

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:	•		Age:	Sex	CS:	Religion:	
Jasper Jake Alvaro Mendoza	ì						
Address:				Birthdate:			
				2000-03-23			
Occupation:				PhilHealth No:			
Mother's Name:			Father's	Name:			
Spouse's Name:		Date of N	larriage: Place of Marriage:				
Date Admitted:	Time Admi	tted:	Admitted By:				
Date Discharged:	Time Discharged:		Discharge	ged By:			
2022-01-07	00:07	00:07		asd			
Transferred To Room:	Date:		Time:				
asd	2022-01-07		00:06				
Attending Physician: (Fl	JLL NAME)						
Admitting Diagnosis:							
Final Diagnosis:				ICD 10 CODE:			
ASasd					asdds		
				RVS CODE:			
				asdasd			
OPERATION(s):							
asdasd							
DISPOSITION:							
{ } Discharged	{ } Tran	sferred	{ } HAM	A { } A	bsconded	{/} DIED	