

HOSPITAL

Location	Medical_equipment	Check_covid19	Consultation_hours	<u>Hospital_id</u>	Phone_number	Treatment_subject	Name
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CONTROLS

<u>Hospital_id</u>	<u>Patient_SSN</u>
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PATIENT

<u>Id</u>	Fname	Lname	Password	Address	Sex	Weight	Height	Birth_date	<u>SSN</u>	Phone_num
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RECORD

<u>Datetime</u>	History	Symptom	Disease_entity	<u>Patient_SSN</u>	Hospital_id
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WARD

<u>Time</u>	Price	Ward_type	Num_of_empty_bed	Hospital_id
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DEPARTMENT

Type	<u>Department_code</u>	Hospital_id
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DOCTOR

<u>Identification_number</u>	Treatment_subject	Schedule	Fname	Lname	Career	Department_code
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WAITING_LIST

<u>Time</u>	Num_of_waiting	Treatment_state	Doctor_id_number
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