

MUNICIPALITY OF TUBIGON

CITIZEN'S CHARTER





TUBIGON COMMUNITY HOSPITAL

ADMINISTRATIVE SERVICES



SECURING A BIRTH CERTIFICATE/DEATH CERTIFICATE

Schedule of Availability of Service:

8:00 am - 5:00 pmMondays to Fridays

Who May Avail of the Service:

Parents or authorized representative Next of Kin

Guardians (minor parent)

What are the Requirements:

Birth Certificate:

- 1. Data for Registration
- 2. Official Receipt

Additional Requirement:

If Married:

1. Photocopy of Marriage Certificate

If Not Married (for use of surname of father)

- 1. Photocopy of cedula of Mother and Father
- 2. Presence of Father for acknowledgement (RA 9255 Affidavit)

Duration: 36 minutes

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	Form
1.	Go to medical records and fill out data form for registration	Provide data for registration form	5 minutes	Medical Records		Data Regist Forr Birth
2.	Submit data for registration form to the Medical Records	Interview and counter check information for completeness and accuracy	3 minutes	Medical Records		Dat Regit For Birtl
3.	Provide additional necessary requirements.	Check requirements. Process birth/death certificate	5 -10 minutes	Medical Records		Ma Ma Cer Not Acki I Phot cec R.
4.	Go to the cashier for payment	Receive payment and issue Official Receipt. Advice client to go to the Medical Records	1-3 minutes	Cashier	60.00	
5.	Present official receipt and confirm information written on the certificate	Let doctor sign the birth certificate.	5-10 minutes	Medical Records Medical Officer		Offici Receip
6.	Affixed signature on	Issue Birth Certificate	1-3 minutes	Medical		

	informant's space.	and other documents needed		Records	
7.	Sign logbook.	Let informant sign the logbook and instruct client to proceed to: *Certificate of Live Birth: LCR for registration *Death Certificate: RHU for MHO's signature and then to LCR for registration	1-2 minutes	Medical Records	Certificate o Live Birth/ Death Certificate
		Fill-out the Client	Satisfaction Rating	Form	

SECURING A MEDICAL RECORD

Schedule of Availability of Service:

8:00 am – 5:00 pm Mondays to Fridays

Who May Avail of the Service:

- · Patient of legal age
- Parent or Legal Guardian for Minor or Incompetent Patient
- Nearest kin
- Authorized Representative

What are the Requirements:

- 1. OPD, Admission or ER Record
- 2. Official Receipt
- 3. In the absence of the patient:
 - -Authorization and identification card of the patient
 - -Valid identification card of authorized representative

Duration: For simple transaction:

Certificate of Confinement – 25 mins

Medical Certificate – 1 day for In Patient & 25 mins for Out Patients

Medical Abstract – 1 day if attending physician is on duty

Insurance Forms – 1 day if attending physician is on duty

Laboratory Results – 5-15 mins

For complex transaction: until physician is available

Patients whose attending physicians are either by appointment schedule, visiting or out of the country.

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	ì	
1.	Proceed to Medical Records Section and state your request.	Interview and verifies Client's/Patient' request. Explain processing time	5 mins	Medical Records			

		and foos				
2.	Pay applicable fees.	and fees Receive payment and issue official receipt. Advice client to go to the Medical Records	5 mins	Cashier	Certificate of Confinement - 30.00 Medical Certificate - 30.00 (Local use) 100.00 (Abroad) Medical Abstract - 30.00 Insurance - 100.00 Laboratory Results - 3.00/copy	
3.	Submit the official receipt to the medical records. Provide insurance form for Insurance	Process request of client or patient. Ask patient to claim requested record as scheduled	5-10 mins	Medical Records		Official Receipt Insurance Form
4.	Claim requested record as scheduled	Issue requested record to client or patient	3 mins	Medical Records		
5.	Sign logbook	Document the release of requested record.	1-2 mins	Medical Records		
			Satisfaction Rating	Form		
		END OF	TRANSACTION			

SECURING A RECORD FOR MEDICO LEGAL

Schedule of Availability of Service:

8:00 am – 5:00 pm Mondays to Fridays

Who May Avail of the Service:

- Patient of legal age
- Parent or Legal Guardian for Minor or Incompetent Patient
- Nearest kin
- Authorized Representative

