CARDIOLOGIST

DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

NEUROLOGIST

DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

GENERAL PRACTITIONER

DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

HAEMATOLOGIST

DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

SURGEON

DOCTOR_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

NURSE_NEUROLOGIST

NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

ORDERS

DOCTOR_ID	EXAM_ID	NURSE_ID	EXAM_NAME	EXAM_ROOM

NURSE_GENERAL_PRACTITIONER

NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

NURSE_HAEMATOLOGIST

NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

NURSE_SURGEON

NURSE_ID	NAME	LASTNAME	PHONE	ADDRESS	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

EMPLOYEE

EMPLOYEE_ID	NAME	LASTNAME	PHONE	ADDRESS	DEPARTMENT	USERNAME	PASSWORD	EMAIL

ADMINISTRATIVE

EMPLOYEE_ID	USERNAME	DEGREE_TITLE

ASSISTANT MANAGER

EMPLOYEE_ID	USERNAME	DEGREE_TITLE

PATIENT

PATIENT_ID	NAME	LASTNAME	PHONE	ADDRESS	INSURANCE	AMKA	USERNAME	PASSWORD	EMAIL	EMPLOYEE_ID

VISIT

PATIENT_ID	DATE	CURE	DOCTOR_ID	NURSE_ID	EMPLOYEE_ID	STATE

VISIT_DISEASES

PATIENT_ID	DATE	DISEASES

DISEASE

NAME	TRANSMISSIBILITY	INCUBATION	THERAPY_DURATION

SHIFT

DATE	DOCTOR_ID	NURSE_ID	TYPE	DEPARTMENT	EMPLOYEE_ID

VISIT_SYMPTOMS

PATIENT_ID	DATE	SYMPTOMS

DIAGNOSE_SYMPTOMS

DIAGNOSE_ID	EXAM_ID	SYMPTOMS

MEDICATION

MED_ID	NAME	TYPE	DOSAGE	USE_FOR	EXP_DATE

DISEASE_SYMPTOMS

NAME	SYMPTOMS

EXAMINATION

EXAM_ID	NAME	EXAM_ROOM	NURSE_ID	DOCTOR_ID

DIAGNOSE

DIAGNOSE_ID	EXAM_ID	DISEASE_NAME

UNDERGO

PATIENT_ID	EXAM_ID	DATE

PRESCRIBE

EXAM_ID	MED_ID	DATE	DOCTOR_ID