

## 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:		
1	09089786	5754			3		
Name:			Age:	Sex	CS:	Religion:	
Jasper Jake Mendoza			21	Male	2	Roman Catholic	
Address:		Birthdate:					
Maunlad Homes		2021-10-28					
Occupation:		PhilHealth No:					
Boxer	23445						
Mother's Name:			Father's Name:				
Ann B Mateo			Shehyee Mendoza				
Spouse's Name:		Date of Marriage:		Place of	Place of Marriage:		
Harold de Leon		2021-11-10		Maunlad Cathedral			
Date Admitted:	Time Admitted:		Admitted By:				
2021-11-10	18:30		lan Kenneth Gumatay				
Date Discharged:	Time Dis	charged:	Discharged By:				
2021-11-10	18:31		lan Jordan				
Transferred To Room:	າ: Date:		Time:				
2	2021-11-10		18:31				
Attending Physician: (	FULL NA	ME)					
Jordan Cayanan Phd							
Admitting Diagnosis:							
Fractured Ribs							
Final Diagnosis:			ICD 10 CODE:				
Kabag				9090			
					RVS C	DDE:	
					9089		
OPERATION(s):							
Hilot							
DISPOSITION:							
{/} Discharged	{ } Trai	nsferred	{ } HAMA	{ } Abs	conded	{ } DIED	