

## 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:			
09089899291					34		
Name:			Age:	Sex	CS:	Religion:	
Dean Doe			22	Female	56	Roman Catholic	
Address:		Birthdate:					
Seoul, Korea		1999-09-15					
Occupation:		PhilHealth No:					
Streamer		123					
Mother's Name:			Father's Name:				
Lorac			Pog				
Spouse's Name:		Date of Marriage:		Place of Marriage:			
test		2022-01-24		test place			
Date Admitted:	Time Admitted:		Admitted By:				
2022-01-24	15:27		Jardon	don			
Date Discharged: Time Discharged:		Discharged By:					
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY				
Transferred To Room:	ı: Date:		Time:				
TRANSFERREDTOROOM	TRANSDATE		TRANSTIME				
Attending Physician: (FULL NAME)							
Jordan							
Admitting Diagnosis:							
Painn alot pain							
Final Diagnosis:					ICD 10 CODE:		
FINALDIAGNOSIS			ICD10	CODE			
					RVS (	CODE:	
					RVSC	DDE	
OPERATION(s):							
OPERATIONS							
DISPOSITION:							
{ } Discharged	{ } Trai	nsferred	{ } HAMA	{ } Absc	onded	{ } DIED	