NURSE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| IDNURSE | NameN | SalaryN | AddressN | SpecialtyN | PhoneN | HosName |

LAB\_TEST

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TestNo | NameL | TypeL | CostL | DateL | CriticalityL | NurseID | Result | Appoint\_ID |

Reason\_LAB

|  |  |
| --- | --- |
| TestID | reason |

HOSPITAL

|  |  |  |  |
| --- | --- | --- | --- |
| NameH | EmailH | PhoneH | LocationH |

DRUG

|  |  |  |  |
| --- | --- | --- | --- |
| IDDRUG | NameD | PriceD | PurposeD |

DRUG\_EFFECT

|  |  |
| --- | --- |
| DrugNo | sideEffect |

PRESCRIPTON

|  |  |  |  |
| --- | --- | --- | --- |
| DateP | CostP | IDPRESC | Appoint\_ID |

PRESCRIPTON\_DRUG

|  |  |  |
| --- | --- | --- |
| Quantity | DRUGid | PRESCid |

CATEGORY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TypeC | CostC | CapacityC | AreaC | DescriptionC |

ROOM

|  |  |  |
| --- | --- | --- |
| NumberR | Floor | CATEGORYType |

DOCTOR

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DocID | Phone | Name | Specialty | address | ID \_Patient |

|  |  |
| --- | --- |
| DocID | NameH |

DOCTOR\_WORKS\_IN

PATIENT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PID | Phone | Name | address | Email | SupportPID | INSU\_PolicyNo |

HEALTHRECORD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DateOfIssue | PID | gender | BloodType | Status |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AID | Cost | Date | Time | DateOfIssue | PID | Room\_No | StartDate | EndDate |

APPOINTMENT

|  |  |  |  |
| --- | --- | --- | --- |
| CName | Phone | Location | Email |

COMPANY

INSURANCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PolicyNo | ExpDate | Category | Cost | CName |

|  |  |
| --- | --- |
| Doctor\_ID | Hospital\_Name |

WORK\_IN

PRESCRIPTION

|  |  |  |  |
| --- | --- | --- | --- |
| ID\_ PRESCRIPTION | Cost | Date | APP\_ID |

|  |  |
| --- | --- |
| ID\_ DRUG | ID\_ PRESCRIPTION |

PRESCRIPTION\_HAS\_DRUG

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Amount | State | Card\_NO | Date | Time | Bill\_NO | ID\_Patient | APP\_ID |

PAYMENT