

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:		
21415	123	123			12351		
Name:	•		Age:	Sex	CS:	Religion:	
Dindy de Jesus			123	Female	21425	333	
Address:				Birthdate:			
Malolos, Bulacan							
Occupation:				PhilHealth No:			
33				33			
Mother's Name:	Father's	Father's Name:					
33			33				
Spouse's Name:		Date of Marriage:		Place of Marriage:			
333		2022-01-24		3334	3334		
Date Admitted:	Time Adm	itted:	Admitted	dmitted By:			
2022-01-24	15:41:00		32415				
Date Discharged:	Time Discharged:		Discharged By:				
2022-01-28	00:41		asdasd				
Transferred To Room:	Date:		Time:				
Attending Physician: (FU	ILL NAME)						
12415							
Admitting Diagnosis:							
14251							
Final Diagnosis:					ICD 10 CODE:		
asdas					asdghah		
					RVS CO	DE:	
					hahh		
OPERATION(s):							
srt							
DISPOSITION:							
{ } Discharged	{ } Tra	nsferred	{/} HAM	A { } Ab	sconded	{ } DIED	