

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:		
2	09897867	'31			3	
Name:		Age:	Sex	CS:	Religion:	
Jasper Alvaro Mendoza			22	Male	4	Roman Catholic
Address:		Birthdate:				
Maunlad Homes				2021-12-01		
Occupation:				PhilHealth No:		
Rapper		223				
Mother's Name:			Father's Name:			
Momo			Роро			
Spouse's Name:		Date of Marriage:		Place of Marriage:		
Jaja		2022-01-24		Maunlad		
Date Admitted:	Time Admitted:		Admitted By:			
2022-01-24	15:11		1			
Date Discharged: Time Discharged:			Discharged By:			
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY			
Transferred To Room:	Date:		Time:			
TRANSFERREDTOROOM	TRANSDATE		TRANSTIME			
Attending Physician: (FULL NAME)						
1						
Admitting Diagnosis:						
1						
Final Diagnosis:				ICD 10 CODE:		
FINALDIAGNOSIS				ICD10CODE		
					RVS C	ODE:
					RVSCO	DE
OPERATION(s):						
OPERATIONS						
DISPOSITION:						
{ } Discharged	{ } Tran	sferred	{ } HAMA	{ } Abs	conded	{ } DIED