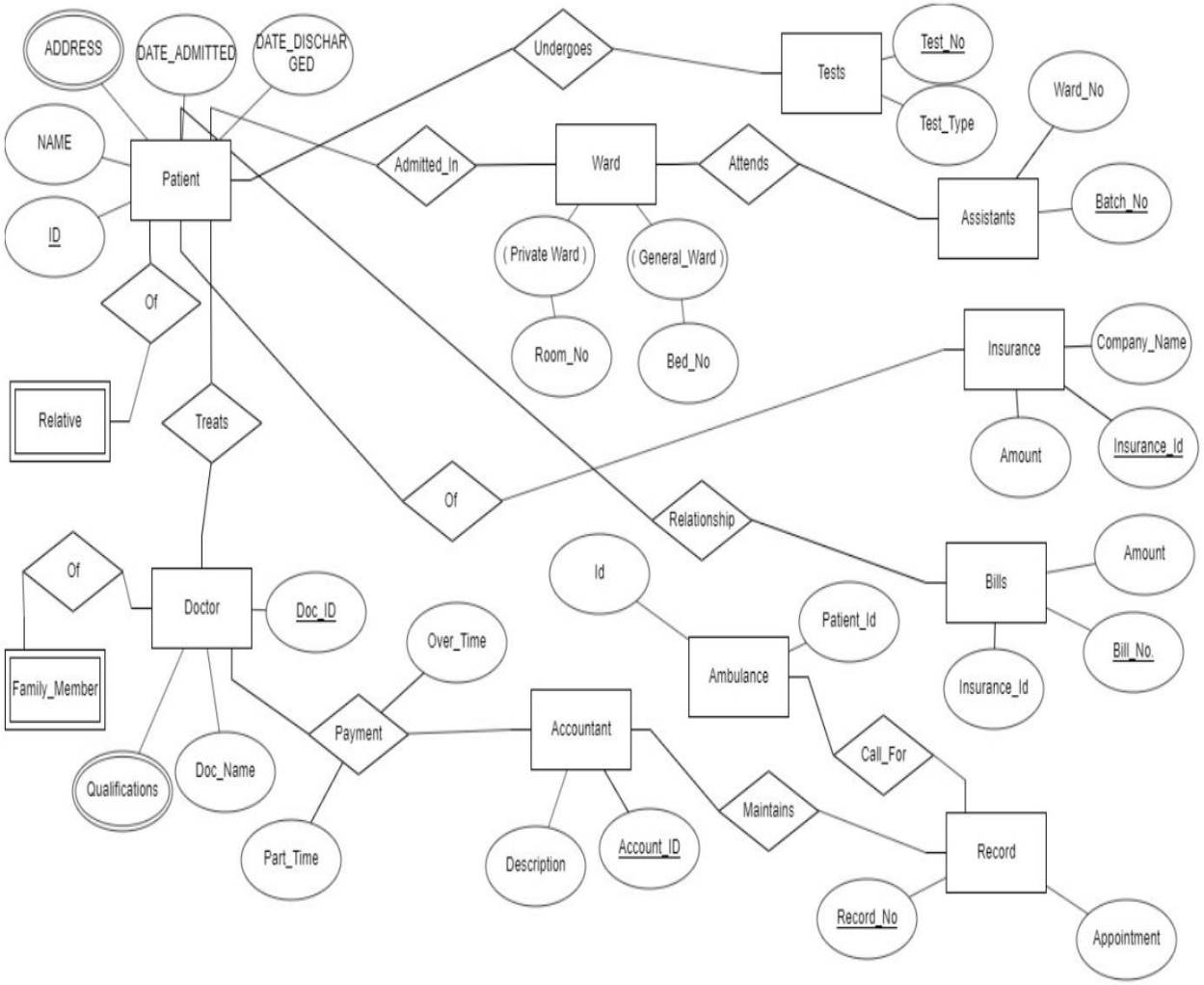
E-R DIAGRAM:-


ADDRESS
DATE_ADMITTED
DATE_DISCHARGED
NAME
ID
Patient
Undergoes
Tests
Test_No
Test_Type
Ward_No
Admitted_In
Ward
Attends
Assistants
Batch_No
(Private Ward)
(General_Ward)
Room_No
Bed_No
Of
Relative
Treats
Insurance
Company_Name
Amount
Insurance_Id
Of
Relationship
Bills
Amount
Bill_No.
Insurance_Id
Of
Doctor
Doc_ID
Family_Member
Id
Patient_Id
Ambulance
Over_Time
Payment
Accountant
Call_For
Qualifications
Doc_Name
Part_Time
Description
Account_ID
Maintains
Record
Record_No
Appointment