

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:		
1	09089786754			3			
Name:			Age:	Sex	CS:	Religion:	
Jasper Jake Mendoza			21	Male	2	Roman Catholic	
Address:				Birthdate:			
Maunlad Homes				2021-10-28			
Occupation:				PhilHealth No:			
Boxer				23445			
Mother's Name:	Father's Name:						
Ann B Mateo Shehy				e Mendoza			
Spouse's Name:		Date of Marr	riage: Place of		[†] Marriage:		
Harold de Leon		2021-11-07		Maunlad Cathedral			
Date Admitted:	Time Admitted:		Admitted	l By:			
2021-11-07	16:46		lan Kenneth Gumatay				
Date Discharged:	Time Discharged:		Discharged By:				
DATEDISCHARGED	TIMEDISCHARGED		DISCHARGEDBY				
Transferred To Room: Date:		Time:					
TRANSFERREDTOROOM	TRANSFERRED	TRANSFERI	NSFERREDTOROOMTIME				
Attending Physician: (FULL NAME)		-				
Jordan Cayanan Phd							
Admitting Diagnosis:							
asd							
Final Diagnosis:		ICD 10 CODE:					
FINALDIAGNOSIS				ICD10CODE			
					RVS COD	E:	
					RVSCODE		
OPERATION(s):							
OPERATIONS							
DISPOSITION:							
{ } DISCHARGED	{ } TRAI	NSFERED	{ } HAMA	{ } ABS	CONDED	{ } DIED	