

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

PATIENT'S CLINICAL CASE RECORD

Room:	Contact N	Contact No:				Case No:	
123	123	123			123		
Name:	•		Age:	Sex	CS:	Religion:	
Jasper Jake Alvaro Mendoza			123	Male	123		
Address:				Birthdate:			
Malolos, Bulacan				2000-03-23			
Occupation:				PhilHealth No:			
Mother's Name: Father				Name:			
Spouse's Name:		Date of Marriage:		Place of Marriage:			
		2022-01-28					
Date Admitted:	Time Adm	Time Admitted:		Admitted By:			
Date Discharged:	Time Discl	Time Discharged:		Discharged By:			
2022-01-28	15:04	15:04		asd			
Transferred To Room:	Date:		Time:	Time:			
Attending Physician: (Fl	JLL NAME)		<u>'</u>				
Admitting Diagnosis:							
Final Diagnosis:					ICD 10 CODE:		
asd					asd		
					RVS CODE:		
					asd		
OPERATION(s):							
asd							
DISPOSITION:							
{ } Discharged { } Transferred			{ } HAM	A { } A	bsconded	d {/} DIED	