



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

PATIENT'S CLINICAL CASE RECORD

Room: 0	Contact No: 11	Case No: 0			
Name: Boy Bawang		Age: 11	Sex Male	CS: asd	Religion:
Address: Philippines			Birthdate:		
Occupation:			PhilHealth No:		
Mother's Name:			Father's Name:		
Spouse's Name:		Date of Marriage: 0000-00-00	Place of Marriage:		
Date Admitted: 2022-01-28	Time Admitted: 00:37:00	Admitted By: asd			
Date Discharged: 2022-01-28	Time Discharged: 00:38	Discharged By: 12315			
Transferred To Room: sa	Date:	Time:			
Attending Physician: (FULL NAME) asd					
Admitting Diagnosis: asd					
Final Diagnosis: asdasd				ICD 10 CODE: fadgah	
				RVS CODE: asdgdha	
OPERATION(s): sadfsaf					
DISPOSITION:					