



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:	
Name: Camila Marie Capule		Age:	Sex	CS:	Religion:
Address:			Birthdate: 2022-09-21		
Occupation:			PhilHealth No:		
Mother's Name:			Father's Name:		
Spouse's Name:		Date of Marriage:		Place of Marriage:	
Date Admitted:	Time Admitted:		Admitted By:		
Date Discharged: 2022-01-27	Time Discharged: 21:57		Discharged By: asdasd		
Transferred To Room:	Date:		Time:		
Attending Physician: (FULL NAME)					
Admitting Diagnosis:					
Final Diagnosis: s				ICD 10 CODE: 232	
				RVS CODE: 23	
OPERATION(s): 12					
DISPOSITION:					