

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:		
12	190				32		
Name:		Age:	Sex	CS:	Religion:		
Dindy de Jesus			1	Femaled	543	11	
Address:				Birthdate	Birthdate:		
Malolos, Bulacan				1999-09-15			
Occupation:				PhilHealt	PhilHealth No:		
11				23	23		
Mother's Name:			Father's Name:				
45			34				
Spouse's Name:		Date of Marriage:		Place of	Place of Marriage:		
56		2022-01-24		56	56		
Date Admitted:	Time Admitted:		Admitted By:	-			
2022-01-24	14:42		34343				
Date Discharged:	Time Discharged:		Discharged By:				
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY				
Transferred To Room:	rred To Room: Date:		Time:				
TRANSFERREDTOROOM	OOM TRANSDATE		TRANSTIME				
Attending Physician: (FULL NA	ME)					
3333							
Admitting Diagnosis:							
333333							
Final Diagnosis:					ICD 1	.0 CODE:	
FINALDIAGNOSIS				ICD10	CODE		
					RVS	CODE:	
					RVSC	ODE	
OPERATION(s):							
OPERATIONS							
DISPOSITION:							
{ } Discharged { } Transferred			{ } HAMA	{ } Absc	{ } Absconded { } DIED		