Normalization Draft v1.0

**Patient view**

**UNF**

PATIENTS PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_PROV, PATIENT\_POSTAL\_CODE, PATIENT\_PHONE\_NUMBER, GENDER, HCN, LOCATION\_ID, EXTENSION, DATE\_ADMITTED, FINANCIAL\_STATUS, DISCHARGE\_DATE

**1NF**

PATIENTS PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_PROV, PATIENT\_POSTAL\_CODE, PATIENT\_PHONE\_NUMBER, GENDER, HCN, FINANCIAL\_STATUS

LOCATION\_ADMITTED PATIENT\_ID, LOCATION\_ID, EXTENSION, DATE\_ADMITTED, DISCHARGE\_DATE

**2NF/3NF**

PATIENTS PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_PROV, PATIENT\_POSTAL\_CODE, PATIENT\_PHONE\_NUMBER, GENDER, HCN, FINANCIAL\_STATUS

LOCATION\_ADMITTED PATIENT\_ID, LOCATION\_ID, DATE\_ADMITTED, DISCHARGE\_DATE

LOCATIONS LOCATIONS\_ID, EXTENSION

**Physician view**

**UNF**

PHYSICIANS PHYSICIAN\_ID, PHYSICIAN\_NAME, PHYSICIAN\_PHONE\_NUMBER, SPECIALTY, PATIENT\_ID, PATIENT\_NAME, LOCATION\_ID, DATE\_ADMITTED

**1NF**

PHYSICIANS PHYSICIAN\_ID, PHYSICIAN\_NAME, PHYSICIAN\_PHONE\_NUMBER, SPECIALTY,

PATIENTS\_REFERRED PHYSICAN\_ID, PATIENT\_ID, PATIENT\_NAME

LOCATION\_ADMITTED PATIENT\_ID, LOCATION\_ID, DATE\_ADMITTED

**2NF/3NF**

PHYSICIANS PHYSICIAN\_ID, PHYSICIAN\_NAME, PHYSICIAN\_PHONE\_NUMBER, SPECIALTY,

PATIENTS\_REFERRED PHYSICAN\_ID, PATIENT\_ID,

LOCATION\_ADMITTED PATIENT\_ID, LOCATION\_ID, DATE\_ADMITTED

PATIENTS PATIENT\_ID, PATIENT\_NAME, LOCATION\_ID, DATE\_ADMITTED

**Room view**

**UNF**

ROOMS LOCATION\_ID, ROOM\_TYPE, PATIENT\_ID, PATIENT\_NAME, DATE\_ADMITTED

**1NF**

ROOMS LOCATION\_ID, ROOM\_TYPE

PATIENTS\_ADMITTED LOCATION\_ID, PATIENT\_ID, PATIENT\_NAME, DATE\_ADMITTED

**2NF/3NF**

ROOMS LOCATION\_ID, ROOM\_TYPE

PATIENTS\_ADMITTED LOCATION\_ID, PATIENT\_ID, DATE\_ADMITTED

PATIENTS PATIENT\_ID, PATIENT\_NAME

**Patient Bill view**

**UNF**

PATIENT\_BILLS PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_POSTAL\_CODE, BILL\_DATE, DATE\_ADMITTED, DISCHARGE\_DATE, COST\_CENTRE\_ID, COST\_CENTRE\_NAME, SERVICE\_NAME, DATE\_CHARGED, ITEM\_ID, ITEM\_DESCRIPTION, ITEM\_CHARGE, SUBTOTAL, BALANCE\_DUE, QUANTITY, FINANCIAL\_SOURCE

**1NF**

PATIENT\_BILLS BILL\_ID, PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_POSTAL\_CODE, BILL\_DATE, DATE\_ADMITTED, DISCHARGE\_DATE, BALANCE\_DUE

SERVICES\_CHARGED BILL\_ID, ITEM\_ID, COST\_CENTRE\_ID, COST\_CENTRE\_NAME, DATE\_CHARGED, ITEM\_ID, ITEM\_DESCRIPTION, ITEM\_CHARGE

