DOCTOR

doctor_id	name	contact_no	DOB	email

DEPARTMENT

department_id	name	contact_no	head_doctor

PATIENT

patient_id	name	DOB	contact_no	blood_group

HOSPITAL_BED

bed_id	type	status	room_no	ward_no

ADDRESS

address_id	patient_id	flat_no	area	pincode

APPOINTMENT

appointment_id	patient_id	doctor_id	date	status

MEDICAL_RECORD

record_id	patient_id	date	diagnosis

BILL

bill_id	appointment_id	date	amount	status

PRESCRIPTION

prescription_id	appointment_id	date	medicine	dosage

department_id
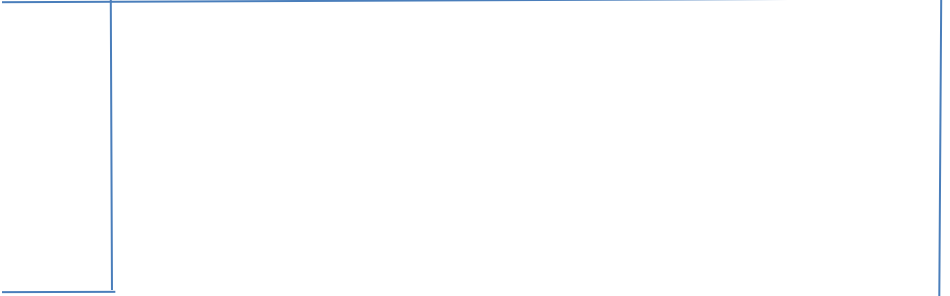
bed_id
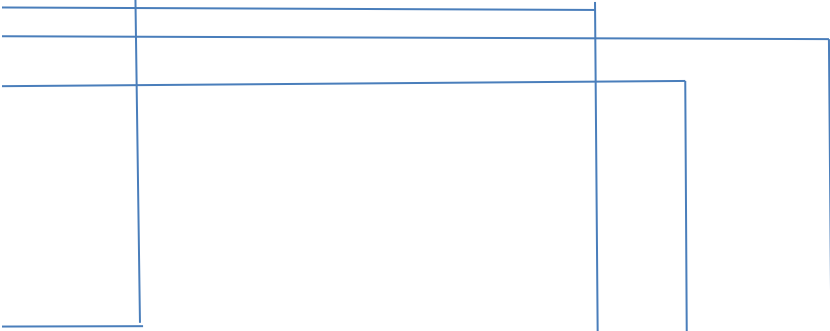
state	city	landmark

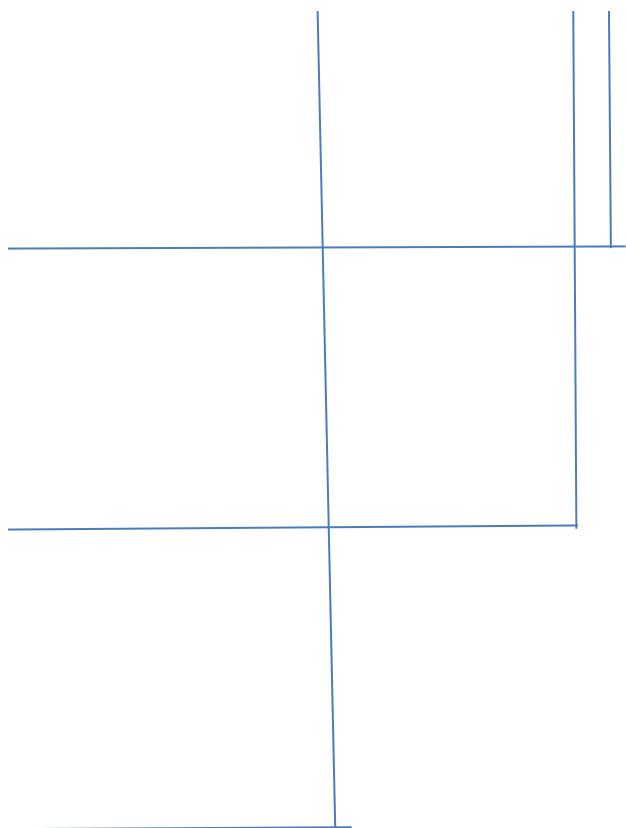| fees |
| --- |

RELATIONSHIPS:
1. DOCTOR (1) ---- (N) APPOINTMENT
2. PATIENT (1) ---- (N) APPOINTMENT

3. DEPARTMENT (1) ---- (N) DOCTOR
4. PATIENT (1) ---- (1) HOSPITAL_BED
5. PATIENT (1) ---- (N) MEDICAL_RECORD
6. PATIENT (1) ---- (1) ADDRESS
7. APPOINTMENT (1) ---- (1) BILL
8. APPOINTMENT (1) ---- (1) PRESCRIPTION