

Data Base System

Submitted To:-

Mr Nasir Mehdi

Submitted by:-

M Shafiqat

Reg #

SP22-BSE-D32

c)

Invoice

<u>InvoiceNb</u>	<u>AccountNb</u>	InvoiceDate	DateAd	Date Disch
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Accounts

<u>AccountNb</u>	Patient Nb
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Patient

<u>PatientNb</u>	Patient Nam	PatientAdd	City	State	Zip
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Item

InvoiceNb	<u>ItemCode</u>	Charge
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<u>location</u>	Accom
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Occupancy

<u>location</u>	<u>Date Adm</u>	PatientNb
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Admission

<u>PatientNb</u>	<u>Date Adm</u>	Date Dis	Location
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b)

INVOICE

<u>Invoice Nb</u>	Account Nb	Invoice Date	Due date	Date Ad	Date Dish
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ACCOUNT

<u>Account Nb</u>	Patient Nb
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Patient

<u>Patient Nb</u>	Patient Name	Patient Add	City	State	Zip
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Patient Charges

<u>Invoice Nb</u>	<u>Item Code</u>	charge
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Item

<u>Item Code</u>	Descrip
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Room Utilization

Room

<u>Location</u>	Accom
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Occupancy

<u>Location</u>	<u>Date Admit</u>	Patient Nmb
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Patient

<u>Patient Nb</u>	Patient Name
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Discharge

<u>Patient Nb</u>	<u>Date Admit</u>	Exp Date
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Room Display

Room

<u>Location</u>	Ext
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Admission

<u>Patient Nb</u>	<u>Date Admit</u>	Date disch location
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Patient

<u>Patient Nb</u>	Patient Name	Patient Add	City	State	Zip
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1st form

Patient Name Patient Date Admitted

Patient Bill

Invoice:-

Invoice NO	Account NO	Invoice Date	Due Date	Date Admitted	Date Discharge
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Account

Account Nmb	Patient Num
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Patient

Patient Nbr	Patient Name	Patient Address	City	State	Zip
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Patient charges

Invoice Num	Item Code	Charge
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Item

Item Code	Description
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Question No1:-

a) Relation

Patient (Patient Name, Patient #
, Date ADMitted, Date Discharging)
Bill (Code, Descriptar, ~~€~~ Total charge)
Room (Loc, Accom, Patient #, Patient
Name, Exp-Date)
Report (P-Name, P-address, City-state
Date-admit, Date-Dis, Loc, Extension)

Functional dependences

Patient ID \rightarrow Patient Name
Doctor ID \rightarrow Doctor Name
Room ID \rightarrow Room # Type
Bill ID \rightarrow Patient ID, Doctor ID, Room ID
Amount