What are the Requirements:

- 4. OPD, Admission or ER Record
- 5. In the absence of the patient:
 - -Authorization and identification card of the patient
 - -Valid identification card of authorized representative

Duration: 11 minutes

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	For	
1.	Proceed to Medical Records Section and request for patient's record	Interview and verifies Client's/Patient' request.	5 mins	Medical Records		\	

2.	Pay applicable fees.	Retrieve patient's record, photocopy and certify the patient's record.	3 mins	Medical Records	Photocopy – 3.00	7
3.	Sign logbook	Document the release of requested record. Accompany patient to RHU and give patient's record to the MHO	3 mins	Medical Records		
		Fill-out the Client	Satisfaction Rating	Form	•	•

AVAILING OF OUTPATIENT CONSULTATION

Schedule of Availability of Service:

Monday to Fridays Friday to Saturday 8:00 a.m. – 12:00 noon 1:00 p.m. – 5:00 p.m.

Who May Avail of the Service:

Anybody whose treatment does not require an overnight stay in Tubigon Community Hospital.

What are the Requirements:

- 1. Patient Information Sheet for Registration
- 2. Filled out OPD Form
- 3. Official Receipt
- 4. Laboratory Results if needed

Duration: 44 to 90 minutes

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	F
1	Go to PACD for Registration/Filling up of forms	Interview and assist patient/companion in filling out forms Register patient	1-3 minutes	PACD: Krizia F. Manigo/Chielo Legaspi		Forn Info
2	Pay Consultation Fee to the cashier	Receive payment & issues official receipts	1-2 minutes	Cashier	130.00	
3	Go to the OPD Section Present Official Receipt (OR)	Interview patient, take vital signs and record to the OPD Form	1-3 minutes	Aileen Lamanilao, RN OPD Nurse		OF
3	Go to the OPD Physician when called.	Assess the patient Prescribe medications and/or laboratory examinations	5-10 minutes	Meyzadel B. Mante, MD OPD Physician		OPD
4	Listen to the instruction	Give instructions on medications, laboratory tests and follow up.	5 mins	Aileen Lamanilao, RN OPD Nurse		OPD For
4	If for laboratory work up, go	Receive payment and	1-2 minutes	Cashier	Case to	Laboratory

	to the cashier for payment of desired laboratory test.	issue Official Receipt (OR)			se as',	₹
5	Go to the laboratory for laboratory desired examination Wait for the result.	Receive the laboratory request. Process laboratory exam	1-3 minutes 30 minutes to 1 hour	Madelyn Piezas, RMT John Mark Ochavillo, RMT Mar Aquiles		OR Laborator Request
6	Once result is in, patient send result back to the OPD Section for reassessment	Attach laboratory result to the OPD form and forward to the OPD physician	1-3 minutes	Aileen Lamanilao, RN OPD Nurse		Laboratory result
	Approach the physician once called.	Check laboratory result. Prescribe appropriate medicines and give medical advise. If needed, advice admission.	3-5 minutes	Meyzadel B. Mante, MD OPD Physician		Prescription
-		Fill-out the Client Sati	sfaction Rating Forn	n		

AVAILING DENTAL SERVICES

Schedule of Availability of Service:

8:00 am - 5:00 pm Tuesdays to Saturdays

Who May Avail of the Service:

Anyone who needs dental care to maintain a healthy teeth and to prevent dental disorders.

What are the Requirements:

6. Medical Clearance for tooth extraction

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	
1	Go to PACD for inquiries.	Direct patient/client to go to the Dental Clinic	1-2 minutes	PACD: Krizia F. Manigo/Chielo Legaspi		
2	Get priority number at the Dental Clinic.	Retrieve old record, make new record for new client. Interview and get vital signs for clients who will undergo tooth extraction.	1-3 minutes	Ma. Cristina Bagolor Dental Aide		
3	Go to the dentist when called.	Conduct consultation then perform necessary procedure. After the procedure direct client to go to the cashier.	Case to case basis	Dr. Jonalyn N. Resullar		
4	Go to the cashier for payment. * Extraction:	Receive charge slip and payment and issue Official Receipt.	1-2 minutes	Cashier	C	harge \

> Adult	250.00
▶ Pedia	200.
> Topical	100.00
Restoration:	
Permanent	350.00
➤ Temporary	200.00
❖ Scaling/Polishing:	
➤ Severe	400.00
➤ Moderate	300.00
> Mild	200.00

Fill-out the Client Satisfaction Rating Form

END OF TRANSACTION

AVAILING LABORATORY EXAMINATION

Schedule of Availability of Service:

7:00am – 5:00pm Daily

Who May Avail of the Service:

Anybody to facilitate the doctors determine a diagnosis, plan treatment, check to see if treatment is working, or monitor the disease over time.

