



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

PATIENT'S CLINICAL CASE RECORD

Room: aaa		Contact No: 09089899291		Case No: aa	
Name: Dean Doe		Age: 22	Sex Femaled	CS: aa	Religion: Roman Catholic
Address: Seoul, Korea			Birthdate: 1999-09-15		
Occupation: Streamer			PhilHealth No:		
Mother's Name:		Father's Name:			
Spouse's Name:		Date of Marriage:		Place of Marriage:	
Date Admitted: 2022-01-23	Time Admitted: 00:27	Admitted By: aaaaaa			
Date Discharged: 2022-01-23	Time Discharged: 00:28	Discharged By: aaaa			
Transferred To Room:	Date:	Time:			
Attending Physician: (FULL NAME) aaa					
Admitting Diagnosis: aaa					
Final Diagnosis: aaaa				ICD 10 CODE: 123	
				RVS CODE: 4123	
OPERATION(s): aaaaa					
DISPOSITION: { } Discharged { } Transferred {/} HAMA { } Absconded { } DIED					