

## 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:		
22	09089899291					22		
Name:			Age:		Sex	CS:	Religion:	
Lady Jobel Ignacio Legaspi			21		Femaled	22		
Address:					Birthdate:			
Batia, Bocaue					2022-01-06			
Occupation:					PhilHealth No:			
Mother's Name:	Father's Name:							
Spouse's Name: Da		Date of N	ate of Marriage:		Place of Marriage:			
Date Admitted:	Time Adı	nitted:	Admitted	By:				
2022-01-06	14:01		Almers					
Date Discharged:	Time Discharged:		Discharge	ed By:				
2022-01-06	21:47		Jm					
Transferred To Room:	Date:		Time:					
21	2022-01-06		21:47					
Attending Physician: (	FULL NA	ME)						
Almers								
Admitting Diagnosis:								
Noon Bord								
Final Diagnosis:						ICD 1	.0 CODE:	
Migraine						225		
						RVS (	CODE:	
						223		
OPERATION(s):								
Massage								
DISPOSITION:								
{ } Discharged	ged { } Transferred			} HAMA	{ } Absconded { } DIED			