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

PATIENT'S CLINICAL CASE RECORD

Room:	n: Contact No:					Case	Case No:	
345435						34534		
Name:			Age:		Sex	CS:	Religion:	
try qwe			345		Male			
Address:					Birthdate:			
asd					2021-11-01			
Occupation:					PhilHe	alth No	:	
34fadsad								
Mother's Name:			Father's Name:					
dfsdf			daw					
Spouse's Name: Date of		ate of I	Marriage: PI		Place (lace of Marriage:		
Date Admitted:	Time Admitted:		Admitted By:					
2021-11-02	01:57		fsdf					
Date Discharged:	Time Discharged:		Discharged By	/ :				
2021-11-01	01:00							
Transferred To Room:	: Date:		Time:					
Attending Physician: (FULL NAME	:)						
fsdfe								
Admitting Diagnosis:								
dsfsfe								
Final Diagnosis:				ICD 1	O CODE:			
daddawd						qwe2		
						RVS C	ODE:	
						qwe		
OPERATION(s):								
qweqwe								
DISPOSITION:								
{ } Discharged	{ } Transf	erred	{ } HAMA { } Absconded {/			d {/} DIED		