What are the Requirements:

- 7. Laboratory Request Form
- 8. Official Receipt
- 9. Specimen

Duration: 30 minutes to 70 minutes

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	For
1.	Approach PACD for inquiries and registration Present laboratory request.	Receive laboratory request Instruct to pay for laboratory request Give specimen bottle if needed	1-3 minutes	Krizia F. Manigo / Chielo Legaspi		
	For new patients with laboratory request: Fill out applicable forms.	Assist patient in filling out applicable forms Process registration for new patients	3-5 minutes	Krizia F. Manigo / Chielo Legaspi		
	For patients without laboratory request: Advised to consult a doctor for desired laboratory test.	Advice client to seek consultation first for desired laboratory test.				
2	Pay desired laboratory test: ❖ Anti-Treponema Pallidum/Syphillis Ab Testing ❖ Blood Chemistry	Receive Laboratory Request and payment	1-2 minutes	Cashier	250.00	Laborator Request Form

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1					100.00	
1	Count (CBC)					
	CBC with Platelet				170.00	
	Count (Automation)					
1					110.00	
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1	Hematocrit					
1	Hematocrit				75.00	
1	> Platelet Count				100.00	
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1	❖ Newborn Screening				660.00	
1					165.00	
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1	Pregnancy Test				200.00	
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1	❖ Serology:					
1					222.02	
1	➤ Blood Typing (A,B,O)				330.00	
1	Dengue IgG/IgM				550.00	
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1	➤ IgG/IgM for				390.00	
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1	Proceed to Laboratory and	Receive Laboratory				Labor
1	present Laboratory request	Request form and O.R		Ochavillo,		Requ
1				RMT/		
3	and Official Receipt	and instruct patient for	1-3 minutes	Madelyn		Fori
		the procedure	1 5 mmates			
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1				Mar Aquiles,		Receipt
1				Lab Tech		Keceipi
<u> </u>	Give enecimen or account	Pagaina and		MedTech/		
4.	Give specimen or cooperate	Receive specimen and	3-5 minutes			1
L	with the procedure	perform procedure.		LabTech		
				MadTada/		
	Wait for the laboratory	l	20.50	Med Lech/		1
5.	Wait for the laboratory result	Process laboratory tests	30-60 minutes	MedTech/ LabTech		,



6.	Receive the Laboratory results.	Release laboratory result.	1-3 minutes	MedTech/ LabTech				O f	ia p	
	Fill-out the Client Satisfaction Rating Form									

${\bf AVAILING\ ADMISSION\ and\ DISCHARGE}$

Schedule of Availability of Service:

Daily, 24 hours

Who May Avail of the Service:

A patient who will be provided with room, board, and continuous nursing and medical service.

What are the Requirements:

10. PhilHealth requirements if a member

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstan ces)	Person in Charge	Fees	Form
1	Go to the Emergency Room	Interview the patient and record reason for admission. Taking of vital signs. Retrieval of old record if there is any. Ask if she/he is a Philhealth member. SO is advised to go to the Philhealth Office for the requirements. Inform the ROD.	3-5 minutes	ER Nurse		Admi Ch Adm S
2	Wait while the doctor is doing examination. Answer pertinent patient information asked by the doctor regarding her/his condition.	Examines the patient, takes patient's history and writes an admission order.	5-15 minutes	Resident on Duty		Adı (
3	Sign Consent for Admission	Let patient/SO sign the Consent for Admission Sheet. Carries out Doctor's Order. Completes all necessary data in the admission forms. Records patient's data to the ER Logbook,	Case to case basis	ER Nurse		Adr C ER C Sh Labora Request F

