**Modificaciones a la base de datos**

**Tablas de la Base de datos Original**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EPS** |  |  |  |  |
| **ID** | **NOMBRE** | **IPS** | **GERENTE** | **ADMINISTRADOR** | **AFILIADOS** |
| PK | NN | FK | FK | FK | FK |
|  |  |  |  |  |  |
|  | **IPS** |  |  |  |  |
| **ID** | **NOMBRE** | **RECEPCIONISTAS** | **CITAS** | **SERVICIOS** | **LOCALIZACION** |
| PK | NN | FK | FK | FK | NN |
|  |  |  |  |  |  |
|  | **TRABAJAN** |  |  |  |  |
|  | **MEDICO** | **IPS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **SERVICIOS** |  |  |  |  |
| **ID** | **CAPACIDAD** | **HORARIO** |  |  |  |
| FK | NN | NN |  |  |  |
|  |  |  |  |  |  |
|  | **TERAPIA** |  |  |  |  |
| **ID** | **NUMERO\_SESIONES** |  |  |  |  |
| FK | NN |  |  |  |  |
|  |  |  |  |  |  |
|  | **EXAMEN\_DIAGNOSTICO** |  |  |  |  |
| **ID** | **MUESTRAS** | **RESULTADOS** |  |  |  |
| PK | NN | NN |  |  |  |
|  |  |  |  |  |  |
|  | **CITA** |  |  |  |  |
| **ID** | **CUMPLIDA** | **FECHA** | **SERVICIO** |  |  |
| PK | NN | NN | FK |  |  |
|  |  |  |  |  |  |
|  | **ORDEN** |  |  |  |  |
| **ID** | **SERVICIO** |  |  |  |  |
| PK | FK |  |  |  |  |
|  |  |  |  |  |  |
|  | **USUARIO** |  |  |  |  |
| **ID** | **NUMERO\_DOCUMENTO** | **NOMBRE** | **EMAIL** | **TIPO\_DOCUMENTO** | **ROL** |
| PK | NN | NN | NN | NN | FK |
|  |  |  |  |  |  |
|  | **MEDICO** |  |  |  |  |
| **ID** | **ESPECIALIDAD** | **NUMERO\_REGISTRO** |  |  |  |
| FK | NN | NN |  |  |  |
|  |  |  |  |  |  |
|  | **RECEPCIONISTA** |  |  |  |  |
| **ID** | **CITAS** | **IPS** |  |  |  |
| FK | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **GERENTE** |  |  |  |  |
| **ID** | **EPS** |  |  |  |  |
| FK | FK |  |  |  |  |
|  |  |  |  |  |  |
|  | **ADMINISTRADOR** |  |  |  |  |
| **ID** | **EPS** |  |  |  |  |
| FK | FK |  |  |  |  |
|  |  |  |  |  |  |
|  | **AFILIADO** |  |  |  |  |
| **ID** | **ESTADO\_SALUD** | **FECHA\_NACIMIENTO** | **RECETA\_ACTUAL** |  |  |
| FK | NN | NN | NN |  |  |
|  |  |  |  |  |  |
|  | **TIPO\_SERVICIO** |  |  |  |  |
| **ID** | **NOMBRE** |  |  |  |  |
| PK | NN |  |  |  |  |
|  |  |  |  |  |  |
|  | **ROL** |  |  |  |  |
| **ID** | **NOMBRE** |  |  |  |  |
| PK | NN |  |  |  |  |

**Tablas de la nueva base de datos** (las modificaciones están resaltadas)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EPS** |  |  |  |  |
| **ID** | **NOMBRE** |  |  |  |  |
| PK | NN |  |  |  |  |
|  |  |  |  |  |  |
|  | **CONTRATOS** |  |  |  |  |
|  | **EPS** | **IPS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **DIRIGE** |  |  |  |  |
|  | **GERENTE** | **EPS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **ADMINISTRA** |  |  |  |  |
|  | **ADMINISTRADOR** | **EPS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **AFILIACION** |  |  |  |  |
|  | **AFILIADO** | **EPS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **IPS** |  |  |  |  |
| **ID** | **NOMBRE** | **LOCALIZACION** |  |  |  |
| PK | NN | NN |  |  |  |
|  |  |  |  |  |  |
|  | **CITAS** |  |  |  |  |
|  | **EPS** | **CITAS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **RECIBEN** |  |  |  |  |
|  | **RECEPCIONISTA** | **IPS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **OFRECEN** |  |  |  |  |
|  | **IPS** | **SERVICIO** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **TRABAJAN** |  |  |  |  |
|  | **MEDICO** | **IPS** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **SERVICIOS** |  |  |  |  |
| **ID** | **CAPACIDAD** | **HORARIO** |  |  |  |
| PK | NN | NN |  |  |  |
|  |  |  |  |  |  |
|  | **TERAPIA** |  |  |  |  |
| **ID** | **NUMERO\_SESIONES** |  |  |  |  |
| FK | NN |  |  |  |  |
|  |  |  |  |  |  |
|  | **EXAMEN\_DIAGNOSTICO** |  |  |  |  |
| **ID** | **MUESTRAS** | **RESULTADOS** |  |  |  |
| FK | NN | NN |  |  |  |
|  |  |  |  |  |  |
|  | **CITA** |  |  |  |  |
| **ID** | **CUMPLIDA** | **FECHA** | **SERVICIO** |  |  |
| PK | NN | NN | FK |  |  |
|  |  |  |  |  |  |
|  | **ORDEN** |  |  |  |  |
| **ID** | **SERVICIO** |  |  |  |  |
| PK | FK |  |  |  |  |
|  |  |  |  |  |  |
|  | **USUARIO** |  |  |  |  |
| **ID** | **NUMERO\_DOCUMENTO** | **NOMBRE** | **EMAIL** | **TIPO\_DOCUMENTO** | **ROL** |
| PK | NN | NN | NN | NN | FK |
|  |  |  |  |  |  |
|  | **MEDICO** |  |  |  |  |
| **ID** | **ESPECIALIDAD** | **NUMERO\_REGISTRO** |  |  |  |
| FK | NN | NN |  |  |  |
|  |  |  |  |  |  |
|  | **RECEPCIONISTA** |  |  |  |  |
| **ID** | **IPS** |  |  |  |  |
| FK | FK |  |  |  |  |
|  |  |  |  |  |  |
|  | **ATENDIDAS** |  |  |  |  |
|  | **RECEPCIONISTA** | **CITA** |  |  |  |
|  | FK | FK |  |  |  |
|  |  |  |  |  |  |
|  | **GERENTE** |  |  |  |  |
| **ID** | **EPS** |  |  |  |  |
| FK | FK |  |  |  |  |
|  |  |  |  |  |  |
|  | **ADMINISTRADOR** |  |  |  |  |
| **ID** | **EPS** |  |  |  |  |
| FK | FK |  |  |  |  |
|  |  |  |  |  |  |
|  | **AFILIADO** |  |  |  |  |
| **ID** | **ESTADO\_SALUD** | **FECHA\_NACIMIENTO** | **RECETA\_ACTUAL** |  |  |
| FK | NN | NN | NN |  |  |
|  |  |  |  |  |  |
|  | **TIPO\_SERVICIO** |  |  |  |  |
| **ID** | **NOMBRE** |  |  |  |  |
| PK | NN |  |  |  |  |
|  |  |  |  |  |  |
|  | **ROL** |  |  |  |  |
| **ID** | **NOMBRE** |  |  |  |  |
| PK | NN |  |  |  |  |