

QUALIFICATION

QualificationNo	Q_Type	Q_Date	Institution	StaffNo
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EXPERIENCE

ExperienceNo	StartDate	FinishDate	Organization	Position	StaffNo
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WARD_REQUISITION

Req_No	Req_Date	StaffNo
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REQUEST_LINE

Req_No	Quantity
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STAFF

StaffNo	Name	Phone	Address	DOB	Sex	NIN	Position_Held	Current_Salary	Current_Scale	Contract_Type	Payment_Type	Hours
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WARD

Ward_No	Ward_Name	Location	Phone_Ext	NumOfBed
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STAFF_ALLOCATION

StaffNo	AllocationDate	Shift	WardNo
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CLINICAL_APPOINTMENT

Ward_No	Date	Time
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PATIENT_ALLOCATION

PatientAllocNo	DatePlaced	BedNo	OnWaitingList	ExpectedStay	ExpectedLeave	ActualLeave	PatientNo	WardNo
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APPOINTMENT

AppointmentNo	AppointmentDate	AppointmentTime	RoomNo	Results	PatientNo	StaffNo
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PATIENT

PatientNo	First_Name	Last_Name	Address	Phone	Gender	DOB	Status	Registered_Date	DoctorID
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LOCAL_DOCTOR

DoctorID	Name	ClinicNo	Address	Phone
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NEXT_OF_KIN

Name	PatientNo	Address	Relationship	Phone
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PHARMACEUTICAL_SUPPLIES

Dosage	AdminMethod
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PATIENT MEDICATION

PatientNo	StartDate	FinishDate	UnitPerDay	Dosage
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HOSPITAL_SUPPLIES

Supplies_No	Name	Description	Unit_Cost	On_Hand	ReorderLevel
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PRICE_QUOTE

SuppNo	SuppliesNo	UnitCost
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SUPPLIER

SuppNo	SuppName	SuppAddr	SuppPhone	SuppFax
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