



City Health Office Frontline Services



1. Medical Outpatient Consultation and Treatment Services

This is to provide Primary Health Care Services through diagnosing, treating illnesses, and give appropriate medical services to the constituents of the city and other nearby places. Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries, Indigenous People (IPs), National Household Targeting Survey (NHTS) beneficiaries are entitled to free outpatient consultations. Service is available at the City Health Office-Outpatient and Safe Birthing Facility, Barangay New Pandan, Panabo City.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip (1 Original Copy)		Barangay Health Station		
Individual Treatment Record		CHO-Outpatient and Safe Birthing Facility		
Consent Form (1 Original Copy)		CHO-Outpatient and Safe Birthing Facility		
Philhealth ID, MDR, or any valid ID		Philhealth, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Referral Slip, fill-out Individual Treatment Record, Consent Form and present Philhealth ID, MDR, or any valid ID	1. Receive referral slip, take vital signs, conduct general assessment, encode data in the Electronic Medical Records (iClinicSys), enlist in Philhealth and endorse to Philhealth Claims Section 1.1 Assist the client on Philhealth	None	1 Hour	<i>Nurse/ Nurse Aide/ Health Worker</i> CHO-Outpatient and Safe Birthing Facility <i>Clerk</i> Philhealth Claims Section



	Office- Satellite Office at the CHO- Outpatient and Safe Birthing Facility			
<p>3.Go to the Cashier of the City Treasurer's Office- Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>3. Accept payment based on the Order of payment</p> <p>3.1 Issue the Official Receipt</p>	<p>Paying Patients: Panabo residents: PHP 30.00</p> <p>Outside Panabo City: PHP 50.00</p> <p>Non-Paying Patients: Pantawid Familyang Pilipino Program (4Ps), Indigenous People (IPs), National Household Targeting Survey (NHTS) beneficiaries</p>	1 Hour	<p><i>Cashier</i> CTO-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p>
	TOTAL:	<p>For Panabo Residents - PHP 30.00</p> <p>For Residents outside Panabo PHP 50.00</p>	3 Hours	



		For 4Ps, IP, and NHTS beneficiaries - None		
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2. Availment of Animal Bite Treatment

This service intends to give appropriate medication of the animal bite cases to prevent death due to rabies. It also promotes advocacy of responsible pet ownership. Service is available every Monday and Thursday, from 8:00AM to 5:00 PM.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip (1 Original Copy)		Barangay Health Stations		
Individual Treatment Record		CHO-Outpatient and Safe Birthing Facility		
Post-Exposure Prophylaxis (PEP) or Pre-Exposure Prophylaxis Card/ Slip		CHO-Animal Bite Treatment Center		
Conditional Requirement:				
Free Rabies Vaccine Referral Slip (1 Original Copy)		City Mayor's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Referral Slip and wait for the vital signs to be taken CHO-Outpatient and Safe Birthing Facility *Wait for name to be called before proceeding to the consultation room	1. Receive the Referral Slip, interview and record the patient's data in the Individual Treatment Record, take vital signs and inform the client to wait for name to be called before proceeding to the consultation room *conditional step: If the Vaccine is available at CHO and/or if there is a	None	1 Hour	<i>Nurse/ Nurse Aide/ Health Worker</i> CHO-Outpatient and Safe Birthing Facility



	<p>Free Rabies Vaccine Referral Slip from the City Mayor's Office- Vaccine is Free of charge</p> <p>If the Vaccine is not available: Patient will buy/secure the Vaccine</p>			
2. Proceed to the Consultation Room	2. Examine the patient, give prescription and inform the client to proceed to the Nurse/ Nurse Aide/Health Worker	None	10 Minutes	<i>Medical Officer</i> CHO-Outpatient and Safe Birthing Facility
3. Return to the Nurse/ Nurse Aide/ Health Worker and fill out the Animal Bite Form	<p>3. Give the Individual Treatment Record</p> <p>3.1 Carry out Medical Officer's Order</p> <p>3.2 Provide health instruction on medication</p> <p>3.3 Give Tetanus Toxoid as ordered</p> <p>3.4 Instruct the patient to proceed to the Animal Bite treatment room</p>	None	15 Minutes	<i>Nurse/ Nurse Aide/ Health Worker</i> CHO-Outpatient and Safe Birthing Facility



	located inside the City Health Office			
4. Proceed to the Animal Bite treatment room located inside the City Health Office (wait for name to be called by the Nurse/s	<p>4. Register patient's information and provide Animal Bite Treatment Card/PEP Card/PreP Card</p> <p>4.1 Administer the Pre-Exposure or Post-Exposure Treatment with necessary instructions (as needed)</p> <p>4.2 Give the PEP/PreP Card indicating the next schedule of treatment and give health teachings</p> <p>4.3 File the Individual Treatment Record</p>		2 Hours	<i>Nurse</i> Animal Bite Treatment Center
	TOTAL:	None	3 Hours and 25 minutes	



