

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

PATIENT'S CLINICAL CASE RECORD

Room: 213	Contact No: 0989786731			Case No: 23	
Name: Jasper Alvaro Mendoza		Age: 12	Sex Male	CS: 212	Religion: Roman Catholic
Address: Maunlad Homes			Birthdate: 2021-12-01		
Occupation: Rapper			PhilHealth No:		
Mother's Name:		Father's Name:			
Spouse's Name:		Date of Marriage:		Place of Marriage:	
Date Admitted: 2022-01-05	Time Admitted: 12:34	Admitted By: 23			
Date Discharged: DATEDISCHARGED	Time Discharged: TIMEDISCHARGED	Discharged By: DISCHARGEDBY			
Transferred To Room: TRANSFERREDTOROOM	Date: TRANSDATE	Time: TRANSTIME			
Attending Physician: (FULL NAME) ads					
Admitting Diagnosis: adsadaw					
Final Diagnosis: FINALDIAGNOSIS				ICD 10 CODE: ICD10CODE	
				RVS CODE: RVSCODE	
OPERATION(s): OPERATIONS					
DISPOSITION: { } Discharged { } Transferred { } HAMA { } Absconded { } DIED					