

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

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**PATIENT'S CLINICAL CASE RECORD**

|   |                                   |  |                                 |                             |                                    |
|---|-----------------------------------|--|---------------------------------|-----------------------------|------------------------------------|
| <b>Room:</b><br>3   | <b>Contact No:</b><br>09089786754 |  |                                 | <b>Case No:</b><br>3        |                                    |
| <b>Name:</b><br>Jasper Jake Alvaro Mendoza  |                                   | <b>Age:</b><br>23                          | <b>Sex</b><br>Male              | <b>CS:</b><br>2             | <b>Religion:</b><br>Roman Catholic |
| <b>Address:</b><br>Maunlad Homes  |                                   |  | <b>Birthdate:</b><br>2021-10-28 |                             |                                    |
| <b>Occupation:</b><br>Boxers  |                                   |  | <b>PhilHealth No:</b><br>23445  |                             |                                    |
| <b>Mother's Name:</b><br>Ann B Mateo  |                                   | <b>Father's Name:</b><br>Shehyee Mendoza   |                                 |                             |                                    |
| <b>Spouse's Name:</b>   |                                   | <b>Date of Marriage:</b>                   | <b>Place of Marriage:</b>       |                             |                                    |
| <b>Date Admitted:</b><br>2021-11-23   | <b>Time Admitted:</b><br>14:06    | <b>Admitted By:</b><br>Ian Kenneth Gumatay |                                 |                             |                                    |
| <b>Date Discharged:</b><br>2021-11-23   | <b>Time Discharged:</b><br>15:10  | <b>Discharged By:</b><br>Ian Jordan        |                                 |                             |                                    |
| <b>Transferred To Room:</b><br>2  | <b>Date:</b><br>2021-11-23        | <b>Time:</b><br>15:10                      |                                 |                             |                                    |
| <b>Attending Physician: (FULL NAME)</b><br>Jordan Cayanan Phd   |                                   |  |                                 |                             |                                    |
| <b>Admitting Diagnosis:</b><br>Headache   |                                   |  |                                 |                             |                                    |
| <b>Final Diagnosis:</b><br>Tumor  |                                   |  |                                 | <b>ICD 10 CODE:</b><br>9090 |                                    |
|   |                                   |  |                                 | <b>RVS CODE:</b><br>9089    |                                    |
| <b>OPERATION(s):</b><br>Skull Surgery   |                                   |  |                                 |                             |                                    |
| <b>DISPOSITION:</b><br>{/} Discharged          { } Transferred          { } HAMA          { } Absconded          { } DIED |                                   |  |                                 |                             |                                    |