3. Issuance of Medical Certificate

Medical certificate is issued as requirement or supporting document for employment purposes, remand, school requirements, travel and others.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	G2C – Government to Client
Who may avail:	All
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Employment (Public & Private) and Other Purposes:	
Result of Complete Blood Count (CBC) (1 Original Copy)	City Health Office - Laboratory Section
Result of Urinalysis (specimen should not be 1 hour old prior to examination) (1 Original Copy)	City Health Office - Laboratory Section
Result of Stool Exam/Fecalysis (specimen should not be 1 hour old prior to examination) (1 Original Copy)	City Health Office - Laboratory Section
Result of X-ray (not more than 6 months old) (1 Original Copy)	Private Diagnostic Centers/Hospitals
Vital signs result (1 Original Copy)	City Health Office
Request Form (1 Original Copy)	City Health Office
For Remand:	
Vital signs result (1 Original Copy)	City Health Office
Medical Endorsement (1 Original Copy)	Police Station
Request Form (1 Original Copy)	City Health Office
For School Requirement:	
Result of Complete Blood Count (CBC) (1 Original Copy)	City Health Office – Laboratory Section
Vital signs result (1 Original Copy)	City Health Office
Request Form (1 Original Copy)	City Health Office
For Travel Purposes:	
Result of X-ray (not more than 6 months old) (1 Original Copy)	Private Diagnostic Centers/Hospitals
Vital signs result (1 Original Copy)	City Health Office
Request Form (1 Original Copy)	City Health Office



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Fill-out the request form and submit the complete requirements</p> <p>* Make sure to secure Order of Payment that will be issued</p>	<p>1. Receive the request form, verify requirements, take vital signs, encode data in the Electronic Medical Records (iClinicSys)</p> <p>* If the laboratory result is not normal/Vital signs are not normal: Refer the client to the Medical Officer for consultation</p> <p>1.1 Issue order of payment</p> <p>1.2 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office situated inside the CHO-Outpatient and Safe Birthing Facility</p> <p>1.3 Prepare the Certificate and have it signed by the City Health Officer</p>	None	1 Hour	<p><i>Nurse/ Nurse Aide/ Health Worker</i> CHO-Outpatient and Safe Birthing Facility</p>



<p>2. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>2. Accept payment based on the Order of payment</p> <p>2.1 Issue the Official Receipt</p>	<p>Employment and Other Purposes PHP 60.00</p> <p>School requirement - PHP 30.00</p>	<p>1 Hour</p>	<p><i>Cashier</i> CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility</p>
<p>3. Return to the Nurse/ Nurse Aide/ Health Worker at the CHO-Outpatient to present the Official Receipt and claim the Medical Certificate</p> <p>* Make sure to sign the logbook upon receipt of the certificate</p>	<p>3. Receive, verify and record the official receipt</p> <p>3.1 Release / Issue the Medical Certificate</p> <p>3.2 Advise client to sign the logbook</p>	<p>None</p>	<p>30 Minutes</p>	<p><i>Nurse/ Nurse Aide/ Health Worker</i> CHO-Outpatient and Safe Birthing Facility</p>
	<p>TOTAL:</p>	<p>For Medical Certificate-Employment and Other Purposes - PHP 60.00</p> <p>For Medical Certificate-School Requirement - PHP 30.00</p>	<p>2 Hours and 30 minutes</p>	



4. Issuance of Medico-Legal Certificate/Medical Certificate for Correction of Entry (SEX)

Medico-legal Certificate is issued to clients if medical testing and examination is undertaken for legal purposes. Medical Certificate for Correction of Entry (Sex) is issued to clients as a basis that he/she has not undergone sex change or sex transplant.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	<ul style="list-style-type: none"> • All victims of Violence against Women (VAW) • Violence against Women and their Children (VAWC) • Physically/Sexually Abused • Citizens with Gender Error in Birth Certificate 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
MEDICO-LEGAL CERTIFICATE				
Referral form for VAWC Cases (1 Original Copy)		CSWDO		
Medical Endorsement (1 Original Copy)		Police Station		
Request Form (1 Original Copy)		CHO-Outpatient and Safe Birthing Facility		
CERTIFICATE FOR CORRECTION OF ENTRY (SEX)				
Birth Certificate (1 Original & 1 Photocopy)		PSA/City Civil Registrar's Office		
Cedula (1 Photocopy)		Barangay Hall		
Barangay Clearance (1 Original Copy)		Barangay Hall		
Correction of Entry Form (1 Original Copy)		City Civil Registrar's Office		
Request Form (1 Original Copy)		CHO-Outpatient and Safe Birthing Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out request form and submit complete requirements	1. Receive and verify the filled-out request form and requirements	None	30 Minutes	Nurse/ Nurse Aide/ Health Worker CHO-Outpatient and Safe Birthing Facility
* Wait for name to be called before proceeding to the	1.1 Inform the client to wait for name to be called before proceeding			



