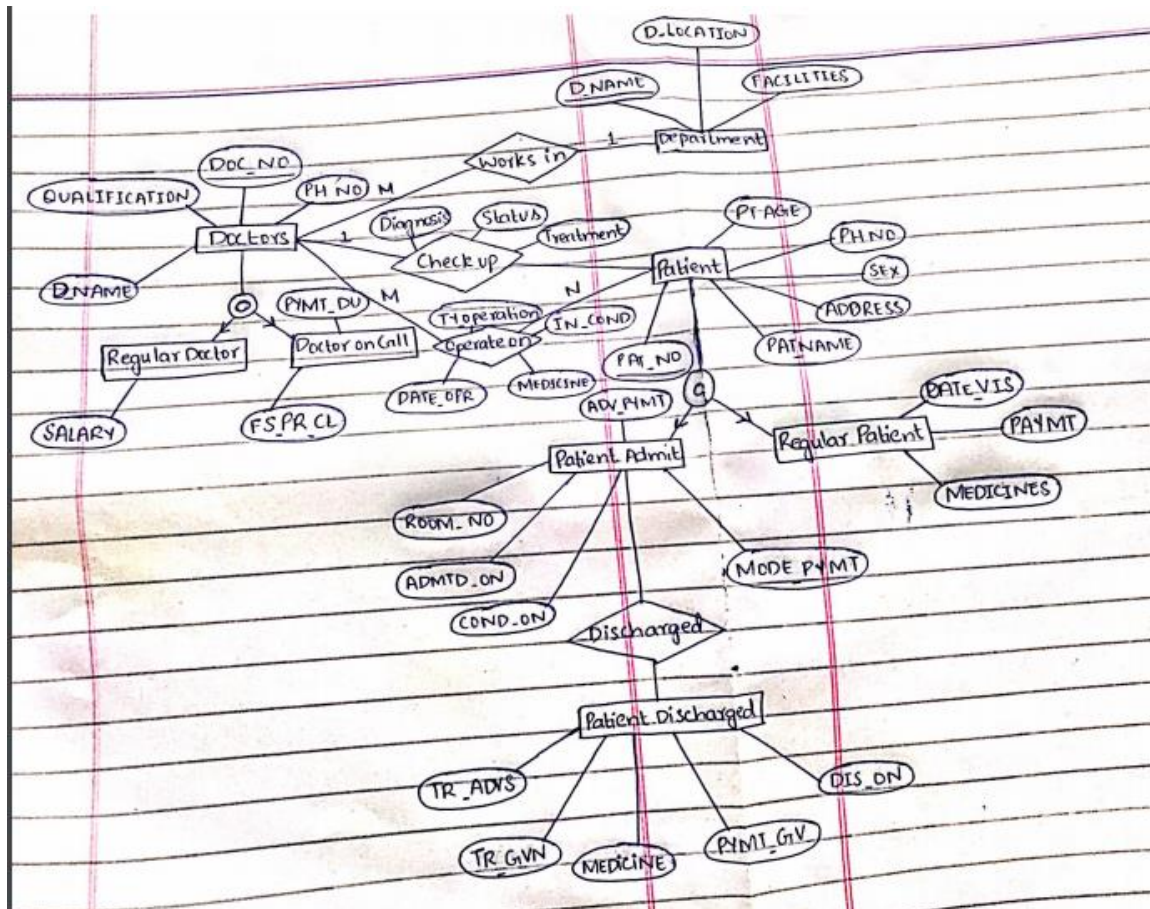


ABDULLAH BIN ZAFAR-70067430-SECTION-D(GROUP #1)

DB PROJECT HOTEL MANAGEMENT SYSTEM:-

ER DIAGRAM:-



RELATIONAL SCHEMA:-

Relational Database Schema for Case Study:

The relational database schema for Hospital Management database is as follows:

1. DEPARTMENT (D_NAME, D_LOCATION, FACILITIES)
2. ALL_DOCTORS (DOC_NO, DEPARTMENT)

3. DOC_REG(DOC_NO, D_NAME, QUALIFICATION, SALARY, EN_TIME, EX_TIME, ADDRESS, PH_NO, DOJ)
4. DOC_ON_CALL (DOC_NO, D_NAME, QUALIFICATION, FS_PR_CL, PYMT_DU, ADDRESS, PH_NO)
5. PAT_ENTRY (PAT_NO, PAT_NAME, CHKUP_DT, PT_AGE, SEX, RFRG_CSTNT, DIAGNOSIS, RFD, ADDRESS, CITY, PH_NO, DEPARTMENT)
6. PAT_CHKUP (PAT_NO, DOC_NO, DIAGNOSIS, STATUS, TREATMENT)
7. PAT_ADMIT (PAT_NO, ADV_PYMT, MODE_PYMT, ROOM_NO, DEPTNAME, ADMTD_ON, COND_ON, INVSTGTN_DN, TRMT_SDT, ATTDNT_NM)
8. PAT_DIS (PAT_NO, TR_ADVS, TR_GVN, MEDICINES, PYMT_GV, DIS_ON)
9. PAT_REG (PAT_NO, DATE_VIS, CONDITION, TREATMENT, MEDICINES, DOC_NO, PAYMT)
10. PAT_OPR (PAT_NO, DATE_OPR, IN_COND, AFOP_COND, TY_OPERATION, MEDICINES, DOC_NO, OPTH_NO, OTHER_SUG)
11. ROOM_DETAILS (ROOM_NO, TYPE, STATUS, RM_DL_CRG, OTHER_CRG)

DOCTOR FORM DETAILS:-

<!DOCTYPE html>

<html>

<head>

<link rel="stylesheet" href="https://stackpath.bootstrapcdn.com/bootstrap/4.1.3/css/bootstrap.min.css" integrity="sha384-MCw98/SFnGE8fJT3GXwEOngsV7Zt27NXFoaoApmYm81iuXoPkFOJwJ8ERdknLPMO" crossorigin="anonymous">

<meta name="viewport" content="width=device-width, initial-scale=1">

<link rel="stylesheet" href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-awesome.min.css">

<link rel="stylesheet" href="https://fonts.googleapis.com/css?family=Allerta+Stencil">

<link rel="stylesheet" href="https://egkoppel.github.io/product-sans/google-fonts.css">

<link href='http://fonts.googleapis.com/css?family=Open+Sans' rel='stylesheet' type='text/css'>