**2NF**

PATIENT\_BILLS BILL\_ID, PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_POSTAL\_CODE, BILL\_DATE, DATE\_ADMITTED, DISCHARGE\_DATE, BALANCE\_DUE

SERVICES\_CHARGED BILL\_ID, ITEM\_ID, DATE\_CHARGED, QUANTITY

ITEMS ITEM\_ID, COST\_CENTRE\_ID, COST\_CENTRE\_NAME, ITEM\_ID, ITEM\_DESCRIPTION, ITEM\_CHARGE

**3NF**

PATIENT\_BILLS BILL\_ID, PATIENT\_ID, BILL\_DATE, DATE\_ADMITTED, DISCHARGE\_DATE, BALANCE\_DUE

PATIENTS PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_POSTAL\_CODE

SERVICES\_CHARGED BILL\_ID, ITEM\_ID, DATE\_CHARGED, QUANTITY, FINANCIAL\_SOURCE

ITEMS ITEM\_ID, COST\_CENTRE\_ID, ITEM\_DESCRIPTION, ITEM\_CHARGE

COST\_CENTRE COST\_CENTRE\_ID, COST\_CENTRE\_NAME

**Combined 3nf draft**

**3NF**

PATIENTS PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_PROV, PATIENT\_POSTAL\_CODE, PATIENT\_PHONE\_NUMBER, GENDER, HCN, FINANCIAL\_STATUS

LOCATION\_ADMITTED PATIENT\_ID, LOCATION\_ID, DATE\_ADMITTED, DISCHARGE\_DATE

LOCATIONS LOCATIONS\_ID, EXTENSION

PHYSICIANS PHYSICIAN\_ID, PHYSICIAN\_NAME, PHYSICIAN\_PHONE\_NUMBER, SPECIALTY,

PATIENTS\_REFERRED PHYSICAN\_ID, PATIENT\_ID,

ROOMS LOCATION\_ID, ROOM\_TYPE

PATIENT\_BILLS BILL\_ID, PATIENT\_ID, BILL\_DATE, DATE\_ADMITTED, DISCHARGE\_DATE, BALANCE\_DUE

SERVICES\_CHARGED BILL\_ID, ITEM\_ID, DATE\_CHARGED, QUANTITY, FINANCIAL\_SOURCE

ITEMS ITEM\_ID, COST\_CENTRE\_ID, ITEM\_DESCRIPTION, ITEM\_CHARGE

COST\_CENTRE COST\_CENTRE\_ID, COST\_CENTRE\_NAME

**V2**

**3rd Normal Form**

PATIENTS PATIENT\_ID, PATIENT\_NAME, PATIENT\_ADDRESS, PATIENT\_CITY, PATIENT\_PROV, PATIENT\_POSTAL\_CODE, PATIENT\_PHONE\_NUMBER, GENDER, HCN, FINANCIAL\_STATUS

LOCATION\_ADMITTED PATIENT\_ID, LOCATION\_ID, DATE\_ADMITTED, BILL\_ID, DISCHARGE\_DATE

PHYSICIANS PHYSICIAN\_ID, PHYSICIAN\_NAME, PHYSICIAN\_PHONE\_NUMBER, SPECIALTY

PATIENTS\_REFERRED PHYSICAN\_ID, PATIENT\_ID,

ROOMS LOCATION\_ID, ROOM\_TYPE, EXTENSION

PATIENT\_BILLS BILL\_ID, BILL\_DATE, BALANCE\_DUE

SERVICES\_CHARGED BILL\_ID, ITEM\_ID, DATE\_CHARGED, QUANTITY, FINANCIAL\_SOURCE

ITEMS ITEM\_ID, COST\_CENTRE\_ID, ITEM\_DESCRIPTION, ITEM\_CHARGE

COST\_CENTRE COST\_CENTRE\_ID, COST\_CENTRE\_NAME