Medical Officer for examination	to the Medical Officer for examination			
2. Proceed to the consultation room	<p>2. For Medico-Legal: Interview, examine the client/victim and record the findings</p> <p>Conditional Step: Refers to the Dentist if dental examination is necessary</p> <p>2.1 For Correction of Entry: Examines the genital of the client</p> <p>2.2 Inform the client to return to the Nurse/ Nurse Aide/ Health Worker</p>	None	30 Minutes	<p><i>Medical Health Officer</i> CHO-Outpatient and Safe Birthing Facility</p>
<p>3. Return to the Nurse/ Nurse Aide/ Health Worker</p> <p>* Make sure to secure Order of Payment that will be issued</p>	<p>3. Issue order of payment</p> <p>3.1 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO-Outpatient and Safe Birthing Facility</p>	None	15 Minutes	<p><i>Nurse/ Nurse Aide/ Health Worker</i> CHO-Outpatient and Safe Birthing Facility</p>



	3.2 Prepare the Certificate and have it signed by the City Health Officer			
4. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO-Outpatient and Safe Birthing Facility * Make sure to secure Official Receipt that will be issued upon payment	4. Accept payment based on the Order of payment 4.1 Issue the Official Receipt	Medico Legal - PHP150.00 Gender Correction- PHP 60.00	1 Hour	<i>Cashier</i> CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
5. Return to the Nurse/ Nurse Aide/ Health Worker to present the Official Receipt and claim the Certificate * Make sure to sign the logbook upon receipt of the Certificate	5. Receive, verify and record the official receipt 5.1 Advise client to sign the logbook 5.2 Release / Issue the Certificate	None	30 Minutes	<i>Nurse/ Nurse Aide/ Health Worker</i> CHO-Outpatient and Safe Birthing Facility
	TOTAL:	For Medico-Legal Certificate PHP 150.00 For Certificate for Correction of Entry (Sex) - PHP 60.00	2 Hours and 45 Minutes	



5. Issuance of Sanitary Permit, Health Card, Transfer of Cadaver Permit, and Exhumation Permit

Sanitary Permit is issued to all business owners with complete requirements. To ensure that safe and quality food is served to the consumers, inspection and evaluation of different public eating places is being conducted. It is pre-requisite for issuance of Business Permits and to determine compliance with PD 856 known as “The Code on Sanitation of the Philippines” and local ordinances on Health and Sanitation.

Health Card is issued to persons involved in the operation and management of an establishment regardless of job description, upon compliance with all the requirements set by the Panabo City Health Office.

Transfer of Cadaver Permit on the other hand is required in the inter-LGU transfer of the cadaver. While Exhumation Permit is required in digging up or removing a dead body from the ground after it has been buried in a cemetery located in Panabo City.

Office or Division:	City Health Office	
Classification:	Highly Technical	
Type of Transaction:	G2C - Government to Client G2B - Government to Business	
Who may avail:	All	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Sanitary Permit	
	Health Card/Certificate (1 Photocopy)	City Health Office - Environmental Health and Sanitation Unit
	Actual Inspection	City Health Office - Environmental Health and Sanitation Unit
	Request Form (1 Original Copy)	City Health Office
	Health Card	
	Result of Complete Blood Count (CBC) (1 Original Copy)	City Health Office - Laboratory Section
	Result of Urinalysis (specimen should not be 1 hour old prior to examination) (1 Original Copy)	City Health Office - Laboratory Section
	Result of Stool Exam/Fecalalysis (specimen should not be 1 hour old prior to examination) (1 Original Copy)	City Health Office - Laboratory Section



Result of X-ray (not more than 6 months old) (1 Original Copy)		Private Diagnostic Centers/Hospitals		
Request Form (1 Original Copy)		City Health Office		
Transfer of Cadaver Permit				
Death Certificate (1 Photocopy)		City Civil Registrar's Office		
Request Form (1 Original Copy)		City Health Office		
Exhumation Permit				
Certificate of Burial in the Cemetery (1 Original Copy)		City Economic Enterprise Management and Development Office		
<ul style="list-style-type: none"> - at least 3 years for Non-Communicable Diseases - at least 6 years for Communicable Diseases 				
Request Form (1 Original Copy)		City Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out request form and submit complete requirements * Make sure to secure Order of Payment that will be issued	1. Receive and verify the filled-out request form and requirements *For Health Card issuance, If the laboratory result is not normal: Refer the client to the Medical Officer for consultation 1.1 Issue order of payment 1.2 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO-City Outpatient	None	50 Minutes	<i>Sanitation Inspector and /or Staff Environmental Health and Sanitation Unit</i>



	and Safe Birthing Facility			
	1.3 Prepare the Certificate and have it signed by the City Health Officer			
2. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO-Outpatient and Safe Birthing Facility * Make sure to secure Official Receipt that will be issued upon payment	2. Accept payment based on the Order of payment 2.1 Issue the Official Receipt	Sanitary Permit: Based on the Local Tax Code depending on the Gross Receipts and Classification of Business: Article 8, Section 77 of the City Ordinance No. 04-09, Series of 2009, "Enacting of Revised Revenue Code of Panabo City-Please refer to Annex ___ as per attached by CTO	1 Hour	<i>Cashier</i> CTO - Satellite Office at the CHO-Outpatient and Safe Birthing Facility



