PK	
INVOICE	Insur_ID	Insurance ID	INT	###	NA	Y	FK	INSUR_AGENCY
INVOICE	Inv_Cost	Invoice Cost	DOUBLE PRECISION	0.00	>=0			
INVOICE	Inv_Date	Invoice Date	DATE	DD-MON-YY	NA			
PATIENT	Pat_ID	Patient ID	INT	###	NA	Y	PK	
PATIENT	Pat_LName	Last Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
PATIENT	Pat_FName	First Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
PATIENT	Emp_ID	Employee ID	INT	###	NA	Y	FK	EMPLOYEE
PATIENT	Insur_ID	Insurance ID	INT	###	NA		FK	INSUR_AGENCY
PATIENT	Pat_DOB	Date of Birth	DATE	DD-MON-YY	NA			
PATIENT	Pat_PNum	Phone Number	VARCHAR(20)	(XXX) XXX-X	NA			
PATIENT	Pat_Email	Email	VARCHAR(255)	XXXXXXXXXX	NA			
PATIENT	Pat_Address	Address	VARCHAR(255)	XXXXXXXXXX	NA			
PRESCRIPTIONS	Pre_ID	Prescription ID	INT	###	NA	Y	PK	
PRESCRIPTIONS	Pat_ID	Patient ID	INT	###	NA	Y	FK	PATIENT
PRESCRIPTIONS	Emp_ID	Issuing Employee	INT	###	NA	Y	FK	EMPLOYEE
PRESCRIPTIONS	Pre_Name	Prescription Name	VARCHAR(255)	XXXXXXXXXX	NA	Y		
PRESCRIPTIONS	Dos_Mg	Dosage (mg)	INT	###	>0			
OPERATIONS	Op_ID	Operation ID	INT	###	NA	Y	PK	

DOUBLE CLICK EXCEL SHEET TO SEE FULL TABLE