<link href="https://fonts.googleapis.com/css2?family=Titillium+Web:wght@900&display=swap" rel="stylesheet">

```
<link
href="https://fonts.googleapis.com/css2?family=Alfa+Slab+One&family=Grenze+Gotisch:wght@700&display=swap" rel="stylesheet">
```

```
<link href="https://fonts.googleapis.com/css2?family=Anton&display=swap" rel="stylesheet">
```

```
<link href="https://fonts.googleapis.com/css2?family=Orbitron:wght@900&display=swap" rel="stylesheet">
```

```
<link href="https://fonts.googleapis.com/css2?family=Fredoka+One&display=swap" rel="stylesheet">
```

```
<link rel="stylesheet" href="https://fonts.googleapis.com/css?family=Lobster">
```

```
<title>
```

DOCTOR DATA ENTRY FORM

```
</title>
```

```
<style>
```

```
.topnav {
background-color:white;
overflow: hidden;
}
```

```
.topnav a {
float: left;
color: black;
text-align: center;
padding: 10px 120px;
text-decoration: none;
font-size: 12px;
```

```
font-family: 'Orbitron', sans-serif ;

background-color: #f4f5f6;

}

.topnav a:hover {

background-color:darkgray;

color: black;

}

.ft{

font-family: "Allerta Stencil", Sans-serif;

}

.footer {

position: fixed;

left: 0;

bottom: 0;

width: 100%;

background-color:navy;

color:grey;

text-align: center;

}

.r{

margin-left: 0px;

margin-right:0px;

padding-left: 0px;

padding-right: 0px;

margin-bottom: 0px;

margin-top: 0px;

}
```

```
.card {  
    box-shadow: 0 4px 8px 0 rgba(0, 0, 0, 0.2);  
    max-width: 200px;  
  
    font-family: arial;  
}
```

```
.center {  
    text-align:center;  
  
    width:80px;
```

```
}
```

```
.tales {  
    width: 100%;  
}
```

```
.carousel-inner{  
    width:100%;  
    max-height: 350px !important;  
}
```

```
.fa {  
    padding: 5px;  
    font-size: 20px;  
    width: 30px;  
    text-align: center;  
    text-decoration: none;
```

```
border-radius: 50%;
}

.fa-facebook {
  background: #3B5998;
  color: white;
  text-align: center;
}

.fa-twitter {
  background: #55ACEE;
  color: white;
  text-align: center;
}

.fa-google {
  background: #dd4b39;
  color: white;
}

.fa-linkedin {
  background: #007bb5;
  color: white;
}

@media only screen and (max-width: 480px) {
.slideshow__image:not(.ratio-container),.ratio-container:after {
```

```
padding-bottom: 85%;  
width: 100%;  
}  
}
```

```
body{  
background-image: url("12.jpg");  
max-width: 100%;  
overflow-x: hidden;  
background-color: black;  
  
}
```

```
</style>
```

```
</head>
```

```
<body >
```

```
<div class="row" style="text-align: center; font-family: 'Orbitron', sans-serif ;">
```

```
<div class="col-sm-8" style="margin-right: auto;margin-left: auto; color: white;">
```

```
<p>DOCTOR'S DATA ENTRY FORM ( ONLY FOR OFFICIAL USE)</p>
```

```
<br><br>
```

```
</div>
```

```
</div>
```

```
<form action="dbprojectinsert.php" method="POST">
<div class="row">
  <div class="col-sm-6">
    <div class="row">
      <div class="col-sm-4">
        <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Name:</p>
      </div>
      <div class="col-sm-4" style="align-items: left;">
        <input type="text" id="name" name="name" value=" " >
      </div>
    </div>
    <div class="row">
      <div class="col-sm-4">
        <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">ID:</p>
      </div>
      <div class="col-sm-4" style="align-items: left;">
        <input type="text" id="name" name="id" value=" " >
      </div>
    </div>
    <div class="col-sm-4">
      <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ;">Department Name:</p>
    </div>
    <div class="col-sm-4" >
      <input type="text" id="name" name="department_name" value=" " >
    </div>
  </div>
</div>
</div>
<div class="row">
  <div class="col-sm-4">
    <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ;">Department Name:</p>
  </div>
  <div class="col-sm-4" >
    <input type="text" id="name" name="department_name" value=" " >
  </div>
</div>
```


</div>

<div class="col-sm-4">

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Address:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="address" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Phone Number:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="Phone" id="name" name="phone_number" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Facilities:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="number" id="name" name="facilities" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Qualification:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="qualification" value=" " >

</div>

</div>

</div>

<div class="col-sm-6">

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Department Location:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="department_location" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-12">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">IN CASE OF REGULAR
DOCTORS(id with DR)</p>

</div>

</div>

<div class="row">

```
<div class="col-sm-4">
```

```
<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Salary in RS:</p>
```

```
</div>
```

```
<div class="col-sm-4" style="align-items: left;">
```

```
<input type="text" id="name" name="salary" value=" " >
```

```
</div>
```

```
</div>
```

```
<div class="row">
```

```
<div class="col-sm-4">
```

```
<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Date Of Joining:</p>
```

```
</div>
```

```
<div class="col-sm-4" style="align-items: left;">
```

```
<input type="text" id="name" name="date_of_joining" value=" " >
```

```
</div>
```

```
</div>
```

```
<div class="row">
```

```
<div class="col-sm-12">
```

```
<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">IN CASE OF DOCTORS CALLED(
id with DC )</p>
```

```
</div>
```

```
</div>
```

```
<div class="row">
```

```
<div class="col-sm-4">
```

```
<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Fee per call in RS:</p>
```

```
</div>
```

```
<div class="col-sm-4" style="align-items: left;">
```

```
<input type="text" id="name" name="fee_per_call" value=" " >
```

```
</div>
```

```
</div>
```

```
<div class="row">
<div class="col-sm-4">
<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Payment Due:</p>
</div>
<div class="col-sm-4" style="align-items: left;">
<input type="text" id="name" name="payment_due" value=" " >
</div>
</div>
```

```
<div class="row">
<div class="col-sm-4">
<input type="submit" value="Submit">
</div>
</div>
</div>
</form>
</div>
```

```
</div>
```

```
</footer>
```

```
<script src="https://code.jquery.com/jquery-3.2.1.slim.min.js" integrity="sha384-
KJ3o2DKtIkVYIK3UENzmM7KCKRr/rE9/Qpg6aAZGJwFDMVNA/GpGFF93hXpG5KkN"
crossorigin="anonymous"></script>
```

```
<script src="https://maxcdn.bootstrapcdn.com/bootstrap/4.0.0/js/bootstrap.min.js" integrity="sha384-
JZR6Spejh4U02d8jOt6vLEHfe/JQGiRRSQQxSfFWpi1MquVdAyjUar5+76PVCmYI"
crossorigin="anonymous"></script>
```

```
<script src="https://cdnjs.cloudflare.com/ajax/libs/popper.js/1.12.9/umd/popper.min.js" integrity="sha384-ApNbgh9B+Y1QKtv3Rn7W3mgPxhU9K/ScQsAP7hUibX39j7fakFPskvXusvfa0b4Q"
crossorigin="anonymous"></script>
```

```
<script src="https://maxcdn.bootstrapcdn.com/bootstrap/4.0.0/js/bootstrap.min.js" integrity="sha384-JZR6Spejh4U02d8jOt6vLEHfe/JQGiRRSQQxSfFWpi1MquVdAyjUar5+76PVCmYI"
crossorigin="anonymous"></script>
```

```
<script src="https://maps.googleapis.com/maps/api/js?key=YOUR_KEY&callback=myMap"></script>
```

```
</body>
```

```
</html>
```

