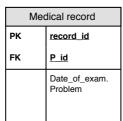
Patient	
PK	P_id
FK	ward_no
	Name Address DOB Diagnosis Sex

	Ward	
PK	ward_no	
	ward_name Type	

Doctor	
PK	Did
FK	P_id
	Dname Daddress Qualification Department

Drugs		
PK	drug_id	
FK	P_id	
	Name Cost Expiry_date	

Healthcare_Ass	
PK	ha_id
FK	ward_no
	ha_name ha_qualification



Attends	
PK,FK1	ha_id
PK,FK2	P_id

Patient_contact	
PK	Contact no , P id
	Mobile1 Mobile2 Mobile3

Docto	or_Qualification
PK	Did , Qualification
	12th Board
	Qualification1
	Qualification2
1	Qualification3

Treatment	
PK,FK1	P_id

Bill	
PK	Bill id
FK	P_id
	Cheque Cash Insurance