

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:		
12	0933353522	0933353522			123		
Name:	•		Age:	Sex	CS:	Religion:	
John Mark A Almera			22	Male	12	Catholic	
Address:				Birthdate:			
Malolos Bulacan				2022-01-29			
Occupation:				PhilHealth No:			
Student							
Mother's Name:			Father's Name:				
Spouse's Name:		Date of M	arriage:	: Place of Marriage:			
Date Admitted:	Time Admit	ted:	Admitted	I By:			
2022-01-29	13:43:00		lan	า			
Date Discharged:	Time Discharged:		Discharged By:				
2022-01-21	13:44		lan				
Transferred To Room:	Date:		Time:				
Attending Physician: (FU	LL NAME)		•				
lan							
Admitting Diagnosis:							
Fever							
Final Diagnosis:					ICD 10 CODE:		
Goods lang					asd		
					RVS C	ODE:	
					asd		
OPERATION(s):							
asd							
DISPOSITION:							
{ } Discharged	{ } Tran	sferred	{ } HAM	A {}A	bsconded	{/} DIED	