FORM FRONT END VIEW:-

DOCTOR'S DATA ENTRY FORM (ONLY FOR OFFICIAL USE)			
Name:	<input type="text"/>	Department	<input type="text"/>
ID:	<input type="text"/>	Location:	<input type="text"/>
Department	<input type="text"/>	IN CASE OF REGULAR DOCTORS(id with DR)	
Name:	<input type="text"/>	Salary in RS:	<input type="text"/>
Address:	<input type="text"/>	Date Of Joining:	<input type="text"/>
Phone Number:	<input type="text"/>	IN CASE OF DOCTORS CALLED(id with DC)	
Facilities:	<input type="text"/>	Fee per call in	<input type="text"/>
Qualification:	<input type="text"/>	RS:	<input type="text"/>
		Payment Due:	<input type="text"/>
<input type="button" value="Submit"/>			

PATIENT FORM DETAILS:-

```
<!DOCTYPE html>
```

```
<html>
```

```
<head>
```

```
<link rel="stylesheet" href="https://stackpath.bootstrapcdn.com/bootstrap/4.1.3/css/bootstrap.min.css"
integrity="sha384-MCw98/SFnGE8fJT3GXwEOngsV7Zt27NXFoaoApmYm81iuXoPkFOJwJ8ERdknLPMO"
crossorigin="anonymous">
```

```
<meta name="viewport" content="width=device-width, initial-scale=1">
```

```
<link rel="stylesheet" href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-
awesome.min.css">
```

```
<link rel="stylesheet" href="https://fonts.googleapis.com/css?family=Allerta+Stencil">
```

```
<link rel="stylesheet" href="https://egkoppel.github.io/product-sans/google-fonts.css">
```

```
<link href='http://fonts.googleapis.com/css?family=Open+Sans' rel='stylesheet' type='text/css'>

<link href="https://fonts.googleapis.com/css2?family=Titillium+Web:wght@900&display=swap" rel="stylesheet">

<link
href="https://fonts.googleapis.com/css2?family=Alfa+Slab+One&family=Grenze+Gotisch:wght@700&display=swap" rel="stylesheet">

<link href="https://fonts.googleapis.com/css2?family=Anton&display=swap" rel="stylesheet">

<link href="https://fonts.googleapis.com/css2?family=Orbitron:wght@900&display=swap" rel="stylesheet">

<link href="https://fonts.googleapis.com/css2?family=Fredoka+One&display=swap" rel="stylesheet">

<link rel="stylesheet" href="https://fonts.googleapis.com/css?family=Lobster">
```

```
<title>
```

```
PATIENT DATA ENTRY FORM
```

```
</title>
```

```
<style>
```

```
.topnav {
background-color:white;
overflow: hidden;
}
```

```
.topnav a {
float: left;
color: black;
text-align: center;
padding: 10px 120px;
```

```
text-decoration: none;

font-size: 12px;

font-family: 'Orbitron', sans-serif ;

background-color: #f4f5f6;
}

.topnav a:hover {

background-color:darkgray;

color: black;

}

.ft{

font-family: "Allerta Stencil", Sans-serif;

}

.footer {

position: fixed;

left: 0;

bottom: 0;

width: 100%;

background-color:navy;

color:grey;

text-align: center;

}

.r{

margin-left: 0px;

margin-right:0px;

padding-left: 0px;

padding-right: 0px;

margin-bottom: 0px;
```

```
margin-top: 0px;  
}
```

```
.card {  
  box-shadow: 0 4px 8px 0 rgba(0, 0, 0, 0.2);  
  max-width: 200px;
```

```
  font-family: arial;  
}
```

```
  .center {  
    text-align:center;
```

```
    width:80px;
```

```
  }
```

```
.tales {  
  width: 100%;  
}
```

```
.carousel-inner{  
  width:100%;  
  max-height: 350px !important;  
}
```

```
.fa {  
  padding: 5px;  
  font-size: 20px;  
  width: 30px;  
  text-align: center;
```



```
text-decoration: none;
```

```
border-radius: 50%;
```

```
}
```

```
    .fa-facebook {
```

```
        background: #3B5998;
```

```
        color: white;
```

```
        text-align: center;
```

```
    }
```

```
    .fa-twitter {
```

```
        background: #55ACEE;
```

```
        color: white;
```

```
        text-align: center;
```

```
    }
```

```
    .fa-google {
```

```
        background: #dd4b39;
```

```
        color: white;
```

```
    }
```

```
    .fa-linkedin {
```

```
        background: #007bb5;
```

```
        color: white;
```

```
    }
```

```
    @media only screen and (max-width: 480px) {  
    .slideshow__image:not(.ratio-container),.ratio-container:after {  
        padding-bottom: 85%;  
        width: 100%;  
    }  
}
```

```
body{  
    background-image: url("12.jpg");  
    max-width: 100%;  
    overflow-x: hidden;  
    background-color: black;  
  
}
```

```
</style>
```

```
</head>
```

```
<body >
```

```
<div class="row" style="text-align: center; font-family: 'Orbitron', sans-serif ;">
```

```
<div class="col-sm-8" style="margin-right: auto;margin-left: auto; color: white;">
```

```
<p>PATIENT'S DATA ENTRY FORM ( ONLY FOR OFFICIAL USE)</p>
```

```
<br><br>
```

```
</div>
```

