

# Form Design

## Patient Registration

Fullname:

Email :

gender:

Phone no:

Password :

confirm Password:

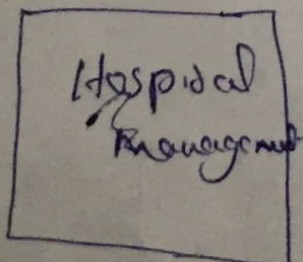
Patient ID :

## Login Page

Username:

Password:

## Homepage



inpatient  
outpatient  
Doctor ~~Room~~  
Room  
Billing  
Pathology



## Inpatient Registration

Patient ID :   
Name :   
Age :   
gender :   
Address :   
Contact no:   
Room no:

## Outpatient Registration

Patient ID :  Date :   
Name :  Age :   
gender :   
Contact no:   
Department :   
Doctor name :

## Doctor info

Name :  ID :   
Age :  gender:   
Contact no:  Department:

## Room info

Room no:

Room type:

## Inpatient Billing Form

Bill no:

Date:

### Patient Details

Date of admission:

Name:

Date of Discharge:

Age:

Gender:

Charges:

Room charge:

Doctor fee:

Pathology:

Total:

ADD

Save

Print



## Outpatient Billing Form

Bill no:

Date:

Patient ID:

Consultation amount:

Doctor:

Total:

## Pathology

Name:

Patient no:

Age:

Gender:

Test name:

Prescription:



# Table Design

## Login form

Field name	Datatype	Size	Constraint	Description
Pid	int		Primary key	Patient ID
Username	Varchar	50		username
Password	Varchar	50		password

## Registration form

Field name	Datatype	Size	Constraint	Description
Full name	Varchar	50		Full name of Patient
Email	Varchar	50		Email
gender	Varchar	50		gender
Phone no:	Big int			Phone number
Password	Varchar	50		Password
confirm Password	Varchar	50		confirm Password
Pid	int		Primary key	Patient ID



## Inpatient Registration

Field name	Datatype	Size	Constraint	Description
PID	int		Primary key	Patient ID
Name	Varchar	50		Name of patient
Age	int			Age
gender	Varchar	50		gender
Address	Varchar	50		Address of Patient
Contact no.	Big Int			Contact number
Room no.	Varchar	50		Room number

## Outpatient Registration

Field name	Datatype	Size	Constraint	Description
PID	int		Primary key	Patient ID
Date	int			Date
Name	Varchar	50		Name of Patient
Age	int			Age
gender	Varchar	50		gender
Contact no.	Big int			Contact number
Department	Varchar	50		Department
Doctor name	Varchar	50		Doctor name



## Doctors info

Field name	Datatype	Size	Constraint	Description
Name	Varchar	50	Primary key	Doctor name
DID	int			Doctor ID
Age	int	50		Age
gender	Varchar	50		gender
contact no	Big int			contact no.
Department	Varchar	50		Department

## Rooms info

Field name	Datatype	Size	Constraint	Description
Room no	Varchar	50	Primary key	Room number
Room type	Varchar	50		Room type

## Outpatient Billing Form

Field name	Datatype	Size	Constraint	Description
Bill no	Varchar	50	Primary key	Bill number
Patient ID	int			Patient ID
Doctor	Varchar	50		Doctor name
Date	int			Date
consultation amt	int			consultation amt
Total	Big int			Total



## Inpatient Billing Form

field name	datatype	Size	constraint	Description
Bill no:	int		Primary key	Bill number
Date	int			Date
Name	Varchar	30		Name of patient
Age	int	30		Age of patient
gender	Varchar	30		gender
Date of admission	int	30		Date of admission
Date of Discharge	int	30		Date of Discharge
Room charge	int			Room charge
Doctor fee	int			Doctor fee
Pathology	Varchar	50		Pathology

### Pathology

Field name	datatype	Size	constraint	Description
Name	Varchar	30 <sup>02</sup>		Patient name
Patient ID	int		Primary key	Patient number
gender	Varchar	30 <sup>02</sup>		gender
Test name	Varchar	30		Test name
Prescription	Varchar			Prescription



# UML Diagrams

## Structural Diagrams.

### 1) class diagram

