

| EMPLOYEES | | | | | | | | | | | | | EmployeeID | Employee_FirstName | Employee_LastName | Employee_Address | Employee_City | Employee_Province | Employee_PostalCode | Employee_Phone | Employee_Email | Current_Position_Title | Employee_DOB | Employee_Gender | EmployeeType |
|-----------|--|--|--|--|--|--|--|--|--|--|--|--|------------|--------------------|-------------------|------------------|---------------|-------------------|---------------------|----------------|----------------|------------------------|--------------|-----------------|--------------|
|-----------|--|--|--|--|--|--|--|--|--|--|--|--|------------|--------------------|-------------------|------------------|---------------|-------------------|---------------------|----------------|----------------|------------------------|--------------|-----------------|--------------|

| SKILLS | | |
|------------|---------|-------------------|
| EmployeeID | SkillID | Skill_Description |

| CREDENTIALS | | |
|-------------|--------------|------------------------|
| EmployeeID | CredentialID | Credential_Description |

| JOB_HISTORY | | | | |
|-------------|-----------|--------------|------------|------------|
| HistoryID | Job_Title | JobStartDate | JobEndDate | EmployeeID |

| MEDICAL | |
|-------------|------------|
| MEmployeeID | Speciality |

| NON-MEDICAL | |
|--------------|------------|
| NMEmployeeID | Department |

| ALMA_MATTER | | |
|-------------|--------------|----------------|
| MEmployeeID | AlmaMatterID | AlmaMater_Name |

| APPOINTMENTS | | | | | | | | |
|---------------|-------------|-----------|----------------|----------------|--------------------|-------------|-------------------|-----------------|
| AppointmentID | MEmployeeID | PatientID | Scheduled_Date | Scheduled_Time | Scheduled_Duration | Actual_Date | Actual_Start_Time | Actual_End_Time |

| PATIENT | | | | | | | | | | | | | | | | | | PatientID | Patient_FirstName | Patient_LastName | Patient_Address | Patient_City | Patient_Province | Patient_PostalCode | Patient_Phone | Patient_Email | Patient_DOB | Patient_Gender | OHIP | NextofKin_FirstName | NextofKin_LastName | NextofKin_Phone | Family_Doctor_FirstName | Family_Doctor_LastName | Family_Doctor_Phone |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|-------------------|------------------|-----------------|--------------|------------------|--------------------|---------------|---------------|-------------|----------------|------|---------------------|--------------------|-----------------|-------------------------|------------------------|---------------------|
|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|-------------------|------------------|-----------------|--------------|------------------|--------------------|---------------|---------------|-------------|----------------|------|---------------------|--------------------|-----------------|-------------------------|------------------------|---------------------|

| COMPLAINTS APPOINTMENT TRACKER | | |
|--------------------------------|-------------|---------------|
| CAID | ComplaintID | AppointmentID |

| CLAIMS | | | | | | | | ClaimID | PatientID | InsurerID | ComplaintID | Procedure_Name | Insurance_Code | Submission_Date | Amount_Submitted | Amount_Covered |
|--------|--|--|--|--|--|--|--|---------|-----------|-----------|-------------|----------------|----------------|-----------------|------------------|----------------|
|--------|--|--|--|--|--|--|--|---------|-----------|-----------|-------------|----------------|----------------|-----------------|------------------|----------------|

| COMPLAINTS | | | |
|-------------|-----------|----------------------|--------------------|
| ComplaintID | PatientID | Complaint_Start_Date | Complaint_End_Date |

| ALLERGIES | | |
|------------|-----------|---------|
| Allergy_ID | PatientID | Allergy |

| MEDICAL DETAILS | | |
|-----------------|-----------|-----------------|
| Medical_ID | PatientID | Medical_Details |

| INVENTORY USAGE TRACKER | | | | |
|-------------------------|-------------|-------------|---------------|-------------------|
| InvUseID | InventoryID | ComplaintID | Date_Consumed | Quantity_Consumed |

| INVENTORY | | |
|-------------|---------------------|---------------|
| InventoryID | Inventory_Max_Level | InventoryType |

| CONSUMABLES | |
|---------------|-----------------|
| CIInventoryID | Consumable_Name |

| MEDICATIONS | |
|---------------|-----------------|
| MIInventoryID | Medication_Name |

| VENDOR | | | | | | | | | | VendorID | Vendor_Name | Vendor_Address | Vendor_City | Vendor_Province | Vendor_PostalCode | Vendor_Phone | Vendor_Email | ContactFirstName | ContactLastName |
|--------|--|--|--|--|--|--|--|--|--|----------|-------------|----------------|-------------|-----------------|-------------------|--------------|--------------|------------------|-----------------|
|--------|--|--|--|--|--|--|--|--|--|----------|-------------|----------------|-------------|-----------------|-------------------|--------------|--------------|------------------|-----------------|

| PRODUCT | | | |
|-----------|----------|--------------|-------------|
| ProductID | VendorID | Product_Name | ProductType |

| PURCHASE_ORDER | | | | | | | | OrderID | VendorID | InventoryID | Product_Name | Vendor_Name | OrderDate | OrderQuantity | Contact_FirstName | Contact_LastName |
|----------------|--|--|--|--|--|--|--|---------|----------|-------------|--------------|-------------|-----------|---------------|-------------------|------------------|
|----------------|--|--|--|--|--|--|--|---------|----------|-------------|--------------|-------------|-----------|---------------|-------------------|------------------|

| INSURANCE | | | |
|-----------|--------------|---------------|---------------|
| InsurerID | Insurer_Name | Insurer_Phone | Insurer_Email |

| COMPLAINT_DESCRIPTION | | |
|-----------------------|-------------|-----------------------|
| ComplaintDescID | ComplaintID | Complaint_Description |

| DOCTOR NOTES | | |
|---------------|-------------|--------------|
| DoctorNotesID | ComplaintID | Doctor_Notes |

| DIAGNOSIS_DETAILS | | |
|-------------------|-------------|-------------------|
| DiagnosisID | ComplaintID | Diagnosis_Details |

| TREATMENT_DETAILS | | |
|-------------------|-------------|-------------------|
| TreatmentID | ComplaintID | Treatment_Details |