</div>

<form action="dbprojectinsert2.php" method="POST">

<div class="row">

<div class="col-sm-3">

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Patient Number:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="patient_number" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Pateint Name:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="patient_name" value=" " >

</div>

<div class="col-sm-4">

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Age:</p>

</div>

```
<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="age" value=" " >

</div>

<div class="col-sm-4">


</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">GENDER:</p>

</div>

<div class="col-sm-4" style=" ">

  <label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="Male"
name="gender" value="M" >Male</label>

  <label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="Female"
name="gender" value="F" >Female</label>

</div>

</div>

<div class="row">

  <div class="col-sm-4">

    <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Address:</p>

  </div>

  <div class="col-sm-4" style="align-items: left;">

    <input type="text" id="name" name="address" value=" " >

  </div>

</div>

<div class="row">

  <div class="col-sm-4">

    <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Phone Number:</p>

  </div>

  <div class="col-sm-4" style="align-items: left;">

    <input type="text" id="name" name="phone" value=" " >

  </div>

</div>
```

```
<div class="col-sm-4" style="align-items: left;">

  <input type="Phone" id="name" name="phone_number" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Entry Date:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

  <input type="date" id="name" name="entry_date" value=" " >

</div>

</div>

<div class="row">

  <div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Doctor name:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

  <input type="text" id="name" name="doctor" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Doctor Id:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

  <input type="text" id="name" name="doctor_id" value=" " >

</div>

</div>

  <div class="row">
```

```
<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Department Name:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

  <input type="text" id="name" name="department_name" value=" " >

</div>

</div>

<br>

<div class="row">

  <div class="col-sm-4" >

    <p style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">City:</p>

    </div>

    <div class="col-sm-4">

      <select name="City" id="City" >

        <option value="Select">Select City</option>

        <option value="Lahore">Lahore</option>

        <option value="Karachi">Karachi</option>

        <option value="Islamabad">Islamabad</option>

      </select>

    </div>

  </div>

  <br>

  <div class="row">

    <div class="col-sm-4">

      <p style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Diagnosis:</p>

    </div>

    <div class="col-sm-4" style="align-items: left;">

      <input type="text" id="name" name="diagnosis" value=" " >

    </div>

  </div>

</div>
```

</div>

</div>

</div>

<div class="col-sm-3">

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Date Of Checkup:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="date" id="name" name="date_of_checkup" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Patient Status:</p>

</div>

<div class="col-sm-4" style=" ">

<label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="admitted" name="status" value="admitted" >Admitted</label>

<label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="regular" name="status" value="regular" >Regular Checkup</label>

☐ Operation Referral

Room Number :

Room Type:

☐ General

☐ Private

Room Status:

☐ OCCUPIED

<label style= "color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="not_occupied" name="room_status" value="N" >NOT OCCUPIED</label>

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Charges Per Day:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="number" id="name" name="charges_per_day" value=" " >

</div>

</div>

</div>

<div class="col-sm-3">

<div class="row">

<div class="col-sm-4">

<p style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">//patient admission information </p>

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Advance Payment:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

```

<input type="number" id="name" name="advance_payment" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Date Of Admission:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="date" id="name" name="date_of_admission" value=" " >

</div>

</div>


<div class="row">

<div class="col-sm-4">

<p style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Mode Of Payment</p>

</div>

<div class="col-sm-4" style=" ">

<label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="Credit Card"
name="mode_of_payment" value="Credit card" >Credit Card</label>

<label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="Cash"
name="mode_of_payment" value="cash" >Cash</label>

<label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="Easypaisa"
name="mode_of_payment" value="easypaisa" >Easypaisa</label>

</div>

</div>


<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Initial Condition:</p>

```

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="initial_condition" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Diagnosis:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="diagnosis" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Number Of Doctors:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="number" id="name" name="number_of_doctors" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Attendant:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="attendant_name" value=" " >

</div>

</div>

</div>

<div class="col-sm-3">

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Treatment Advice:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="treatment_advice" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Payment Made:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="number" id="name" name="payment_made" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Date Of Discharge:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="date" id="name" name="date_of_discharge" value=" " >

</div>

</div>

```

        <div class="row">
        <div class="col-sm-4">
        <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Medicine recommend:</p>
        </div>
        <div class="col-sm-4" style="align-items: left;">
        <input type="text" id="name" name="medicine_recommended" value=" " >
        </div>
        </div>

        <div class="row">
        <div class="col-sm-4">
        <p style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Treatment Status</p>
        </div>
        <div class="col-sm-4" style=" ">
        <label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="completed"
name="treatment_status" value="completed" >Completed</label>
        <label style=" color:#c5c5c5; font-family: 'Orbitron', sans-serif ; "><input type="radio" id="in_progress"
name="treatment_status" value="in_progress" >In Progress</label>

        </div>
        </div>

        <div class="row">
        <div class="col-sm-4">
        <p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Date Of Operation:</p>
        </div>
        <div class="col-sm-4" style="align-items: left;">
        <input type="date" id="name" name="date_of_operation" value=" " >
        </div>

```

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Operation Theater Number
:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="operation_theater_number" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Type of Operation:</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="type_of_operation" value=" " >

</div>

</div>

<div class="row">

<div class="col-sm-4">

<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Patient Condition Before :</p>

</div>

<div class="col-sm-4" style="align-items: left;">

<input type="text" id="name" name="patient_condition_before" value=" " >

</div>

</div>

<div class="row">

```
<div class="col-sm-4">
```

```
<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Patient Condition After:</p>
```

```
</div>
```

```
<div class="col-sm-4" style="align-items: left;">
```

```
<input type="text" id="name" name="patient_condition_after" value=" " >
```

```
</div>
```

```
</div>
```

```
<div class="row">
```

```
<div class="col-sm-4">
```

```
<p style="text-align: left; color:#c5c5c5; font-family: 'Orbitron', sans-serif ; ">Treatment:</p>
```

```
</div>
```

```
<div class="col-sm-4" style="align-items: left;">
```

```
<input type="text" id="name" name="treatment" value=" " >
```

```
</div>
```

```
</div>
```

```
<div class="row">
```

```
<div class="col-sm-4">
```

```
<input type="submit" value="Submit">
```

```
</div>
```

```
</div>
```

```
</div>
```

```
</div>
```

```
</form>
```

```
</div>
```

