

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

PATIENT'S CLINICAL CASE RECORD

Room:	Contact N	Contact No:				Case No:	
0	a	a			0		
Name:			Age:	Sex	CS:	Religion:	
Boy Bawang			0	Male	a		
Address:				Birthdate:			
Philippines							
Occupation:				PhilHea	alth No:		
Mother's Name: Father'				Name:			
Spouse's Name:		Date of Marriage: 0000-00-00		Place o	Place of Marriage:		
Date Admitted:	Time Admitted:		Admitted	By:			
2022-01-28	00:36:00		a	a			
Date Discharged:	Time Discl	Time Discharged:		Discharged By:			
2022-01-28	00:37	00:37		asd			
Transferred To Room:	Date:		Time:				
Attending Physician: (FU	LL NAME)		!				
a							
Admitting Diagnosis:							
a							
Final Diagnosis:					ICD 10 CODE:		
asd					asd		
				RVS CODE:		DE:	
					asd		
OPERATION(s):							
asdssssde							
DISPOSITION:							
{ } Discharged { } Transferred { } HAM				A {/} A	bsconded	{ } DIED	