

## 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:		
22	09089892	91				23		
Name:			Age:		Sex	CS:	Religion:	
Lady Jobel Ignacio Legaspi			22		Femaled	12	Katoliko	
Address:			Birthdate	:				
Batia, Bocaue					2022-01-06			
Occupation:					PhilHealth No:			
Mother's Name:			Father's Name:					
Spouse's Name:		Date of N	Marriage:		Place of Marriage:			
Date Admitted:	Time Adı	nitted:	Admitted By:					
2022-01-23	00:20		nayeon					
Date Discharged:	Time Discharged:		Discharged By:					
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY					
Transferred To Room:	Date:		Time:					
TRANSFERREDTOROOM	TRANSDATE		TRANSTIME					
Attending Physician: (	<b>FULL NA</b>	ME)						
voltes v								
Admitting Diagnosis:								
pain lots pain								
Final Diagnosis:						ICD 1	.0 CODE:	
FINALDIAGNOSIS						ICD10	CODE	
						RVS (	CODE:	
						RVSC	ODE	
OPERATION(s):								
OPERATIONS								
DISPOSITION:								
{ } Discharged { } Transferred			{ } HAM#	4	{ } Absconded { } DIED			