</div>

</footer>

<script src="https://code.jquery.com/jquery-3.2.1.slim.min.js" integrity="sha384-KJ3o2DKtIkvYIK3UENzmM7KCKRr/rE9/Qpg6aAZGJwFDMVNA/GpGFF93hXpG5KkN" crossorigin="anonymous"></script>

<script src="https://maxcdn.bootstrapcdn.com/bootstrap/4.0.0/js/bootstrap.min.js" integrity="sha384-JZR6Spejh4U02d8jOt6vLEHfe/JQGiRRSQQxSfFWpi1MquVdAyjUar5+76PVCmYI" crossorigin="anonymous"></script>

<script src="https://cdnjs.cloudflare.com/ajax/libs/popper.js/1.12.9/umd/popper.min.js" integrity="sha384-ApNbgh9B+Y1QKtv3Rn7W3mgPxhU9K/ScQsAP7hUibX39j7fakFPskvXusvfa0b4Q" crossorigin="anonymous"></script>

<script src="https://maxcdn.bootstrapcdn.com/bootstrap/4.0.0/js/bootstrap.min.js" integrity="sha384-JZR6Spejh4U02d8jOt6vLEHfe/JQGiRRSQQxSfFWpi1MquVdAyjUar5+76PVCmYI" crossorigin="anonymous"></script>

<script src="https://maps.googleapis.com/maps/api/js?key=YOUR_sKEY&callback=myMap"></script>

</body>

</html>

PATIENT FORM FRONT END VIEW:-

PATIENT'S DATA ENTRY FORM (ONLY FOR OFFICIAL USE)

Patient Number:	<input type="text"/>	Date Of Checkup:	<input type="text" value="mm/dd/yyyy"/>	//patient admission Information	Treatment Advice:	<input type="text"/>	
Patelnt Name:	<input type="text"/>	Patient Status:	<input type="radio"/> Admitted <input type="radio"/> Regular Checkup <input type="radio"/> Operation Referral	Advance Payment:	<input type="text"/>	Payment Made:	<input type="text"/>
Age:	<input type="text"/>			Date Of Admission:	<input type="text" value="mm/dd/yyyy"/>	Date Of Discharge:	<input type="text" value="mm/dd/yyyy"/>
GENDER:	<input type="radio"/> Male <input type="radio"/> Female	Room Number :	<input type="text"/>	Mode Of Payment	<input type="radio"/> Credit Card <input type="radio"/> Cash <input type="radio"/> Easypaisa	Medicine recommend:	<input type="text"/>
Address:	<input type="text"/>	Room Type:	<input type="radio"/> General <input type="radio"/> Private	Initial Condition:	<input type="text"/>	Treatment Status	<input type="radio"/> Completed <input type="radio"/> In Progress
Phone Number:	<input type="text"/>	Room Status:	<input type="radio"/> OCCUPIED <input type="radio"/> NOT OCCUPIED	Diagnosis:	<input type="text"/>	Date Of Operation:	<input type="text" value="mm/dd/yyyy"/>
Entry Date:	<input type="text" value="mm/dd/yyyy"/>	Charges Per Day:	<input type="text"/>	Number Of Doctors:	<input type="text"/>	Operation Theater Number :	<input type="text"/>
Doctor name:	<input type="text"/>			Attendant:	<input type="text"/>	Type of Operation:	<input type="text"/>
Doctor id:	<input type="text"/>					Patelnt Condition Before :	<input type="text"/>
Department Name:	<input type="text"/>					Patient Condition After:	<input type="text"/>
City:	<input type="text" value="Select City"/>					Treatment:	<input type="text"/>
Diagnosis:	<input type="text"/>						
							<input type="button" value="Submit"/>

DATA OF DOCTOR AND PATIENT IN DATABASE:-

phpMyAdmin

Server: 127.0.0.1 » Database: dbproject

Structure SQL Search Query Export Import Operations Privileges Routines More

Filters

Containing the word:

Table	Action	Rows	Type	Collation	Size	Overhead
<input type="checkbox"/> all_doctors	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> department	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> doc_on_call	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> doc_reg	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> pat_admit	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> pat_chkup	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> pat_dis	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> pat_entry	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> pat_opr	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> pat_reg	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
<input type="checkbox"/> room_details	<input type="checkbox"/> Browse <input type="checkbox"/> Structure <input type="checkbox"/> Search <input type="checkbox"/> Insert <input type="checkbox"/> Empty <input type="checkbox"/> Drop	1	InnoDB	utf8_general_ci	16.0 KiB	-
11 tables	Sum	11	InnoDB	utf8_general_ci	176.0 KiB	0 B

CODE FOR DOCTOR DETAILS:-

<?php

```
$servername = "localhost";

$username = "root";

$password = "";

$dbname = "dbproject";

$conn = mysqli_connect($servername, $username, $password, $dbname);

if (!$conn) {

    die("Connection failed: " . mysqli_connect_error());

}

$name=$_POST['name'];

$id=$_POST['id'];

$department_name=$_POST['department_name'];

$address=$_POST['address'];

$phone_number=$_POST['phone_number'];

$salary=$_POST['salary'];


$qualification=$_POST['qualification'];

$doj=$_POST['date_of_joining'];

$fee_per_call=$_POST['fee_per_call'];

$payment_due=$_POST['payment_due'];

$department_location=$_POST['department_location'];

$facilities=$_POST['facilities'];


$sql1 = "INSERT INTO department (department_name,location,facilities)

VALUES ('$department_name','$department_location','$facilities');"

$sql2= "INSERT INTO doc_reg (doctor_id,

doctor_name,qualification,address,phone_number,salary,date_of_joining)

VALUES ('$id', '$name', '$qualification','$address','$phone_number','$salary','$doj');"

$sql3= "INSERT INTO doc_on_call (doctor_id,doctor_name,

qualification,fees_per_call,payment_due,address,phone_number)

VALUES ('$id', '$name', '$qualification','$fee_per_call','$payment_due','$address','$phone_number');"
```

```
$sql4= "INSERT INTO all_doctors (doctor_id, department_name)
VALUES ('$id', '$department_name');"
```

```
if (mysqli_query($conn, $sql1)) {
    echo "New record created successfully";
} else {
    echo "Error: " . $sql1 . "<br>" . mysqli_error($conn);
}
```

```
if (mysqli_query($conn, $sql2)) {
    echo "New record created successfully";
} else {
    echo "Error: " . $sql2 . "<br>" . mysqli_error($conn);
}
```

```
if (mysqli_query($conn, $sql3)) {
    echo "New record created successfully";
} else {
    echo "Error: " . $sql3 . "<br>" . mysqli_error($conn);
}
```

```
if (mysqli_query($conn, $sql4)) {
    echo "New record created successfully";
} else {
    echo "Error: " . $sql4 . "<br>" . mysqli_error($conn);
}
```

```
mysqli_close($conn);
```

```
?>
```