		Admission Logbook, Census. Transport and endorse patient to ward.				
4	Upon Discharge: Ask the doctor during rounds for discharge order.	ROD writes discharge order to the patient's chart.	3-5 minutes	Resident on Duty		Patient's Admission Chart
5	Go to the PhilHealth Office to inquire and submit the requirements.	Carries out doctor's discharge order. Facilitate patient if Philhealth requirements are already submitted. Forward chart to Philhealth Office for clearance, to the Pharmacy then to the Billing Section.	5-15 minutes	Ward Nurse on Duty		Admission Chart
6		Check for completeness of Philhealth requirements Sign Clearance Slip Forward chart to the Pharmacy	1-3 minutes	Mara Joyce Torreon, RN / Hazel Balaga, RN / Quennie Mag- uyon, RN		Portal (PhilHealth Benefit Eligibility Form) CF1, MDR Pvt Categ
7	Wait for the bill.	Check all medicines and supplies used during admission and stay in the hospital. Sign Clearance Slip Forward Chart to the Billing Section	3-5 minutes	Ma. Jennifer Añora Pharmacist/ Raquel Bagolor / Angelie Joy Villarobe Clerk, Pharmacy		Patient' Charge Cleara
8	Wait while the bill is still being processed. Hospital Fee: Private Room without TV, Aircon and Meals Private Room with AC. TV and Meals Semi Pvt Room Ward ER Stay Medicines Supplies	Bill all medicines, supplies and the patient's stay in the hospital. Attach to the bill the following Forms to be filled out by the patient: CF2 Page 2 Waiver Sign Clearance Slip Forward bill to the nurse Station	5-10 minutes	Juville Masing / Ma. Kristina Cordova	1000.00 1200.00 500.00 150.00 60.00 Case to case basis Case to case	Patien Char Clear
10	Submit OR to the Nurse on Duty at the station and the Clearance Slip	Give discharge instruction and extra medicines. Sign Clearance Slip and advise patient to give the clearance slip to the guard upon exit to the hospital.	1-3 minutes	Ward nurse on Duty		Bi Filled ou signed C Form Waiver Clearance Slip

11	Submit Clearance Slip to the Security Guard.	Receive, sign and keep the Clearance Slip. Cut the Admission Bracelet	1-3 minutes	Security Guard	Clearance Si
		Escort the patient to the transportation.			

Fill-out the Client Satisfaction Rating Form

END OF TRANSACTION

AVAILING OF AMBULANCE SERVICES

Schedule of Availability of Service:

Daily

Who May Avail of the Service:

A patient who needs to be transported to other higher level hospitals for treatment, for further management of illness and of emergency cases.

What are the Requirements:

- 11. Referral note from the ROD
- 12. Official Receipt
- 13. Clearance

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	Forn
1	Process necessary requirements like payment of bills.	Order referral for further management of the patient after given treatment. Fill out Referral Form	3-5 minutes	Resident on Duty		Referra
2	Wait for the processing.	Prepare Referral Form Attach all laboratory result if there is any. Call the patient's hospital of choice for endorsement. Give the bill from ward or charge slip from ER to the patient/SO.	5-15 minutes	ER or Station nurse		Referr Photo labor ray
3	Pay desired hospital bill plus Ambulance Services Fee: ❖ To Tagbilaran City from TCH • Tubigon resident • Non Tubigon resident ❖ Pick up from any point in Tubigon to TCH: • Within 3 km from	Receive bill/charge slip from the patient.	1-2 minutes	Cashier	None 750.00 100.00	

	TCH ■ Additional for every 1 km excess ➡ Ambulance Nurse				200.00	
4	Prepare for transport.	Bring necessary papers for referral.	1-5 minutes	Ambulance Nurse/midwife or Nursing Attendant		Referral S laborator results

Fill-out the Client Satisfaction Rating Form

END OF TRANSACTION

AVAILING OF DELIVERY SERVICES

Schedule of Availability of Service:

Mondays to Fridays 8:00 am – 5:00 pm

Who May Avail of the Service:

Pregnant women having labor pains about to deliver a baby via normal spontaneous vaginal deliveries.

