

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:		
111	111				111		
Name:			Age:	Sex	CS:	Religion:	
Jimmy Neutron			111	Male	11		
Address:				Birthdate:			
USA							
Occupation:				PhilHealth No:			
Mother's Name:			Father's	Name:			
Spouse's Name:		Date of Marriage: Place		Place o	ace of Marriage:		
Date Admitted:	Time Admitted:		Admitted	d By:			
2022-01-28	00:46:00		111	111			
Date Discharged:	Time Discharged:		Discharge	Discharged By:			
2022-01-28	00:47		1111				
Transferred To Room:	Date:		Time:	Time:			
Attending Physician: (FULI	NAME)		•				
111							
Admitting Diagnosis:							
111							
Final Diagnosis:					ICD 10 CODE:		
1111					2222		
					RVS CODE:		
						2222	
OPERATION(s):							
231231							
DISPOSITION:							
{/} Discharged	{ } Trai	nsferred	{ } HAM	A { } A	bsconded	{ } DIED	