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: 2022-01-27		**Time Discharged:** 21:33		**Discharged By:** asdas		
Transferred To Room:		**Date:**		**Time:**		
Attending Physician: (FULL NAME)						
Admitting Diagnosis:						
Final Diagnosis: dasdad					**ICD 10 CODE:** 12	
					RVS CODE: 12	
OPERATION(s): asdwdawd						
DISPOSITION:						