



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

PATIENT'S CLINICAL CASE RECORD

Room: 2	Contact No: 0908989291		Case No: 3	
Name: Dexter Balot		Age: 21	Sex Male	CS: 5
Address: dex residence			Birthdate: 2022-01-06	
Occupation:			PhilHealth No:	
Mother's Name:		Father's Name:		
Spouse's Name:		Date of Marriage:		Place of Marriage:
Date Admitted: 2022-01-06	Time Admitted: 15:24	Admitted By: dexty		
Date Discharged: 2022-01-06	Time Discharged: 21:56	Discharged By: John Mark		
Transferred To Room: 21	Date: 2022-01-06	Time: 21:57		
Attending Physician: (FULL NAME) ian				
Admitting Diagnosis: pain				
Final Diagnosis: Injured Back Bone			ICD 10 CODE: 453	
			RVS CODE: 0764	
OPERATION(s): Chiropractice				
DISPOSITION: <input type="checkbox"/> Discharged <input type="checkbox"/> Transferred <input type="checkbox"/> HAMA <input type="checkbox"/> Absconded <input type="checkbox"/> DIED				