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

## **PATIENT'S CLINICAL CASE RECORD**

Room:	Contact			Case No:			
asdw	09089899291				21		
Name:		Age:	Sex	CS:	Religion:		
Dean Doe			12	Femaled	1231	Roman Catholic	
Address:		Birthdate:					
Seoul, Korea				1999-09-15			
Occupation:				PhilHealth No:			
Streamer							
Mother's Name:	Father's Name:						
Spouse's Name: Date of		Date of	Marriage:	Place of Marriage:			
Date Admitted:	Time Adı	mitted:	Admitted By:	-			
2021-12-26	21:09		123213				
Date Discharged:	Time Discharged:		Discharged By	y:			
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDB\	1			
Transferred To Room:	Date:		Time:	me:			
TRANSFERREDTOROOM	TRANSDATE		TRANSTIME	ANSTIME			
Attending Physician: (	(FULL NAI	ME)					
sdaw							
Admitting Diagnosis:							
adsda							
Final Diagnosis:				ICD 10 CODE:			
FINALDIAGNOSIS					ICD10	CODE	
					RVS (	CODE:	
					RVSCODE		
OPERATION(s):							
OPERATIONS							
DISPOSITION:							
{ } Discharged	{ } Tran	nsferred	{ } HAMA	{ } Absc	onded	I { } DIED	