

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	Contact No:				Case No:	
Name:	'		Age:	Sex	CS:	Religion:	
Camila Marie Capule							
Address:				Birthdate:			
				2022-09-21			
Occupation:				PhilHealth No:			
Mother's Name:				Father's Name:			
Spouse's Name:		Date of Marriage:		Place	Place of Marriage:		
Date Admitted:	Time Admitted:		Admitt	Admitted By:			
Date Discharged:	Time Discharged:		Discha	Discharged By:			
2022-01-27	22:41		w	w			
Transferred To Room:	Date:		Time:	Time:			
Attending Physician: (FU	LL NAME)		•				
Admitting Diagnosis:							
Final Diagnosis:				ICD 10 CODE:			
sdw					2		
					RVS	CODE:	
					2		
OPERATION(s):							
d							
DISPOSITION:							