

# Group Assignment 3

## People

Name	Address	Age	SSN	Phone Number	Sex
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## Patient

Date Discharged	Date admitted	PID	SSN
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## Employee

SID	salary	email	history	SSN
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## Room

Room #	Wing	Floor	PID
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## Doctor

DID	SID	Specialty
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## Nurses

NID	SID	Type
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## Receptional

RID	SID
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## Medical History

File_ID	Allergies	Past illness	Symptoms	Diagnosis	PID
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## Prescription

Med. Code	Quantity	Price	PID
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## Visitor

Visitor ID	reason for visit	date	name	PID	RID
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