What are the Requirements:

- 14. Admission Chart
- 15. PhilHealth Requirements
- 16. Prenatal Record
- 17. Laboratory Tests Results

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	
1	Go to the ER	Interview and register the patient. Get vital signs, BP, Fetal Height, Fetal Heart Beat Retrieval of old record if there is any. Ask if she is a Philhealth member. SO is advised to go to the Philhealth Office for the requirements. Inform the ROD.	5-10 minutes	ER Nurse		A n
2	Wait while the doctor is doing examination. Answer pertinent patient informations asked by the doctor regarding her condition.	Gives initial orders, performs the initial evaluation & assessment of the patient at ER.	5-15 minutes	Resident on Duty		A n
3	Wait for the admission process to be finished.	Let patient/SO sign the Consent for Admission Sheet.	Case to case basis	ER Nurse		Adm Cha Admissi

					FIGIAL SE
		Carries out Doctor's Order. Completes all necessary data in the admission forms. Records patient's data to the ER Logbook, Admission Logbook, Census. Transport and endorse patient to ward. When patient is on active labor: Transfer patient direct to the Labor			SI
4	Wait for the progress of labor Prepare clothing for the newborn and expectant mother, adult diaper	Room/Delivery Room When patient is on active labor: Transfer patient to the Labor Room or Delivery Room.	Case to case basis	Station Nurse or Midwife	
5	Cooperate during internal examination, labor and delivery.	Labor Watch Assist the patient on the DR table in a lithotomy position as per Doctor's order. Inform the ROD that the patient is ready for the delivery procedure. Assist the ROD during delivery.	Case to case basis	Nurse on Duty or Midwife	
6	After delivery: Breastfeed the baby.	Carries out postpsrtum orders of the ROD & the routine newborn care.	Case to case basis	Nurse on Duty or Midwife	Patie Admi Ch Delin Logi Nun Log
7	Upon Discharge: Prepares all Philhealth reqirement if member, and fill-up Data para Rehistro	Carries out Discharge order of the ROD Carries out doctor's discharge order. Facilitate patient if Philhealth requirements for Philhealth patients are already submitted. Forward chart to Philhealth Office for clearance, to the Pharmacy then to the	5-15 minutes	Ward Nurse on Duty	Admil Cha

Pay the bill. Hospital Fees plus Delivery Fee (Professional Fee): Nulliparous w/ Episiotomy (Primi) Multiparous w/ Episiotomy Multiparous w/ Episiotomy Multiparous w/ Episiotomy Multiparous w/ Episiotomy Give discharge instruction and extra medicines. Sign Clearance Slip and advise patient to give the clearance slip to the guard upon exit to the hospital. Receive, sign and keep the Clearance Slip. Submit Clearance Slip to the Security Guard. Submit Clearance Slip to the Security Guard. Philh It patie. t: Filled out and signed CF2 Form Waiver Filled out and signed CF2 Form Filled out and signed CF2 Form			Billing Section.				WIGIAL SP
Submit OR to the Nurse on Duty at the station and the Clearance Slip Sign Clearance Slip and advise patient to give the clearance slip to the guard upon exit to the hospital. Receive, sign and keep the Clearance Slip. Submit Clearance Slip to the guard upon exit to the hospital. Receive, sign and keep the Clearance Slip. Cut the Admission Bracelet Escort the patient to the transportation. Fill-out the Client Satisfaction Rating Form	8	Hospital Fees plus Delivery Fee (Professional Fee): Nulliparous w/ Episiotomy (Primi) Multiparous w/ Episiotomy Multiparous w/o	Receive and issue official receipt for non Philhealth patient and non- NBB patient. Sign Clearance Slip	1-3 minutes	Cashier	2,000.00	Phi.H tl patie .: Filled out and signed CF2 Form
Submit Clearance Slip to the Clearance Slip. Cut the Admission Bracelet Escort the patient to the transportation. Fill-out the Client Satisfaction Rating Form Receive, sign and keep the Clearance Slip. Clearance Slip. Security Guard Clearance Slip Security Guard Fill-out the Client Satisfaction Rating Form	9	Duty at the station and the	instruction and extra medicines. Sign Clearance Slip and advise patient to give the clearance slip to the guard upon exit to the	1-3 minutes	Ward Nurse		
<u> </u>	10		Receive, sign and keep the Clearance Slip. Cut the Admission Bracelet Escort the patient to the transportation.		·		
					Form		

AVAILING OF PROCEDURES AND TREATMENT OF MI NOR MEDICAL CASES AND EMERGENCIES

Schedule of Availability of Service:

Opens 24 hours a day 7 days a week (24/7)

Who May Avail of the Service:

Anybody who needs minor and emergency treatment.

