

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:	
h	09897867	'31			f	
Name:		Age:	Sex	CS:	Religion:	
Jasper Alvaro Mendoza			45	Male	g	Roman Catholic
Address:		Birthdate:				
Maunlad Homes				2021-12-01		
Occupation:				PhilHealth No:		
Rapper		990				
Mother's Name:			Father's Name:			
mm			jj			
-		Date of Marriage:		Place of Marriage:		
XX	2022-01-2		24	jk		
Date Admitted:	Time Admitted:		Admitted By:			
2022-01-24	15:20		kkjhg			
Date Discharged:	Time Dis	charged:	Discharged By:			
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY			
Transferred To Room:	Date:		Time:			
TRANSFERREDTOROOM	TRANSDATE		TRANSTIME			
Attending Physician: (FULL NAME)						
ghjh						
Admitting Diagnosis:						
gfd						
Final Diagnosis:				ICD 10 CODE:		
FINALDIAGNOSIS				ICD10CODE		
					RVS C	ODE:
					RVSCO	DE
OPERATION(s):						
OPERATIONS						
DISPOSITION:						
{ } Discharged						{ } DIED