		Health Certificate - PHP 60.00 Transfer of Cadaver: PHP 200.00 Exhumation Permit: PHP 200.00		
3. Return to the Sanitation Inspector and/or Staff to present the Official Receipt and claim the Permit * Make sure to sign the logbook upon receipt of the Sanitary Permit/ Health Card/ Transfer of Cadaver Permit/ Exhumation Permit	3. Receive, verify and record the official receipt 3.1 Advise client to sign the logbook 3.2 Release / Issue the Sanitary Permit/ Health Card/ Transfer of Cadaver Permit/ Exhumation Permit	None	30 Minutes	<i>Sanitation Inspector and /or Staff Environmental Health and Sanitation Unit</i>
	TOTAL:	Sanitary Permit: Based on the Local Tax Code depending on the Gross Receipts and Classification of Business:	2 hours and 20 minutes	



		<p>Article 8, Section 77 of the City Ordinance No. 04-09, Series of 2009, “Enacting of Revised Revenue Code of Panabo City-Please refer to Annex __ as per attached by CTO</p> <p>Health Certificate- Employment – PHP 60.00</p> <p>Transfer of Cadaver Permit - PHP 200.00</p> <p>Exhumation Permit - PHP 200.00</p>		
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6. Availment of Pre-Marriage Orientation and Counseling (PMOC)

Pre-Marriage Orientation and Counseling is a one-day orientation session for couples applying for marriage license that has been instituted by Local Government Units as mandated according to P.D. 965 Article 16 of the New Family Code (1991) which states that all applicants for marriage license must receive instructions on family planning and responsible parenthood. It is designed to provide pre-marrying couples with a realistic overview of what marriage is all about. It aims to contribute to the creation of enabling environment for couples and individuals to manage their fertility goals effectively in the context of Responsible Parenthood and Family Planning and to promote maternal and child health, thereby enabling them to achieve their well-being and development.

Office or Division:	City Health Office			
Classification:	Simple			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All Would-be Couples			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Birth Certificate (1 Photocopy)		PSA/ City Civil Registrar's Office		
Community Tax Certificate (CEDULA) latest (1 Photocopy)		Barangay Hall		
Barangay Certification (Purpose: Marriage License Application) (1 Photocopy)		Barangay Hall		
CEMONAR (if available) (1 Photocopy)		PSA/ City Civil Registrar's Office		
Pre-Marriage Counseling Registration Form (1 Original Copy)		City Health Office-Population Management Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Pre-Marriage Counseling Registration Form and submits the complete requirements * Make sure to secure Order of Payment that will be issued	1. Receives and verifies the filled-out PMC Registration Form and submitted requirements 1.1 Inform the client of the schedule and	None	50 Minutes	<i>Population Program Officer and/or Staff</i> CHO-Population Management Unit



	<p>venue of the PMOC</p> <p>1.2 Orient of the rules during the conduct of the seminar</p> <p>1.3 Issue order of payment</p> <p>1.4 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO-Outpatient and Safe Birthing Facility</p>			
<p>2. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO-Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>2. Accept payment based on the Order of payment</p> <p>2.1 Issue the Official Receipt</p>	<p>Regular Session - PHP 250.00 /couple</p> <p>With foreign partner - PHP 500.00 /couple</p> <p>Special Session - PHP 1,800/ Couple</p>	1 Hour	<p><i>Cashier</i> CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility</p>
<p>3. Return to the Population Program Officer and/or Staff and submit 1</p>	<p>3. Receive the photocopy of the Official Receipt</p>	None	30 Minutes	<p><i>Population Program Officer and/or Staff</i> CHO-Population Management Unit</p>



photocopy of the Official Receipt	3.1 Inform the client to return on the date of their PMOC schedule			
4. Would-be-couples return to the BHW Building, City Health Office, Barangay New Pandan, Panabo City for the PMO and/or PMC session as scheduled	4. Issue the PMO and/or PMC Certificate after the scheduled PMOC session	None	as scheduled	<i>Population Program Officer and/or Staff</i> CHO-Population Management Unit
	TOTAL:	Regular Session - PHP 250.00 Regular Session with foreign partner - PHP 500.00 Special Session - PHP 1,800.00	2 Hours and 20 Minutes	



7. Availment of Laboratory Services (Complete Blood Count, Hemoglobin, Platelet Count, Hematocrit, Blood Typing, Urinalysis, Fecalysis/Stool Examination, Gram Stain, Sputum Exam)

The laboratory provides and interprets analytical and morphological information to assist in the diagnosis of clinical problems. The properly collected specimen allows the laboratory to issue relevant and accurate results and to assist a Medical Officer in the interpretation of the results in the clinical context. Service is available at the Main City Health Office. Receiving of specimen is from Monday to Friday, 8:00AM to 5:00PM, while the cut-off time for the collection of specimen is until 3:00 PM.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form (1 Original Copy)		City Health Office		
Specimen to be examined, if any (for Urine/Stool Exam: Specimen should not be 1 hour old prior to examination)		Requesting Client		
Situational Requirement				
Referral Slip (1 Original Copy)		Doctor / Midwife		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit referral slip or fill-out the request form	1. Receive and verify the request form or referral slip	None	1 Hour	<i>Medical Technologist/ Laboratory Aide Laboratory Section</i>
* Make sure to secure Order of Payment that will be issued	1.1 Issue order of payment 1.2 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite			



