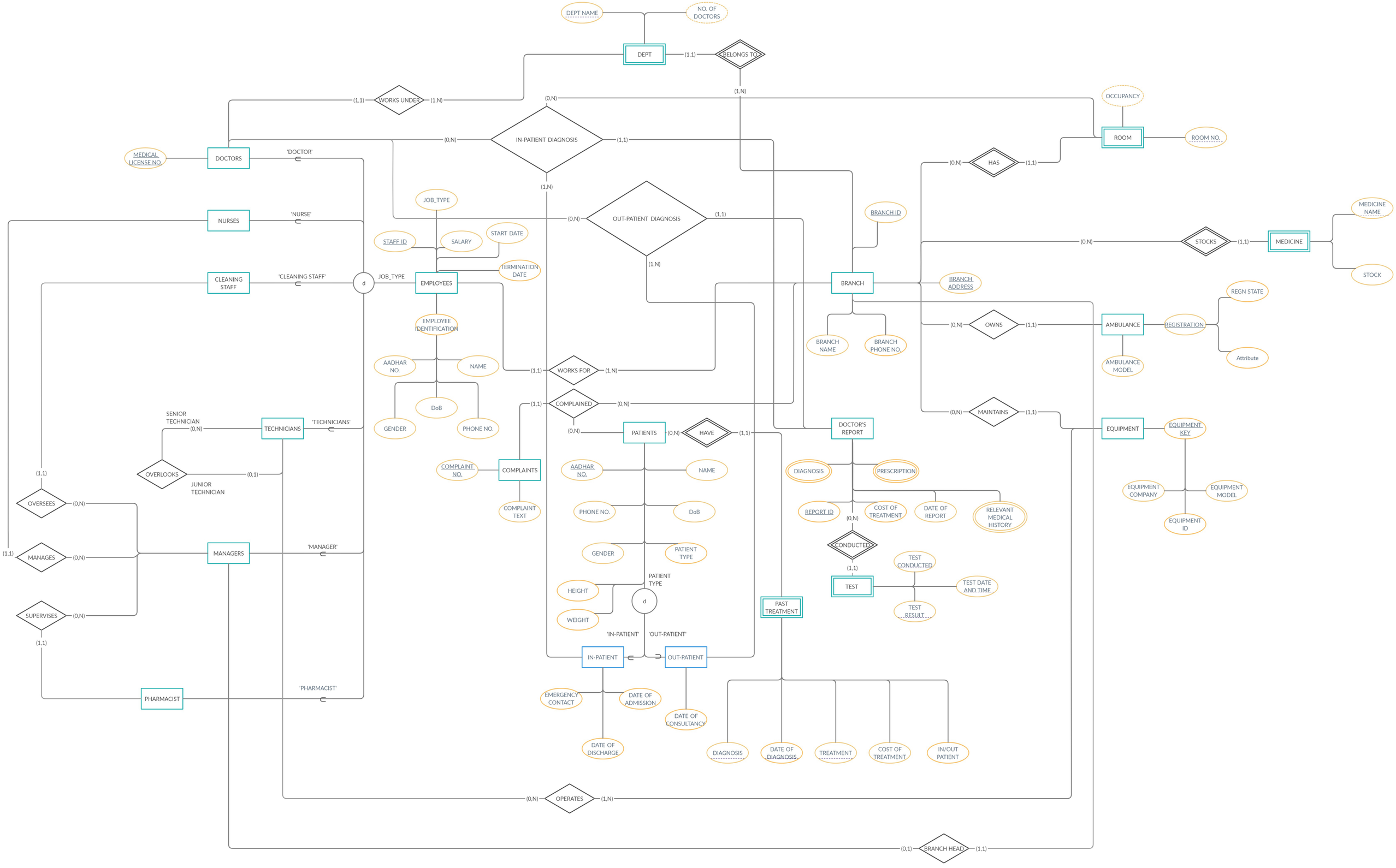
DEPT NAME
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WORKS UNDER
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OCCUPANCY
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ROOM NO.
(0,N)
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MEDICAL LICENSE NO.
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HAS
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JOB_TYPE
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OUT-PATIENT DIAGNOSIS
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MEDICINE NAME
STAFF ID
SALARY
START DATE
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STOCKS
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MEDICINE
STOCK
(1,N)
TERMINATION DATE
CLEANING STAFF
'CLEANING STAFF'
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JOB_TYPE
EMPLOYEES
BRANCH
BRANCH ADDRESS
REGN STATE
EMPLOYEE IDENTIFICATION
(0,N)
OWNS
(1,1)
AMBULANCE
REGISTRATION
BRANCH NAME
BRANCH PHONE NO.
AADHAR NO.
NAME
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WORKS FOR
(1,N)
AMBULANCE MODEL
Attribute
DoB
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COMPLAINED
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(0,N)
MAINTAINS
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SENIOR TECHNICIAN
(0,N)
TECHNICIANS
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GENDER
PHONE NO.
(0,N)
PATIENTS
(0,N)
HAVE
(1,1)
DOCTOR'S REPORT
EQUIPMENT
EQUIPMENT KEY
COMPLAINT NO.
COMPLAINTS
AADHAR NO.
NAME
DIAGNOSIS
PRESCRIPTION
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OVERLOOKS
(0,1)
JUNIOR TECHNICIAN
COMPLAINT TEXT
PHONE NO.
DoB
REPORT ID
COST OF TREATMENT
DATE OF REPORT
RELEVANT MEDICAL HISTORY
EQUIPMENT COMPANY
EQUIPMENT MODEL
EQUIPMENT ID
OVERSEES
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(0,N)
CONDUCTED
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(1,1)
MANAGES
(0,N)
MANAGERS
'MANAGER'
GENDER
PATIENT TYPE
TEST CONDUCTED
TEST
TEST DATE AND TIME
PATIENT TYPE
HEIGHT
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TEST RESULT
PAST TREATMENT
SUPERVISES
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WEIGHT
(1,1)
'IN-PATIENT'
'OUT-PATIENT'
IN-PATIENT
OUT-PATIENT
PHARMACIST
'PHARMACIST'
EMERGENCY CONTACT
DATE OF ADMISSION
DATE OF CONSULTANCY
DATE OF DISCHARGE
DIAGNOSIS
DATE OF DIAGNOSIS
TREATMENT
COST OF TREATMENT
IN/OUT PATIENT
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OPERATES
(1,N)
(0,1)
BRANCH HEAD
(1,1)