

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: | | | |
|---------------------------|------------------|-------------------------|----------------|----------------|--------------|-----------|--|
| 0 | asd | | | | 0 | | |
| Name: | | | Age: | Sex | CS: | Religion: | |
| Jimmy Neutron | | | 0 | Male | SSS | asd | |
| Address: | | | | Birthdate: | | | |
| USA | | | | | | | |
| Occupation: | | | | PhilHealth No: | | | |
| Mother's Name: | Father's Name: | | | | | | |
| Spouse's Name: | | Date of Marriage: Place | | Place o | of Marriage: | | |
| | | 0000-00-00 | 0000-00-00 | | | | |
| Date Admitted: | Time Admi | tted: | Admitted | Admitted By: | | | |
| 2022-01-28 | 00:38:00 | | sdsadaf | | | | |
| Date Discharged: | Time Discharged: | | Discharged By: | | | | |
| 2022-01-28 | 00:40 | | asd | | | | |
| Transferred To Room: | Date: | | Time: | | | | |
| asd | 2022-01-28 | | 00:40 | | | | |
| Attending Physician: (FUL | L NAME) | | | | | | |
| sadasdg | | | | | | | |
| Admitting Diagnosis: | | | | | | | |
| sadafgasg | | | | | | | |
| Final Diagnosis: | | | | | ICD 10 CODE: | | |
| asd | | | | | asd | | |
| | | | | | RVS CO | DE: | |
| | | | | | asd | | |
| OPERATION(s): | | | | | | | |
| 1 | | | | | | | |
| DISPOSITION: | | | | | | | |
| { } Discharged | {/} Trai | nsferred | { } HAM | A { } A | bsconded | { } DIED | |