4. Returns to the laboratory, present the claim stub, and claim the laboratory result	4. Receive the claim stub 4.1 Release the laboratory result	None	30 Minutes	<i>Medical Technologist/ Laboratory Aide</i> Laboratory Section
	TOTAL:	See table of the Fees attached as Annex "A"	4 hours and 30 minutes	

ANNEX "A"



Laboratory Fees

CBC:	PHP 60.00
Hemoglobin:	PHP 50.00
Platelet Count	PHP 90.00
Hematocrit:	PHP 50.00
Blood Typing:	PHP 50.00
Urinalysis:	PHP 20.00
Fecalysis:	PHP 20.00
Gram Stain:	PHP 60.00
Sputum Exam for pregnant women/ employment:	PHP 60.00



8. Availment of Communicable Diseases Control Services (TB) Treatment

The City Health Office/Main Health Center manages the National Tuberculosis Program. The purpose is to treat patients with tuberculosis. Sputum examination thru Gen Xpert and medicines for the whole course of treatment is provided free of charge. Treatment schedule is available every Tuesday at the Main Health Center from 8:00 am to 5:00 pm.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Any person diagnosed with Tuberculosis (TB)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Individual Treatment Record (ITR)		City Health Office		
Gen Xpert Result (1 Original copy)		City Health Office – Laboratory Section		
Chest X-ray Result (1 Original copy)		Private Facility		
Accompanied by Treatment Partner		Barangay Health Station – Barangay where the patient resides		
Situational Requirements: If the Patient is from other Facility				
Referral Form from referring facility with Gen Xpert result and Chest X-Ray Result (1 Original copy each)		Other Referring Facility		
Accompanied by Treatment Partner		Barangay Health Station – Barangay where the patient resides		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Referral Form and requirements and proceed for treatment	1. Receive and verify the submitted requirements and filled out form 1.2 Interview, take vital signs and record patient's data	None	1 Hour	<i>Nurse In-Charge</i> TB-DOTS at the City Health Office



2. Receive Treatment	<p>2. Provide health teaching/ education</p> <p>2.1 Initiation of treatment and observation of possible drug reaction to patient</p> <p>For negative drug reaction: Patient will be discharged</p> <p>For positive drug reaction: Patient will be referred to physician and given further instructions</p>	None	45 Minutes	Nurse In-Charge TB-DOTS at the City Health Office
	TOTAL:	None	1 Hour and 45 minutes	



9. Availment of Maternal Care Services

Under the supervision of the City Health Office, the 40 Barangay Health Stations in the city provides a comprehensive maternal care services for pregnant and lactating mothers. Rural Health Midwives and Barangay Health Workers monitors the health status of the pregnant women as the child's health depends on the health and nutrition of the mother. Mothers are educated during their visits for the preparation of their upcoming delivery, birth planning/spacing, and also giving emphasis on the importance and benefits of breastfeeding on their infants. Free check-up and consultation is available at the Barangay Health Stations from Monday to Friday, 8:00AM – 5:00PM File.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Pregnant women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
There is no requirement for initial consultation				
Situational Requirement:				
Pre-natal records is required for follow-up consultation		Barangay Health Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Individual Treatment Record and get priority number * Wait for the priority number to be called	1. Receive and verify filled-out ITR, take vital sign and advise client to wait for number to be called	None	30 Minutes	<i>Barangay Health Worker</i> Barangay Health Station
2. Present priority number to the BHW as soon as the number is called	2. Perform Leopold's Maneuver, check fetal heart tone using Doppler, give health	None	30 Minutes	<i>Midwife</i> Barangay Health Station



	teachings, and inform of the schedule of the next visit			
3. Return Individual Treatment Record to the BHW	3. File Individual Treatment Record	None	10 Minutes	<i>Barangay Health Worker</i> Barangay Health Station
	TOTAL:	None	1 hour and 10 minutes	



10. Availment of Immunization Services

Under the supervision of the City Health Office, the Rural Health Midwives in the 40 Barangay Health Stations in the city provide free immunization to infants, 0-12 months old. The infants are vaccinated against the seven (7) immunizable diseases.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Infants and eligible children to be assisted by their parents/guardians <ul style="list-style-type: none"> • birth dose – Hepa B/BCG • 1.5 month (6weeks) - start of Pentavalent/OPV/Pneumococcal Vaccine - 3 doses 1 month interval) • 3.5 months (14 weeks) - IPV • 9 months – Measles Containing Vaccine/IPV2 • 10-12 months – Measles/Mumps/Rubella (MMR) 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
There is no requirement for the initial immunization				
Situational Requirement:				
Immunization record is required for the next immunization		Barangay Health Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Individual Treatment Record and get priority number * wait for the priority number to be called	1. Receive and verify filled-out ITR, take vital signs and advise client to wait for number to be called	None	30 Minutes	<i>Barangay Health Worker</i> Barangay Health Station
2. Present priority number to the BHW as soon as the number is called	2. Perform immunization services, record and signs the immunization record and give health teachings, and inform of the	None	30 Minutes	<i>Midwife</i> Barangay Health Station



	schedule of the next visit			
3. Return Individual Treatment Record to the BHW	3. File Individual Treatment Record	None	10 Minute	<i>Barangay Health Worker</i> Barangay Health Station
	TOTAL:	None	1 Hour and 10 minutes	



