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	09089786754				3		
Name:	•		Age:	Sex	CS:	Religion:	
Dexter Balot			23	Male	23	INC	
Address:			-	Birthda	te:		
Mc Arthur Highway				2021-11-11			
Occupation:				PhilHealth No:			
Doctor				23154			
Mother's Name:	Father's N	Father's Name:					
Balot Mom	Balot Dad	Balot Dad					
Spouse's Name: Date o		Date of N	larriage: Place of Marriage:		e:		
Balot Wife 2021-13		2021-11-1	L2	McArthur Cathedral			
Date Admitted:	Time Admi	tted:	Admitted	d By:			
2021-11-12	00:21		lan Kenneth Gumatay				
Date Discharged:	Time Discharged:		Discharged By:				
2021-11-12	00:33		lan Jordan				
Transferred To Room:	Date:		Time:				
10	2021-11-12		00:33				
Attending Physician: (FUI	L NAME)						
Jordan Cayanan Phd							
Admitting Diagnosis:							
Tear Muscle							
Final Diagnosis:					ICD 10	ICD 10 CODE:	
Muta					9090		
					RVS CODE:		
					9089		
OPERATION(s):							
Eye Surgery							
DISPOSITION:							
{ } Discharged	{ } Trai	nsferred	{/} Trans	ferr ę d A	bsconded	{ } DIED	