

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	Contact No:				Case No:	
Name:	1		Age:	Sex	CS:	Religion:	
Jordan Cayanan							
Address:				Birthdate:			
				2022-	01-27		
Occupation:				PhilHealth No:			
Mother's Name:				Father's Name:			
Spouse's Name:		Date of Marriage:		Place of Marriage:			
Date Admitted:	Time Admitted:		Admitt	Admitted By:			
Date Discharged:	Time Discharged:		Discha	Discharged By:			
2021-12-31	00:14		sdfs	sdfs			
Transferred To Room:	Date:		Time:	Time:			
Attending Physician: (FU	LL NAME)		•				
Admitting Diagnosis:							
Final Diagnosis:					ICD 1	0 CODE:	
sdfsdf					sdfsdf	:	
					RVS (CODE:	
					sdfsdf	:	
OPERATION(s):							
sdfdsf							
DISPOSITION:							