11. Availment of Family Planning Services

Under the supervision of the City Health Office, the Rural Health Midwives in the 40 Barangay Health Stations in the city gives basic family planning education, provides information on the various family planning methods, and gives family planning commodity that is suitable for the clients.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Postpartum women, men and women of reproductive age and couples			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
There is no requirement for the initial consultation				
Situational Requirement:				
Family Planning Record is required for the next visit		Barangay Health Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Individual Treatment Record and get priority number * wait for the priority number to be called	1. Receive and verify filled-out ITR, take vital signs and advise client to wait for number to be called	None	30 Minutes	<i>Barangay Health Worker</i> Barangay Health Station
2. Present priority number to the BHW as soon as the number is called	2. Conduct one on one family planning counseling to client and administer family planning services based on client's needs and informed choice	None	1 Hour	<i>Midwife</i> Barangay Health Station



3. Return Individual Treatment Record to the BHW	3. File Individual Treatment Record	None	10 Minute	<i>Barangay Health Worker</i> Barangay Health Station
	TOTAL:	None	1 hour and 40 minutes	



12. Availment of Dental Services

This service provides oral examination, extraction and dental health education to clients. Pre-school children are also taught on developing and practicing desirable oral health habits and behavior to prevent dental diseases.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fasting Blood Sugar (FBS) Result (30 years old and above) – (1 Original Copy)		City Health Office – Laboratory Section		
Blood Pressure (BP) Result - (1 Original Copy)		City Health Office		
Request Form (1 Original Copy)		City Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out request form and submit the requirements	1. Receive and verify filled-out form, take vital signs 1.1 Inform the client to proceed to the Dentist	None	30 Minutes	<i>Dental Hygienist</i> Dental Clinic
2. Proceed to the Dentist * Make sure to secure Order of Payment that will be issued	2. Interviews and assess the patient 2.1 Issue order of payment 2.2 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO- Outpatient and	None	20 Minutes	<i>Dentist</i> Dental Section <i>Dental Hygienist</i> Dental Clinic



	Safe Birthing Facility			
<p>3. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>3. Accept payment based on the Order of payment</p> <p>3.1 Issue the Official Receipt</p>	<p>Tooth Extraction Child: Anterior tooth - PHP 50</p> <p>Posterior tooth - PHP 75</p> <p>Adult: Central-Lateral Incisors: PHP100</p> <p>Canine-Molar: PHP150</p> <p>Root Fragment & Fracture: PHP 150</p>	1 Hour and 20 minutes	<p><i>Cashier</i> CTO-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p>
<p>4. Return to the Dental Clinic and present the Official Receipt</p>	<p>4. Record the payment</p> <p>4.1 Record oral condition, conduct oral examination and give health education</p> <p>4.2 Perform tooth extraction</p> <p>4.3 Give prescription and</p>	None	1 Hour	<p><i>Dental Hygienist</i> Dental Clinic</p> <p><i>Dentist</i> Dental Clinic</p>



	home care instruction			<i>Dental Hygienist</i> Dental Clinic
	4.4 Wash/Clean and sterilize the instruments and disinfect the room			
	TOTAL:	Tooth Extraction of Child-Anterior - PHP 50.00 Tooth Extraction of Child-Posterior - PHP 75.00 Tooth Extraction of Adult-Central Lateral Incisors - PHP 100.00 Tooth Extraction of Adult-Canine Molar - PHP 150.00 Tooth Extraction of Adult-Root Fragment and Fracture - PHP 150.00	3 hours and 10 minutes	



13. Issuance of Dental Certificate (Employment and School Requirement)

Dental Certificate is issued for various purposes such as school, employment requirements, etc.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Employees/Students/Applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form (1 Original Copy)		City Health Office		
Result of X-ray (not more than 6 months old) (1 Original Copy) (if applicable)		Private Diagnostic Centers/Hospitals		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out the request form	1. Receive and log the request 1.1 Inform to proceed to the dentist	None	30 Minutes	<i>Dental Hygienist</i> Dental Clinic
2. Proceed to the Dentist * Make sure to secure Order of Payment that will be issued	2. Interview and assess the patient, and give health teaching 2.1 Record Oral Condition 2.2 Issue order of payment 2.3 Direct the client to pay the required fee at the Cashier of the City Treasurer's	None	20 Minutes	<i>Dentist</i> Dental Clinic <i>Dental Hygienist</i> Dental Clinic



