



OFELIA L. MENDOZA MATERNITY AND GENERAL HOSPITAL
MOJON, CITY OF MALOLOS, BULACAN
TEL NO. (044)794-7113

PATIENT'S CLINICAL CASE RECORD

Room: asd	Contact No: asd			Case No: asd	
Name: Camila Marie Capule		Age: asd	Sex Femaled	CS: asd	Religion:
Address: Malolos, Bulacan			Birthdate: 2022-01-23		
Occupation:			PhilHealth No:		
Mother's Name:		Father's Name:			
Spouse's Name:		Date of Marriage:		Place of Marriage:	
Date Admitted: 2022-01-24	Time Admitted: 12:29	Admitted By: asd			
Date Discharged: DATEDISCHARGED	Time Discharged: TIMEDISCHARGED	Discharged By: DISCHARGEDBY			
Transferred To Room: TRANSFERREDTOROOM	Date: TRANSDATE	Time: TRANSTIME			
Attending Physician: (FULL NAME) asd					
Admitting Diagnosis: asd					
Final Diagnosis: FINALDIAGNOSIS				ICD 10 CODE: ICD10CODE	
				RVS CODE: RVSCODE	
OPERATION(s): OPERATIONS					
DISPOSITION: { } Discharged { } Transferred { } HAMA { } Absconded { } DIED					