



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

PATIENT'S CLINICAL CASE RECORD

Room: 11		Contact No: 099999999		Case No: 11	
Name: Jordan Cayanan		Age: 123	Sex Male	CS: 11	Religion:
Address: gto			Birthdate: 2022-01-27		
Occupation:			PhilHealth No:		
Mother's Name:			Father's Name:		
Spouse's Name:		Date of Marriage:	Place of Marriage:		
Date Admitted: 2022-01-28	Time Admitted: 04:15:00	Admitted By: 123			
Date Discharged: 2022-01-14	Time Discharged: 14:50	Discharged By: iam			
Transferred To Room:	Date:	Time:			
Attending Physician: (FULL NAME) 123					
Admitting Diagnosis: 213					
Final Diagnosis: asdd				ICD 10 CODE: asd	
				RVS CODE: aasd	
OPERATION(s): asd					
DISPOSITION: { } Discharged {/} Transferred { } HAMA { } Absconded { } DIED					