	<p>Office- Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>2.4 Prepare the Certificate and have it signed by the City Health Officer</p> <p>* For clients with X-Ray result: interpret the result</p> <p>* For pregnant women: examine the oral condition, give basic oral health services and give prescription (if necessary)</p> <p>* Refer to higher facility if there is a need for another oral procedure</p>			<p><i>Dentist</i> Dental Clinic</p>
<p>3. Go to the Cashier of the City Treasurer's Office- Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>3. Accept payment based on the Order of payment</p> <p>3.1 Issue the Official Receipt</p>	<p>Student - PHP 30.00</p> <p>Applicant/ Abroad - PHP 50.00</p> <p>Senior Citizens -</p>	<p>1 Hour</p>	<p><i>Cashier</i> CTO-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p>



		PHP 50.00 less 20% discount		
4. Return to the Dental Clinic, present the Official Receipt, and claim the Certificate	4. Verify the official receipt 4.1 Release / Issue the Dental Certificate	None	30 Minutes	<i>Dental Hygienist</i> Dental Clinic
	TOTAL:	For Student - PHP 30.00 For Applicant/ Abroad - PHP 50.00 For Senior Citizens - PHP 50.00 less 20% discount	2 Hours and 20 minutes	



14. Issuance of Pink Card

Pink Card is issued to commercial sex workers and/or registered sex workers after submission of Health Card and Gram Stain/Smear with normal results.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Commercial/Registered Sex Workers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Gram Stain/Smear Result with no Sexually Transmitted Disease/Infection (1 Original Copy)		City Health Office		
Health Certificate (1 Original Copy)		City Health Office		
Community Tax Certificate (1 Original Copy)		Barangay Hall		
1 pc. 1x1 ID Picture		Requesting Client		
2 pcs. 2x2 ID Picture		Requesting Client		
Request Form (1 Original Copy)		City Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out the request form and submit the requirements * Make sure to secure Order of Payment that will be issued	1. Receive and verify the filled-out form and submitted requirements 1.1 Issue order of payment 1.2 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO- Outpatient and Safe Birthing Facility	None	30 Minutes	<i>Nurse</i> Reproductive Health and Wellness



<p>2. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>2. Accept payment based on the Order of payment</p> <p>2.1 Issue the Official Receipt</p>	<p>Pink Card - PHP 100.00</p>	<p>1 Hour</p>	<p><i>Cashier</i> CTO-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p>
<p>3. Return to the Reproductive Health and Wellness, present the Official Receipt and claims the Pink Card</p>	<p>3. Record the payment</p> <p>3.1 Release/Issue the Pink Card</p>	<p>None</p>	<p>30 Minutes</p>	<p><i>Nurse</i> Reproductive Health and Wellness</p>
	<p>TOTAL:</p>	<p>Pink Card - PHP 100.00</p>	<p>2 Hours</p>	



15. Availment of Smear Services

The City Health Office provides smear services which aims to identify and treat clients with sexually transmitted diseases or infections.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	<ul style="list-style-type: none"> Commercial/Registered Sex Workers Any Person who displays signs and symptoms of Sexually Transmitted Infections/Diseases			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Walk-in Clients				
Request Form (1 Original Copy)		City Health Office		
Commercial Sex Worker/ Registered Sex Worker				
Request Form (1 Original Copy)		City Health Office		
Old Pink Card (1 original copy)		Requesting Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out the request form and submit the requirements * Make sure to secure Order of Payment that will be issued	1. Receive and verify the filled-out form and submitted requirements 1.1 Issue order of payment 1.2 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO- Outpatient and Safe Birthing Facility	None	30 Minutes	Nurse Reproductive Health and Wellness



<p>2. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>2. Accept payment based on the Order of payment</p> <p>2.1 Issue the Official Receipt</p>	<p>Smearing - PHP 60.00</p>	<p>1 Hour</p>	<p><i>Cashier</i> CTO-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p>
<p>3. Return to the Reproductive Health and Wellness and present the Official Receipt</p>	<p>3. Record the payment</p> <p>3.1 Interview and Counsel the client</p> <p>3.2 Conduct the Gram Stain/Smear</p> <p>3.3 Advice the client to claim the result after 2 days</p> <p>3.4 Perform the laboratory procedure</p>	<p>None</p>	<p>30 Minutes</p> <p>1 Day</p>	<p><i>Nurse</i> Reproductive Health and Wellness</p> <p><i>Medical Technologist</i> Laboratory Section</p>
<p>4. Return to the Reproductive Health and Wellness and claim the Gram Stain/Smear</p>	<p>4. Release the Gram/Stain Smear</p> <p>* For Gram/Stain Smear with not normal result: Client will be referred to the Doctor on duty for treatment,</p>	<p>None</p>	<p>30 Minutes</p>	<p><i>Nurse</i> Reproductive Health and Wellness</p>



	counseling, and health teachings			
	TOTAL:	Smearing - PHP 60.00	1 day, 2 hours and 30 minutes	



