

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:		
69	0989786731				420	
Name:		Age:	Sex	CS:	Religion:	
Jasper Alvaro Mendoza			22	Male	yes	Roman Catholic
Address:		Birthdate:				
Maunlad Homes				2021-12-01		
Occupation:				PhilHealth No:		
Rapper	9090					
Mother's Name:			Father's Name:			
Momo			Роро			
Spouse's Name:		Date of Marriage:		Place of Marriage:		
Jaja		2022-01-24		Maunlad, Cathedral		
Date Admitted:	Time Admitted:		Admitted By:			
2022-01-24	15:06		Jardon			
ate Discharged: Time Discharged: Discharged By:						
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY			
Transferred To Room:	Date:		Time:			
TRANSFERREDTOROOM	TRANSDATE		TRANSTIME			
Attending Physician: (FULL NAME)						
lan						
Admitting Diagnosis:						
Back Pain						
Final Diagnosis:				ICD 10 CODE:		
FINALDIAGNOSIS				ICD10CODE		
					RVS C	ODE:
					RVSCO	DE
OPERATION(s):						
OPERATIONS						
DISPOSITION:						
{ } Discharged { } Transferred { } HAMA { } Absconded { } DIED						I { } DIED