



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

PATIENT'S CLINICAL CASE RECORD

Room: 21	Contact No: 0989786731	Case No: 2		
Name: Jasper Alvaro Mendoza	Age: 21	Sex Male	CS: 21	Religion: Roman Catholic
Address: Maunlad Homes		Birthdate: 2021-12-01		
Occupation: Rapper		PhilHealth No:		
Mother's Name:		Father's Name:		
Spouse's Name:		Date of Marriage:	Place of Marriage:	
Date Admitted: 2022-01-06	Time Admitted: 13:58	Admitted By: John Peralta		
Date Discharged: DATEDISCHARGED	Time Discharged: TIMEDISCHARGED	Discharged By: DISCHARGEDBY		
Transferred To Room: TRANSFERREDTOROOM	Date: TRANSDATE	Time: TRANSTIME		
Attending Physician: (FULL NAME) Jordan Cayanan				
Admitting Diagnosis: Back Pain				
Final Diagnosis: FINALDIAGNOSIS			ICD 10 CODE: ICD10CODE	
			RVS CODE: RVSCODE	
OPERATION(s): OPERATIONS				
DISPOSITION: { } Discharged { } Transferred { } HAMA { } Absconded { } DIED				