

Patient
<u>Patient_id</u>
First_name
Last_name
Date_of_birth
Contact_no
Address

Room
<u>Room_no</u>
Room_type
Block
Floor
Capacity
Beds_available

Admissions
Admit_no
Admit_date
Discharge_date

Doctor
<u>Doctor_id</u>
First_name
Last_name
Contact_no
Address
Date_of_birth
Department
Visiting_time
Maximum_appointments/day
no_of_appointments
Experience
Qualification

Diagnosis
<u>Diagnosis_id</u>
Description
Disease
Cost

