

OFELIA L. MENDOZA MATERNITY AND GENERAL HOSPITAL MOJON, CITY OF MALOLOS, BULACAN TEL NO. (044)794-7113

PATIENT'S CLINICAL CASE RECORD

Room:	Contact No:					Case	No:	
22	09089899291					22		
Name:		Age:		Sex	CS:	Religion:		
Lady Jobel Ignacio Legaspi			21		Femaled	22		
Address:			Birthdate	:				
Batia, Bocaue			2022-01-06					
Occupation:					PhilHealth No:			
Mother's Name:	Father's Name:							
Spouse's Name: Da		Date of N	Marriage: F		Place of Marriage:			
Date Admitted:	Time Adı	mitted:	Admitted By:					
2022-01-06	14:01		Almers					
Date Discharged:	Time Dis	charged:	Discharged By:					
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY					
Transferred To Room:	Date:		Time:					
TRANSFERREDTOROOM	OOM TRANSDATE		TRANSTIME					
Attending Physician: (FULL NAME)								
Almers								
Admitting Diagnosis:								
Noon Bord								
Final Diagnosis:						_	.0 CODE:	
FINALDIAGNOSIS							CODE	
							CODE:	
						RVSC	ODE	
OPERATION(s):								
OPERATIONS								
DISPOSITION:								
{ } Discharged { } Transferred			{ } HAM/	4	{ } Absconded { } DIED			