CODE FOR PATIENT DETAILS:-

```
<?php

$servername = "localhost";

$username = "root";

$password = "";

$dbname = "dbproject";

$conn = mysqli_connect($servername, $username, $password, $dbname);

if (!$conn) {

    die("Connection failed: " . mysqli_connect_error());

}

$doctor_id=$_POST['doctor_id'];

$patient_name=$_POST['patient_name'];

$patient_number=$_POST['patient_number'];

$gender=$_POST['gender'];

$age=$_POST['age'];

$address=$_POST['address'];

$phone_number=$_POST['phone_number'];

$entry_date=$_POST['entry_date'];

$department_name=$_POST['department_name'];

$doctor_name=$_POST['doctor'];

$city=$_POST['City'];

$diagnosis=$_POST['diagnosis'];

$date_of_checkup=$_POST['date_of_checkup'];

$patientstatus=$_POST['status'];

$room_number=$_POST['room_number'];

$roomtype=$_POST['roomtyp'];

$room_status=$_POST['room_status'];

$charges_per_day=$_POST['charges_per_day'];

$advance_payment=$_POST['advance_payment'];

$mode_of_payment=$_POST['mode_of_payment'];
```

```

$initial_condition=$_POST['initial_condition'];
$number_of_doctors=$_POST['number_of_doctors'];
$attendant_name=$_POST['attendant_name'];
$treatment_advice=$_POST['treatment_advice'];
$payment_made=$_POST['payment_made'];
$date_of_discharge=$_POST['date_of_discharge'];
$medicine=$_POST['medicine_recommended'];
$treatment_status=$_POST['treatment_status'];
$date_of_operation=$_POST['date_of_operation'];
$operation_theater_number=$_POST['operation_theater_number'];
$type_of_operation=$_POST['type_of_operation'];
$patient_condition_before=$_POST['patient_condition_before'];
$patient_condition_after=$_POST['patient_condition_after'];
$treatment=$_POST['treatment'];
$date_of_admission=$_POST['date_of_admission'];

```

```

$sql1= "INSERT INTO pat_entry (patient_number,
patient_name,age,sex,address,city,phone_number,entry_date,diagnosis,doctor_name,department_name)
VALUES ('$patient_number',
'$patient_name','$age','$gender','$address','$city','$phone_number','$entry_date','$diagnosis','$doctor_name','$d
eapartment_name');";

```

```

$sql2= "INSERT INTO pat_chkup (patient_number, doctor_id,date_of_checkup,diagnosis,treatment,patient_status)
VALUES ('$patient_number', '$doctor_id', '$date_of_checkup','$diagnosis','$treatment','$patientstatus');";

```

```

$sql3= "INSERT INTO pat_admit (patient_number,advance_payment,
mode_of_payment,room_number,department_name,doctor_id,date_of_admission,initial_condition,diagnosis,treatment,attendant_name,No_of_doctor_under)
VALUES ('$patient_number', '$advance_payment',
'$mode_of_payment','$room_number','$department_name','$doctor_id','$date_of_admission','$initial_condition'
,'$diagnosis','$treatment','$attendant_name','$number_of_doctors');";

```

```

$sql4= "INSERT INTO pat_dis (patient_number,
treatment,treatment_advice,payment_made,mode_of_payment,date_of_discharge)
VALUES ('$patient_number',
'$treatment','$treatment_advice','$payment_made','$mode_of_payment','$date_of_discharge');";

```

```
$sql5= "INSERT INTO pat_reg (patient_number,  
diagnosis,treatment,medicine_recommended,status_of_treatment)
```

```
VALUES ('$patient_number','$diagnosis', '$treatment', '$medicine','$treatment_status'))";
```

```
$sql6= "INSERT INTO pat_opr (patient_number,doctor_id,  
department_name,date_of_admission,date_of_operation,no_of_doc_in_oper,no_of_optheater,type_of_operatio  
n,patientcondition_before,patientcondition_after,treatment)
```

```
VALUES ('$patient_number', '$doctor_id',  
'$department_name','$date_of_admission','$date_of_operation','$number_of_doctors','$operation_theater_num  
ber','$type_of_operation','$patient_condition_before','$patient_condition_after','$treatment'))";
```

```
$sql7= "INSERT INTO room_details  
(room_number,room_type,room_status,patient_number,patient_name,patient_charges_perday)
```

```
VALUES ('$room_number','$roomtype','$room_status','$patient_number','$patient_name','$charges_per_day'))";
```

```
if (mysqli_query($conn, $sql1)) {
```

```
    echo "New record created successfully <br>";
```

```
} else {
```

```
    echo "Error: " . $sql1 . "<br>" . mysqli_error($conn);
```

```
}
```

```
if (mysqli_query($conn, $sql2)) {
```

```
    echo "New record created successfully <br>";
```

```
} else {
```

```
    echo "Error: " . $sql2 . "<br>" . mysqli_error($conn);
```

```
}
```

```
if (mysqli_query($conn, $sql3)) {
```

```
    echo "New record created successfully <br>";
```

```
} else {
```

```
    echo "Error: " . $sql3 . "<br>" . mysqli_error($conn);
```

```
}
```

```
if (mysqli_query($conn, $sql4)) {
```

```
    echo "New record created successfully <br>";
} else {
    echo "Error: " . $sql4 . "<br>" . mysqli_error($conn);
}
```

```
if (mysqli_query($conn, $sql5)) {
    echo "New record created successfully <br>";
} else {
    echo "Error: " . $sql5 . "<br>" . mysqli_error($conn);
}
```

```
if (mysqli_query($conn, $sql6)) {
    echo "New record created successfully <br>";
} else {
    echo "Error: " . $sql6 . "<br>" . mysqli_error($conn);
}
```

```
if (mysqli_query($conn, $sql7)) {
    echo "New record created successfully <br>";
} else {
    echo "Error: " . $sql7 . "<br>" . mysqli_error($conn);
}
```

```
mysqli_close($conn);
```

```
?>
```

