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: | | |
|------------------------|------------------|---------|---------------|--------------------|--------------|----------------|--|
| 334 | 0989786731 | | | | 234 | | |
| Name: | | Age: | Sex | CS: | Religion: | | |
| Jasper Alvaro Mendoza | | | 34 | Male | 4344 | Roman Catholic | |
| Address: | | | | Birthdate: | | | |
| Maunlad Homes | | | | 2021-3 | 2021-12-01 | | |
| Occupation: | | | | PhilHealth No: | | | |
| Rapper | | | | | | | |
| Mother's Name: | Father's Name: | | | | | | |
| Spouse's Name: Date of | | Date of | Marriage: | Place of Marriage: | | | |
| Date Admitted: | Time Adı | nitted: | Admitted By: | | | | |
| 2019-06-12 | 00:32 | | 343 | | | | |
| Date Discharged: | Time Discharged: | | Discharged By | y: | | | |
| DATEDISCHARGED | TIMEDISCHARGED | | DISCHARGEDBY | RGEDBY | | | |
| Transferred To Room: | Date: | | Time: | | | | |
| TRANSFERREDTOROOM | TRANSDATE | | TRANSTIME | | | | |
| Attending Physician: (| FULL NAI | ME) | | | | | |
| 3434 | | | | | | | |
| Admitting Diagnosis: | | | | | | | |
| 2343 | | | | | | | |
| Final Diagnosis: | | | | | ICD 10 CODE: | | |
| FINALDIAGNOSIS | | | | | ICD100 | CODE | |
| | | | | | RVS C | ODE: | |
| | | | | | RVSCC | DE | |
| OPERATION(s): | | | | | | | |
| OPERATIONS | | | | | | | |
| DISPOSITION: | | | | | | | |
| { } Discharged | { } Trar | sferred | { } HAMA | { } Al | osconde | d { } DIED | |