

TUGAS
BASIS DATA TEORI
KONVERSI ERD KE NOTASI CROW'S FOOT
DAN BENTUK TABLE



SEMESTER 3

SULIS TIYAH

2001081002

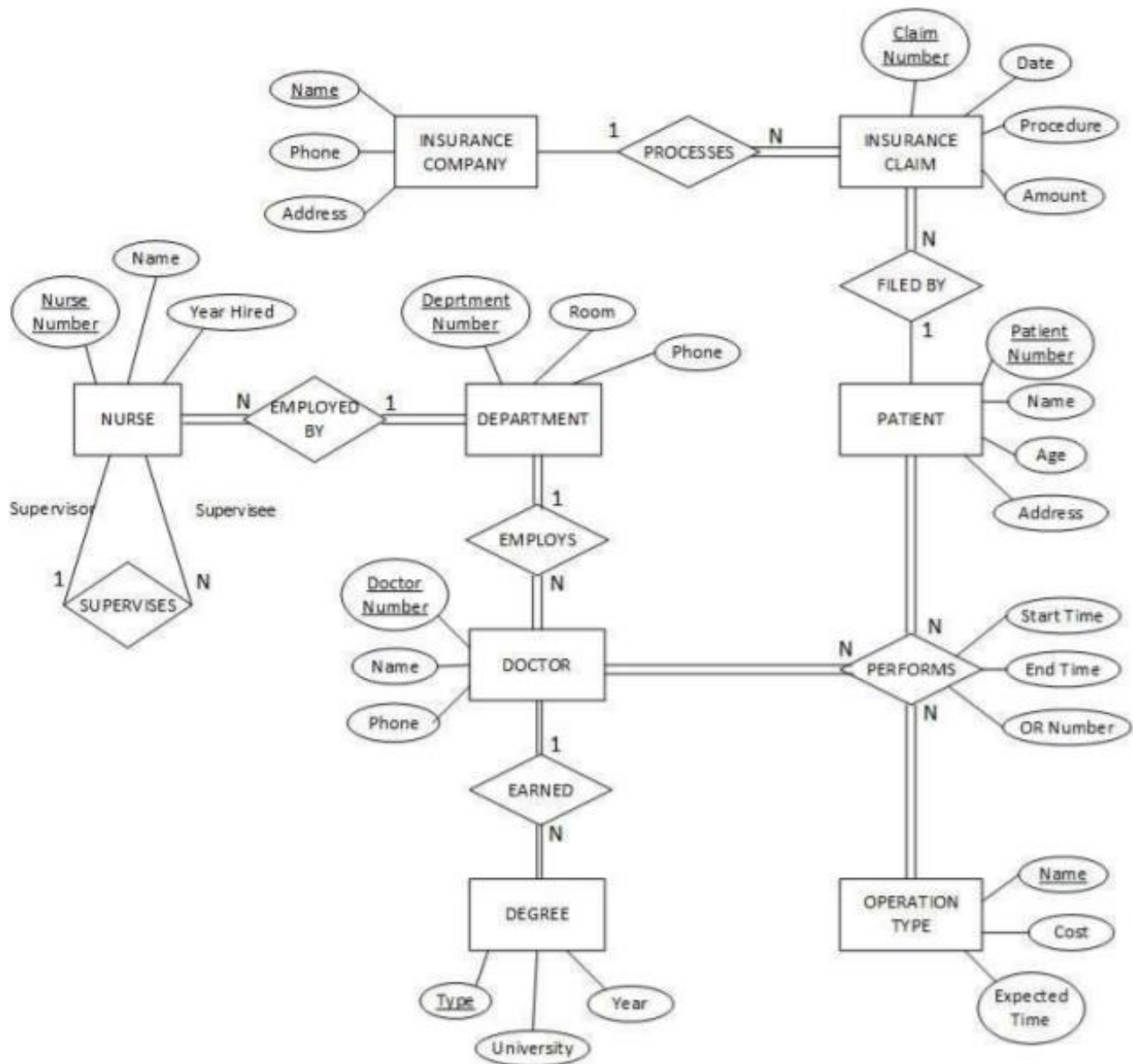
TEKNIK KOMPUTER 2B

JURUSAN TEKNOLOGI INFORMASI
PROGRAM STUDI TEKNIK KOMPUTER
POLITEKNIK NEGERI PADANG

2021

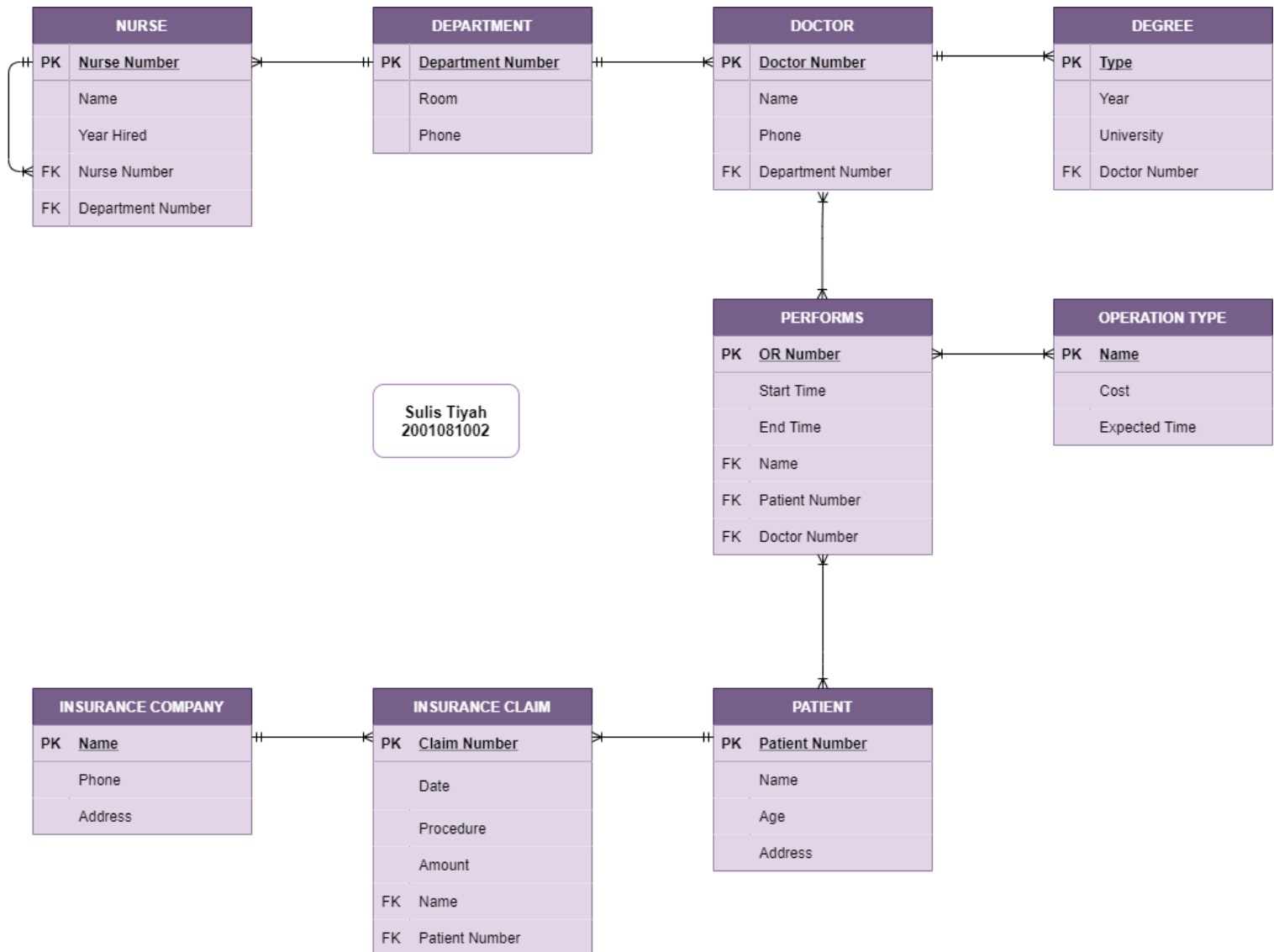
TUGAS Konversi ERD ke Notasi Crow's Foot dan Bentuk Table

- ✚ Lakukan konversi diagram ER notasi chen ke notasi crow's foot
- ✚ Lakukan implemenrasi diagram ER Hospital ke bentuk tabel



PENYELESAIAN:

🚦 Lakukan konversi diagram ER notasi chen ke notasi crow's foot



✚ Lakukan implemenrasi diagram ER Hospital kebentuk tabel

➤ **NURSE**

| NURSE | | | | |
|--------------|------|------------|--------------|--------------------|
| Nurse Number | Name | Year Hired | Nurse Number | Dapartement Number |
| | | | | |
| | | | | |
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| | | | | |

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➤ **DEPARTMENT**

| DEPARTMENT | | |
|-------------------|------|-------|
| Department Number | Room | Phone |
| | | |
| | | |
| | | |
| | | |
| | | |

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➤ **DOCTOR**

| DOCTOR | | | |
|---------------|------|-------|-------------------|
| Doctor Number | Name | Phone | Department Number |
| | | | |
| | | | |
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➤ **DEGREE**

| DEGREE | | | |
|--------|------|------------|---------------|
| Type | Year | University | Doctor Number |
| | | | |
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| | | | |
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➤ **INSURANCE COMPANY**

| INSURANCE COMPANY | | |
|-------------------|-------|---------|
| Name | Phone | Address |
| | | |
| | | |
| | | |
| | | |
| | | |

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➤ **INSURANCE CLAIM**

| INSURANCE CLAIM | | | | | |
|-----------------|------|-----------|--------|------|----------------|
| Claim Number | Date | Procedure | Amount | Name | Patient Number |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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➤ **PATIENT**

| PATIENT | | | |
|----------------|------|-----|---------|
| Patient Number | Name | Age | Address |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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➤ **OPERATION TYPE**

| OPERATION TYPE | | |
|----------------|------|---------------|
| Name | Cost | Expected Time |
| | | |
| | | |
| | | |
| | | |
| | | |

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➤ PERFORMS

| PERFORMS | | | | | |
|------------|----------|-----------|------|----------------|---------------|
| Start Time | End Time | OR Number | Name | Patient Number | Doctor Number |
| | | | | | |
| | | | | | |
| | | | | | |
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