What are the Requirements:

- 18. Registration
- 19. Filled out Emergency Room (ER) Form
- 20. ER Fee Receipt

Duration:

Case to case basis

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstan ces)	Person in Charge	Fees	Foi
1		Interview the patient or significant others	1-3 minutes	ER Nurse		ER Form Laboratori

						ON THE START START
	Enters Emergency Room	for the reason of seeking treatment while assisting patient to lie on bed.				
		Taking patient's vital signs.				
2	Registration	Ask if the patient already has a record for retrieval of the case number.	1-2 minute	ER Nurse		
3	Listens and cooperates in the treatment given.	Examines, treats and do procedures to the patient. Writes doctor's order.	Case to case basis	Resident Doctor on Duty		ER Form
4	Participates in the procedure.	ER Nurse carries out Doctor's Order.	Case to case basis	ER Nurse		ER Charge Slip
5	Pay desired procedures done and supplies used: > Blood extraction > Catheterization > Circumcision > Excision > Electrocardiogram (ECG) > ECG Reading Fee > Incision and Drainage > Injection > Internal Examination (IE) > IV Insertion > IV Reinsertion > NGT Insertion > NGT Insertion > Removal of foreign bodies > Suction of Secretions > Surgical dressing:	Write the procedure performed in the ER Charge Slip, the medicines and supplies used.	Case to case basis	Cashier	70.00 35.00 600.00 70.00 220.00 30.00 70.00 10.00 80.00 20.00 10.00 70.00 70.00 12.00 25.00 35.00 60.00	ER cha slip
4	2 Sature removal	If patient is for referral: After initial	5-10 minutes	Resident Doctor on Duty	0.00/301011	

		Wait for further advise from the doctor.	treatment has been done, patient and significant others are advised to transfer to higher center. Issue referral note. If patient needs to be admitted: ROD admits the patient.						
	5	Take the ER Charge slip and pay desired payment.	List all used items and give the ER charge slip to the SO for payment.	1-3 minutes	Cashier	Case to case basis	ER Charge Skip		
ſ	Fill-out the Client Satisfaction Rating Form								

AVAILING OF X-RAY SERVICES

Schedule of Availability of Service:

8:00AM – 5:00PM Daily

Who May Avail of the Service:

Anybody with a doctor's request to help diagnose or manage a painful condition.

What are the Requirements:

21. X-ray Request Form

22. Official Receipt

Duration: 5-30 minutes

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	Fo
1	Go to the PACD for inquiries.	Check if patient has request form. Advise patient to go to the cashier for payment.	1-2 minutes	Krizia F. Manigo / Chielo Legaspi	Case to case basis depending on the X-ray request	X- Reque
2	Pay desired examination: Abdominal AP Ankle AP/L Arm AP/L Cervical Spine AP/L/O Cervical Spine AP/L/O Cervical Spine w/ Open Mouth Chest Bucky Coccyx Cranial CXR AP/L Pedia CXR L CXR L CXR PA	Receive X-ray Request, payment and issue official receipt. Refers patient to the X- Ray Department	1-2 minutes	Cashier	330.00 330.00 352.00 330.00 750.00 500.00 275.00 550.00 280.00 198.00 198.00	X- Reques

