

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:		
213	09999999			123		
Name:		Age:	Sex	CS:	Religion:	
Jordan Cayanan		12	Male	213		
Address:			Birthdate:			
gto			2022-01-27			
Occupation:			PhilHealth No:			
Mother's Name:	Father's I	Father's Name:				
Spouse's Name: Date of N		Marriage:	Place of Marriage:			
Date Admitted:	Time Admitted:	Admitted	ed By:			
Date Discharged:	Time Discharged: Discharged By:					
2022-01-28	04:14 111					
Transferred To Room:	Date:	Time:				
111	2022-01-28	04:14				
Attending Physician: (Fl	JLL NAME)	•				
Admitting Diagnosis:						
Final Diagnosis:				ICD 10 CODE:		
1231				123		
				RVS CO	DDE:	
				123		
OPERATION(s):						
123						
DISPOSITION:						
{/} Discharged	{ } Transferred	{ } HAM.	A {}A	bsconded	{ } DIED	