PATIENT RECORDS VIEW DEATAILS:-

```
<?php
```

```
// 1. create a connection
```

```

$servername="localhost";

$username="root";

$password="";

$dbname="dbproject";

$connection = mysqli_connect($servername,$username,$password,$dbname);

if(!$connection) {

die("database connection failed" . mysqli_connect_error());

}

else

    echo "connection successfull <br>";


$sql = "SELECT
pat_entry.patient_number,pat_entry.patient_name,pat_entry.age,pat_entry.sex,pat_entry.address,pat_entry.pho
ne_number,pat_entry.entry_date,pat_entry.diagnosis,pat_entry.doctor_name,pat_entry.department_name,pat_e
ntry.city,

    pat_chkup.doctor_id,pat_chkup.date_of_checkup,pat_chkup.treatment,pat_chkup.patient_status,

room_details.room_number,room_details.room_type,room_details.room_status,room_details.patient_charges_p
erday,

pat_admit.advance_payment,pat_admit.mode_of_payment,pat_admit.date_of_admission,pat_admit.initial_condi
tion,pat_admit.attendent_name,pat_admit.No_of_doctor_under,

    pat_dis.treatment_advice,pat_dis.payment_made,pat_dis.date_of_discharge,

    pat_reg.medicine_recommended,pat_reg.status_of_treatment,

pat_opr.date_of_operation,pat_opr.no_of_doc_in_oper,pat_opr.no_of_optheater,pat_opr.type_of_operation,pat
_opr.patientcondition_before,pat_opr.patientcondition_after

FROM pat_entry

LEFT JOIN pat_chkup

```



```

ON pat_entry.patient_number = pat_chkup.patient_number

LEFT JOIN room_details

ON pat_chkup.patient_number = room_details.patient_number

LEFT JOIN pat_admit

ON room_details.patient_number=pat_admit.patient_number

LEFT JOIN pat_dis

ON pat_admit.patient_number=pat_dis.patient_number

LEFT JOIN pat_reg

ON pat_dis.patient_number=pat_reg.patient_number

LEFT JOIN pat_opr

ON pat_reg.patient_number=pat_opr.patient_number ";

if($result = mysqli_query($connection,$sql)){

    if(mysqli_num_rows($result) > 0){

        echo "<table border='1' style='margin-left: auto; margin-right:auto; width:750px;'>";

            echo "<tr style='background-color: yellow'>

                <td colspan='36' style='text-align:center; height:50px'><b>patient Records</b></td></tr>";

        echo "<tr>";

            echo "<th>PATIENT NUMBER</th>";

        echo "<th>PATIENT NAME</th>";

        echo "<th>AGE</th>";

            echo "<th>GENDER</th>";

        echo "<th>ADDRESS</th>";

            echo "<th>PHONE NO</th>";

            echo "<th>ENTERY DATE</th>";

            echo "<th>DOCTOR NAME</th>";

            echo "<th>DOCTOR ID</th>";

            echo "<th>DEPARTMENT NAME</th>";

            echo "<th>CITY</th>";
    }
}

```

```
echo "<th>DIAGNOSIS</th>";
echo "<th>DATE OF CHECKUP</th>";
echo "<th>TREATMENT</th>";
echo "<th>PATIENT STATUS</th>";
echo "<th>ROOM NO</th>";
echo "<th>ROOM TYPE</th>";
echo "<th>ROOM STATUS</th>";
echo "<th>CHARGES PER DAY</th>";
echo "<th>ADVANCE PAYMENT</th>";
echo "<th>DATE OF ADMISSION</th>";
echo "<th>MODE OF PAYMENT</th>";
echo "<th>INITIAL CONDITION</th>";
echo "<th>NO OF DOCTORS</th>";
echo "<th>ATTENDENT</th>";
echo "<th>TREATMENT ADVICE</th>";
echo "<th>PAYMENT MADE</th>";
echo "<th>DATE OF DISCHARGE</th>";
echo "<th>MEDICINE RECOMMENDED</th>";
echo "<th>TREATMENT STATUS</th>";
echo "<th>DATE OF OPERATION</th>";
echo "<th>OPERATION THEATRE NO</th>";
echo "<th>TYPE OF OPERATION</th>";
echo "<th>PATIENT CONDITION BEFORE</th>";
echo "<th>PATIENT CONDITION AFTER</th>";
```

```
echo "</tr>";
```

```
while($row = mysqli_fetch_array($result)){
```

```
    echo "<tr>";
```

```

echo "<td style='text-align:center'>" . $row['patient_number'] . "</td>";

        echo "<td style='text-align:center'>" . $row['patient_name'] . "</td>";

        echo "<td style='text-align:center'>" . $row['age'] . "</td>";

        echo "<td style='text-align:center'>" . $row['sex'] . "</td>";

echo "<td style='text-align:center'>" . $row['address'] . "</td>";

echo "<td style='text-align:center'>" . $row['phone_number'] . "</td>";

        echo "<td style='text-align:center'>" . $row['entry_date'] . "</td>";

        echo "<td style='text-align:center'>" . $row['doctor_name'] . "</td>";

echo "<td style='text-align:center'>" . $row['doctor_id'] . "</td>";

        echo "<td style='text-align:center'>" . $row['department_name'] . "</td>";

        echo "<td style='text-align:center'>" . $row['city'] . "</td>";

        echo "<td style='text-align:center'>" . $row['diagnosis'] . "</td>";

        echo "<td style='text-align:center'>" . $row['date_of_checkup'] . "</td>";

        echo "<td style='text-align:center'>" . $row['treatment'] . "</td>";

        echo "<td style='text-align:center'>" . $row['patient_status'] . "</td>";

        echo "<td style='text-align:center'>" . $row['room_number'] . "</td>";

        echo "<td style='text-align:center'>" . $row['room_type'] . "</td>";

        echo "<td style='text-align:center'>" . $row['room_status'] . "</td>";

        echo "<td style='text-align:center'>" . $row['patient_charges_perday'] .

"</td>";

        echo "<td style='text-align:center'>" . $row['advance_payment'] . "</td>";

        echo "<td style='text-align:center'>" . $row['date_of_admission'] . "</td>";

        echo "<td style='text-align:center'>" . $row['mode_of_payment'] . "</td>";

        echo "<td style='text-align:center'>" . $row['initial_condition'] . "</td>";

        echo "<td style='text-align:center'>" . $row['No_of_doctor_under'] . "</td>";

        echo "<td style='text-align:center'>" . $row['attendent_name'] . "</td>";

        echo "<td style='text-align:center'>" . $row['treatment_advice'] . "</td>";

        echo "<td style='text-align:center'>" . $row['payment_made'] . "</td>";

        echo "<td style='text-align:center'>" . $row['date_of_discharge'] . "</td>";

