

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:
Camila Marie Capule						
Address:				Birthdate:		
				2022-09-21		
Occupation:				PhilHealth No:		
Mother's Name:			Father's	Name:		
Spouse's Name:		Date of I	Marriage:	riage: Place of Marriage:		
Date Admitted:	Time Adm	itted:	Admitted	By:		
Date Discharged:	Time Discharged:		Discharg	ed By:		
2022-01-27	21:35		21			
Transferred To Room:	Date:		Time:			
asdasd	2022-01-27		21:36			
Attending Physician: (Fl	JLL NAME)					
Admitting Diagnosis:						
Final Diagnosis:				ICD 10 CODE:		
dasdaw					12	
				RVS CODE: 12		ODE:
						12
OPERATION(s):						
adasda						
DISPOSITION:						
{ } Discharged	{ } Tra	nsferred	{/} HAM	A { } A	Absconde	d { } DIED