1. Exercise 2:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Company | | | | |
| Company Name | Telephone | City | State | President |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Claim | | | | | |
| Claim Number | Company Name | Patient Number | Date | Diagnosis | Amount |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient | | | | | |
| Patient Number | Patient Name | Age | Address | City | State |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Operation | | | | | | |
| Patient Number | Doctor Number | Operation Name | Date | Start Time | End Time | Operating Room Number |

|  |  |  |
| --- | --- | --- |
| Operation Type | | |
| Operation Name | Duration | Cost |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Doctor | | | | | |
| Doctor Number | Doctor Name | Office Number | Telephone | Department Number | Backup |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nurse | | | | | |
| Nurse Number | Nurse Name | Certification | Year Hired | Department Number | Supervisor |

|  |  |  |  |
| --- | --- | --- | --- |
| Department | | | |
| Department Number | Office Number | Telephone | Administrator |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | | | | |
| Doctor Number | Degree Type | Major | University | Year |

1. Minicase 1:

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier | | | |
| Supplier Number | Supplier Name | Supplier Address | Sales Rep |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provision | | | | | |
| Supplier Number | Product Number | Cruise Number | Quantity | Date | Cost |

|  |  |  |
| --- | --- | --- |
| Product | | |
| Product Number | Product Category | Unit Price |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ship | | | | |
| Ship Number | Ship Name | Ship Builder | Launch Date | Gross Weight |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cruise | | | | |
| Cruise Number | Start Date | End Date | Cruise Director | Ship Number |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Visit | | | | |
| Cruise Number | Port Name | Country | Arrival Date | Departure Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Port | | | |
| Port Name | Country | Number of Docks | Port Manager |

|  |  |  |  |
| --- | --- | --- | --- |
| Toured | | | |
| Passenger Number | Cruise Number | Cabin Number | Fare |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Passenger | | | | |
| Passenger Number | Passenger Name | Home Address | Telephone | Family Head |

|  |  |  |  |
| --- | --- | --- | --- |
| Toured | | | |
| Passenger Number | Cruise Number | Tour Number | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Tour | | | |
| Tour Number | Tour Name | Duration | Price |