



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: 2022-01-28	Time Discharged: 23:35	Discharged By: asd			
Transferred To Room:	Date:	Time:			
Attending Physician: (FULL NAME)					
Admitting Diagnosis:					
Final Diagnosis: asd				ICD 10 CODE: asd	
				RVS CODE: asd	
OPERATION(s): asd					
DISPOSITION: { } Discharged {/} Transferred { } HAMA { } Absconded { } DIED					