

## 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:		
21	09897867	'31			2		
Name:			Age:	Sex	CS:	Religion:	
Jasper Alvaro Mendoza			21	Male	21	Roman Catholic	
Address:		Birthdate:					
Maunlad Homes		2021-12-01					
Occupation:		PhilHealth No:					
Rapper							
Mother's Name:	Father's Name:						
Spouse's Name: Date of I		Marriage:	Place of Marriage:				
Date Admitted:	Time Adı	nitted:	Admitted By:	By:			
2022-01-06	13:58		John Peralta				
Date Discharged:	Time Discharged:		Discharged By:				
2022-01-06	21:52		John				
Transferred To Room:	Date:		Time:				
Attending Physician: (	FULL NAI	ME)					
Jordan Cayanan							
Admitting Diagnosis:							
Back Pain							
Final Diagnosis:					ICD 10 CODE:		
Неу		123					
					RVS C	DDE:	
					342		
OPERATION(s):							
DISPOSITION:							
{ } Discharged						{ } DIED	