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	 CXR PA/LDR/LAT CXR PAL Elbow APL Forearm Font AP/O Hand AP/L Hips AP/L Knee AP/L Leg AP/L Lumbo Sacral AP/L Mandible AP/O Modified Sinuses Pelvic AP Shoulder APL Skull AP/L Skull Series Thoracic Lumbar AP/L Water's View Water's View LAT Wrist AP/L READING FEE 				550° 385 J 20° 330.00 440.00 330.00 300.00 330.00 550.00 350.00 390.00 275.00 275.00 275.00 275.00 550.00 275.00 550.00 275.00 550.00	
3	Present the X-ray request and official receipt to the X- ray Technologist	Receives request and record it in the logbook. Perform specific examination. Inform the patient when to come back for the releasing schedule of the X-ray result. Process and prepare X-ray for interpretation of the Radiologist.	5-10 minutes	Helda Bongcales Rad Tech Or Bernardito Amigo X-ray Tech		X-ray Request I Offic Rece
4	Go back to the X-ray Department for the result.	Release the Official X-ray Result to the patient	1-3 days	Helda Bongcales Rad Tech Or Bernardito Amigo X-ray Tech		O R
6	For Admitted patient: Pay reading fee to the cashier with the request form: For NBB patients For NBB patient in Pvt room Fon non-Philhealth patients	Receive X-ray Request, payment and issue official receipt.	1-2 minutes	Cashier	None 55.00- 110.00 55.00- 110.00	Req
7	Give X-ray request form to the X-ray Department	Patient will be brought to the X-ray Department	3-5 minutes minutes	X-ray personnel	Case to case basis	: Requ m
		Fill-out the Client Sar	tisfaction Rating Fo	rm		
		END OF TR	ANSACTION			



8:00AM - 5:00PM Daily

Who May Avail of the Service:

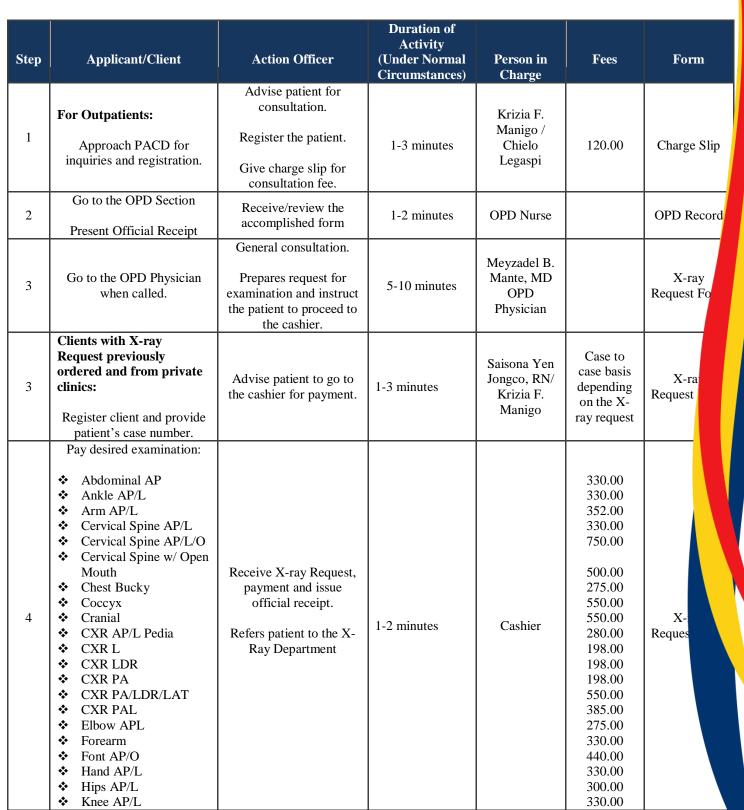
Anybody with a doctor's request to help diagnose or manage a painful condition.

What are the Requirements:

23. X-ray Request Form

24. Official Receipt

Duration: Taking of Result 1 to 3 days





Leg AP/L Lumba Sacral AP/L Mandible AP/O Modified Sinuses Pelvic AP Shoulder APL Skull AP/L Skull AP/L Skull AP/L Skull AP/L Skull AP/L Water's View Hard Wrist AP/L READING FEE Receives request and record it in the logbook. Perform specific examination. Inform the patient when to come back for the releasing schedule of the X-ray tresult. Process and prepare X-ray for interpretation of the Radiologist. Gio back to the X-ray Department for the result. Release the Official X-ray Result to the patient For In Patients: Informed by the ROD of the procedure. For In Patients: Informed by the ROD of the procedure. Fill up the X-ray request form. Give request Form to the SO and advise to pay for the reading fee. For NBB patients Fin non-Philhealth patients Fill-out the Client Satisfaction Rating Form						PI GIA
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END OF TRANSACTION				rm	110.00	