

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:		
asd	asd					asd		
Name:		Age:		Sex	CS:	Religion:		
Dexter Balot			asd		Male	asd		
Address:			Birthdate:					
dex residence					2022-01-06			
Occupation:					PhilHealth No:			
Mother's Name:			Father's Name:					
Spouse's Name: Date		Date of I	Marriage:		Place of Marriage:			
Date Admitted:	Time Adr	nitted:	Admitted By:		•			
2022-01-24	12:35		asd					
Date Discharged:	Time Dis	charged:	Discharged By	y:				
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY					
Transferred To Room:	To Room: Date:		Time:					
TRANSFERREDTOROOM	TRANSDATE		TRANSTIME					
Attending Physician: (FULL NAME)								
asd								
Admitting Diagnosis:								
asd								
Final Diagnosis:				ICD 10 CODE				
FINALDIAGNOSIS						ICD10C	_	
						RVS C	DDE:	
						RVSCO	DE	
OPERATION(s):								
OPERATIONS								
DISPOSITION:								
{ } Discharged	} Discharged { } Transferred		{ } H	AMA	{ } Absconded { } DIED			