

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	09089899291				12		
Name:			Age:	Sex	CS:	Religion:	
Jimmy Neutron			21	Male	12		
Address:				Birthdate:			
USA							
Occupation:				PhilHealth No:			
Mother's Name:	Father's Name:						
Spouse's Name:		Date of Marriage: 0000-00-00		Place	Place of Marriage:		
Date Admitted:	Time Admi	tted:	Admitt	ed By:			
2022-01-27	23:59:00		Jojo)			
Date Discharged:	Time Discharged:		Discha	Discharged By:			
2022-01-28	00:31		Jm	Jm			
Transferred To Room:	Date:		Time:	Time:			
Attending Physician: (FU Dindu	LL NAME)						
Admitting Diagnosis:							
Dindu							
Final Diagnosis:					ICD 10 CODE:		
1				2			
					RVS	CODE:	
					3		
OPERATION(s):							
1							
DISPOSITION:							