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