

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

PATIENT'S CLINICAL CASE RECORD

Room: 45	Contact No: 0989786731			Case No: 45	
Name: Jasper Alvaro Mendoza		Age: 45	Sex Male	CS: 45	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: 00:38	Admitted By: 45			
Date Discharged: DATEDISCHARGED	Time Discharged: TIMEDISCHARGED	Discharged By: DISCHARGEDBY			
Transferred To Room: TRANSFERREDTOROOM	Date: TRANSDATE	Time: TRANSTIME			
Attending Physician: (FULL NAME) fsdf					
Admitting Diagnosis: sdf					
Final Diagnosis: FINALDIAGNOSIS				ICD 10 CODE: ICD10CODE	
				RVS CODE: RVSCODE	
OPERATION(s): OPERATIONS					
DISPOSITION: { } Discharged { } Transferred { } HAMA { } Absconded { } DIED					