

Hospital

<u>Hospital_ID</u>	Name	Location
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Belongs_To

<u>Hospital_ID</u>	<u>Staff_ID</u>
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Receives_Care_At

<u>Hospital_ID</u>	<u>Patient_ID</u>
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Staff

<u>Staff_ID</u>	First_Name	Last_Name	Email	Position	Phone_Number	Department	Date_of_Birth	<u>System_ID</u>
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Researcher

<u>Staff_ID</u>	Researcher_Type	Educational_Background
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Patient

<u>Patient_ID</u>	First_Name	Last_Name	Email	Phone_Number	Address	Gender	<u>System_ID</u>
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Volunteer

<u>Volunteer_ID</u>	First_Name	Last_Name	Phone_Number	Email	<u>System_ID</u>
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Complaint

<u>Complaint_ID</u>	<u>Patient_ID</u>	Details	Status	Type	Date_filled
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Healthcare_Provider

<u>Provider_ID</u>	License_Number	Name	Phone_Number	Email	Address
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Provider_Specialties

<u>Provider_ID</u>	Provider_Specialty
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Cooperates_With

<u>Hospital_ID</u>	<u>Provider_ID</u>
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Diagnoses

<u>Record_ID</u>	Diagnosis
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Medical_Record

<u>Record_ID</u>	<u>Patient_ID</u>	Date_Recorded
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Treatments

<u>Record_ID</u>	Treatment
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Prescriptions

<u>Record_ID</u>	Prescription
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Information_System

<u>System_ID</u>	System_Core	Security_Level	Permission	Description	<u>Patient_ID</u>	<u>Volunteer_ID</u>
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Attends

<u>Training_ID</u>	<u>Staff_ID</u>
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Training_Program

<u>Program_ID</u>	Name	Description	Period	Type	Requirment
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Conducts

<u>Project_ID</u>	<u>Staff_ID</u>
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Research_Project

<u>Project_ID</u>	Researcher_ID	Foundation_ID	Description	Status	Field_of_Research
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Publication

<u>Publication_ID</u>	<u>Project_ID</u>	Title	Journal_Name	Date_Published
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Publish

<u>Project_ID</u>	<u>Publication_ID</u>
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Sponsors_Project

<u>Project_ID</u>	<u>Foundation_ID</u>
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Holds

<u>Event_ID</u>	<u>Foundation_ID</u>
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Sponsors_Researcher

<u>Staff_ID</u>	<u>Foundation_ID</u>
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Funding_Foundation

<u>Foundation_ID</u>	Name	Type
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Foundation_Event

<u>Event_ID</u>	Name	Date	Location
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