aaFigure Figure DOCT

HOSPITAL SCHEMA DIAGRAM

WARD

DISCHARGE

BILLING

JOINING

LAB

DOCTOR

PATIENT

DOCTOR NAME

DOCTOR ID (PK)

DOCTOR AGE

DOCTOR GENDER

SPECIALIZATION

DUTY TIMINGS

SALARY

LAB NO (PK)

PATIENT NAME

PATIENT ID (FK)

PROBLEM

TYPE OF TEST

PATIENT NAME

PATIENT ID (PK)

PATIENT AGE

PATIENT GENDER

PATIENT BLOOD GROUP

PATIENT ADDRESS

DATE OF JOINING

PATIENT PROBLEM

DOCTOR ID (FK)

ROOM NO (FK)

LAB NO (FK)

EMERGENCY WARD

WARD NO (PK)

DOCTOR ID (FK)

WARD INCHARGE

NO OF PATIENTS

PATIENT NAME

BILL NO (PK)

PATIENT ID (FK)

BED FEES

DOCTOR FEE

MEDICINE FEE

NO OF DAYS

PATIENT NAME

PATIENT ID (PK)

DATE OF DISCHARGE

BILL NO (FK)

DOCTOR ID (FK)

DOCTOR NAME