

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	Contact No:				Case No:	
123	123				123		
Name:	·		Age:	Sex	CS:	Religion:	
Lady Jobel Ignacio Legaspi			123	Female	123		
Address:				Birthdate:			
Bocaue, Bulacan				1999-12-23			
Occupation:				PhilHealth No:			
Mother's Name:				Father's Name:			
Spouse's Name:		Date of Marriage:		Place of Marriage:			
		2022-01-28					
Date Admitted:	Time Admitted:		Admitted By:				
Date Discharged:	Time Discharged:		Discharged By:				
2022-01-29	14:52		asd				
Transferred To Room:	Date:		Time:				
Attending Physician: (Fl	JLL NAME)						
Admitting Diagnosis:							
Final Diagnosis:					ICD 10 CODE:		
asd		asd					
					RVS CODE:		
					asd		
OPERATION(s):					-		
asd							
DISPOSITION:							
{ } Discharged	{ } Transferred		{ } HAM	A {/} Ab	sconded	{ } DIED	