```

```

        echo "<td style='text-align:center'>" . $row['medicine_recommended'] .
    "</td>";

    echo "<td style='text-align:center'>" . $row['status_of_treatment'] . "</td>";
    echo "<td style='text-align:center'>" . $row['date_of_operation'] . "</td>";
    echo "<td style='text-align:center'>" . $row['no_of_optheater'] . "</td>";
    echo "<td style='text-align:center'>" . $row['type_of_operation'] . "</td>";
    echo "<td style='text-align:center'>" . $row['patientcondition_before'] .

    "</td>";

    echo "<td style='text-align:center'>" . $row['patientcondition_after'] . "</td>";

    echo "</tr>";
}
echo "</table>";
// Free result set
mysqli_free_result($result);
}

else{
    echo "No records matching your query were found.";
}
} else{
    echo "ERROR: Could not able to execute $sql. " . mysqli_error($connection);
}

mysqli_close($connection);
?>

```

FRONT END VIEW:-

| patient Records | | | | | | | | | | | | | | | | | | | | |
|-----------------|--------------------|--------|-------------|--------------------|-----------|---------------------------|------------|--------------|----------------|--------------------|--------------------|----------------------|--------------------|----------------------|------------------|--------------|---------------------|-----------------|----------------------|-------------------------|
| R/ | DEPARTMENT
NAME | CITY | DIAGNOSIS | DATE OF
CHECKUP | TREATMENT | PATIENT
STATUS | ROOM
NO | ROOM
TYPE | ROOM
STATUS | CHARGES
PER DAY | ADVANCE
PAYMENT | DATE OF
ADMISSION | MODE OF
PAYMENT | INITIAL
CONDITION | NO OF
DOCTORS | ATTENDENT | TREATMENT
ADVICE | PAYMENT
MADE | DATE OF
DISCHARGE | MEDICINE
RECOMMENDED |
| | therapy | Lahore | throat pain | 2011-11-22 | surgery | referral for
operation | 45 | G | Y | 3400 | 50000 | 2011-11-23 | cash | not well | 2 | zara aarshad | no cold water | 60000 | 2011-11-29 | calpol syrup |

DOCTOR VIEW DWTAILS:-

```
<?php
```

```
// 1. create a connection
```

```
$servername="localhost";
```

```
$username="root";
```

```
$password="";
```

```
$dbname="dbproject";
```

```
$connection = mysqli_connect($servername,$username,$password,$dbname);
```

```
if(!$connection) {
```

```
die("database connection failed" . mysqli_connect_error());
```

```
}
```

```
else
```

```
    echo "connection successfull <br>";
```

```
$sql = "SELECT department.department_name, department.location,
```

```
    department.facilities, all_doctors.doctor_id,
```

```
    doc_reg.doctor_name,doc_reg.qualification,doc_reg.address,doc_reg.phone_number,doc_reg.salary,doc_reg.date  
    _of_joining,
```

```
    doc_on_call.fees_per_call,doc_on_call.payment_due
```

```
FROM department
```

```
LEFT JOIN all_doctors
```

```
ON department.department_name = all_doctors.department_name
```

```
LEFT JOIN doc_reg
```

```
ON all_doctors.doctor_id = doc_reg.doctor_id
```

```
LEFT JOIN doc_on_call
```

```

ON doc_reg.doctor_id=doc_on_call.doctor_id ";

if($result = mysqli_query($connection,$sql)){
    if(mysqli_num_rows($result) > 0){
        echo "<table border='1' style='margin-left: auto; margin-right:auto; width:750px;'>";
            echo "<tr style='background-color: yellow'>
                <td colspan='12' style='text-align:center; height:50px'><b>DOCTOR Records</b></td>
            </tr>
            <tr>";
        echo "<tr>";

            echo "<th>DOCTOR ID</th>";

            echo "<th>DOCTOR NAME</th>";
            echo "<th>QUALIFICATION</th>";
                echo "<th>DEPARTMENT NAME</th>";
            echo "<th>LOCATION</th>";
            echo "<th>FACILITIES</th>";
            echo "<th>ADDRESS</th>";
                echo "<th>PHONE NO</th>";
                echo "<th>SALARY</th>";
                echo "<th>DATE OF JOINING</th>";
                echo "<th>fees per call</th>";
                echo "<th>PAYMENT DUE</th>";

        echo "</tr>";

        while($row = mysqli_fetch_array($result)){
            echo "<tr>";

            echo "<td style='text-align:center'>" . $row['doctor_id'] . "</td>";

```

```

        echo "<td style='text-align:center'>" . $row['doctor_name'] . "</td>";
        echo "<td style='text-align:center'>" . $row['qualification'] . "</td>";
        echo "<td style='text-align:center'>" . $row['department_name'] . "</td>";
        echo "<td style='text-align:center'>" . $row['location'] . "</td>";
        echo "<td style='text-align:center'>" . $row['facilities'] . "</td>";
        echo "<td style='text-align:center'>" . $row['address'] . "</td>";
        echo "<td style='text-align:center'>" . $row['phone_number'] . "</td>";
        echo "<td style='text-align:center'>" . $row['salary'] . "</td>";
        echo "<td style='text-align:center'>" . $row['date_of_joining'] . "</td>";
        echo "<td style='text-align:center'>" . $row['fees_per_call'] . "</td>";
        echo "<td style='text-align:center'>" . $row['payment_due'] . "</td>";

        echo "</tr>";
    }
    echo "</table>";

    // Free result set
    mysqli_free_result($result);
}

else{
    echo "No records matching your query were found.";
}
} else{
    echo "ERROR: Could not able to execute $sql. " . mysqli_error($connection);
}

mysqli_close($connection);

?>

```

DOCTOR RECORD FRONT END VIEW:-

| DOCTOR Records | | | | | | | | | | | |
|----------------|-------------|---------------|-----------------|---------------|------------|------------------|------------|--------|-----------------|---------------|-------------|
| DOCTOR ID | DOCTOR NAME | QUALIFICATION | DEPARTMENT NAME | LOCATION | FACILITIES | ADDRESS | PHONE NO | SALARY | DATE OF JOINING | fees per call | PAYMENT DUE |
| DR345 | mahtab | MBBS | therapy | west corridor | 2 | 23 avenue lahore | 2147483647 | 250000 | 23-11-2010 | --- | --- |