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| Id |  | | |
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| Department |  | | |
| Id |  | | |
| Name |  | | |
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| Staff |  | | |
| Id |  | | |
| FirstName |  | | |
| LastName |  | | |
| FatherName |  | | |
| DOB |  | | |
| Sex |  | | |
| MobileNo |  | | |
| EmailId |  | | |
| Image |  | | |
| Address  DateTime |  | | |
| CityId |  | | |
| DesignationId |  | | |
| DepartmentId |  | | |
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| Patient | | |
| Id | | |
| FirstName | | |
| LastName | | |
| FatherName | | |
| Age | | |
| Sex | | |
| Disease | | |
| BloodGroup | | |
| VisitedDate | | |
| StaffId | | |
| Address | | |
| CityId | | |
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| Salary | |
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| Amount | |
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| StaffId | |
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| OPD |
| Id |
| PatientId |
| RegisterDate |
| StaffId |
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| PaymentType |
| Id |
| Type |
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| Payment |
| Id |
| PaymentTypeId |
| PaymentDate |
| Amount |
| IsSuccess |
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