16. Availment of HIV Testing and Counseling

HIV testing and counseling services aim to ensure that people living with HIV are diagnosed and treated early. It also aims to link the clients with negative HIV test to appropriate prevention services.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consent Form (1 Original Copy)		City Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out the consent form	1. Receive the filled-out form 1.1 Pre-HIV Test Counseling 1.2 Inform the client to proceed to the Laboratory Section for the HIV testing	None	1 Hour	<i>DOH Certified HIV Counselor</i> Reproductive Health and Wellness
2. Proceed to the Laboratory Section for the HIV testing	2. Extract blood for the HIV testing 2.1 Advise the client to claim the result after 2 hours 2.2 Perform the laboratory procedure	None	3 Hours	<i>HIV Proficient Medical Technologist</i> Laboratory Section
3. Return to the Reproductive Health	3. Post – HIV Test Counseling	None	30 Minutes	<i>DOH Certified HIV Counselor</i>



and Wellness and claim the result	<p>Conditional Steps for reactive result:</p> <ul style="list-style-type: none"> - Client will be referred to a Treatment Hub (Red Star Clinic, DRMC, Tagum City) - Client will undergo another blood extraction for the confirmatory test (rHIVda) and blood sample will be sent to SPMC, Davao City 			Reproductive Health and Wellness
	TOTAL:	None	4 Hours and 30 minutes	



17. Availment of Safe Birthing Services

The Panabo City Health Office Safe Birthing facility is included in the range of services in the Maternal and Child Health Program mandated by the Department of Health guided by Administrative Order 2016-0035 (National Policy on the Provision of Quality Antenatal Care in All Birthing Centers & Health Facilities Providing Maternal Care Services). Further, as amended in the City Ordinance No. 12 Series 2011 the Panabo Safe Birthing facility is mandated to guarantee access to affordable birthing facility, ensure safe delivery for pregnant mothers & infants, substantially reduce if not eliminate maternal and child mortality and to provide its constituents easy access health care in times of medical crises.

Office or Division:	City Health Office
Classification:	Highly Technical
Type of Transaction:	G2C - Government to Client
Who may avail:	<ol style="list-style-type: none"> 1. LOW RISK PREGNANT WOMEN (uncomplicated pregnancy and no known risk factors) <ul style="list-style-type: none"> • Ages 19-35-year-old • With complete laboratory results (blood typing, complete blood count, urinalysis, hepatitis titer test) • With at least four (4) antenatal visits at the Safe-Birthing Facility 2. Pregnant women who is not considered HIGH RISK PREGNANCY and exhibit no medical evidence of the ff.: <ol style="list-style-type: none"> A. Manifest any of the warning signs and symptoms of pregnancy: <ul style="list-style-type: none"> • Vaginal Spotting/Bleeding • Severe Nausea & Vomiting • Significant Decline in Fetal Movement • Premature Rupture of the Bag of Water/Leaking Bag of Water • Persistent severe headache, dizziness & blurring of vision • Abdominal/Epigastric Pain • Edema of the hands, feet or dace • Fever and Pallor • Seizure or Loss of consciousness • Difficulty of Breathing • Painful Urination • Elevated Blood Pressure B. Known to suffer from pre-pregnancy conditions: <ul style="list-style-type: none"> • Hypertension



- Anemia
- Diabetes Mellitus
- Cardiovascular Diseases
- Obstructive or Restrictive Pulmonary Disease, Bronchial Asthma
- Cancer
- Tuberculosis
- Malaria
- Thyroid Disorder
- Hematologic Disorder (Thalassemia)
- Connective Tissue Disorder
- Musculoskeletal Disorder
- Renal Disease
- HIV
- Infections: Hepatitis, STI's, TORCH and etc.
- Malnutrition
- Previous Cesarean Section or other Abdominal Surgeries
- Seizure Disorder
- Mental Health Conditions

C. Primigravid (G1 – 1st Pregnancy) or Grand-Multigravid (G5 or more)

D. Adolescent Pregnancy (pregnancy among girls ages 10-19 years old regardless of parity)

E. Pregnancy among women who are more than 35 years old regardless of parity

F. Poor Obstetrical History – habitual abortion (>2 consecutive abortions or 3 or more repeated abortions), previous complicated pregnancy (prior preterm delivery, prior stillbirth, neonatal death, previous birth of a fetus with congenital anomaly, patients with anti-phospholipid syndrome)

G. Patients with problems of fetal aging, structure and size. (>40 wks of gestation, fetal growth restriction, macrosomia, unsure of LMP or discrepancy of aging, fetal congenital anomalies, multiple gestation oligohydramnios, polyhydramnios)



	<p>H. Patients in preterm labor (<37 weeks of gestation)</p> <p>I. Placental Abnormalities (e.g. Placenta Previa, Accreta)</p> <p>J. Alcohol & Substance Abuse</p> <p>K. Absence of Antenatal Care</p>			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip		Barangay Health Stations		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of the referral slip	<p>1. Receive referral slip, vital signs taking, data encoding and assist the patient to the Labor Room</p> <p>Conditional Step: Patient with Philhealth (PHIC) – Provide the PHIC Form to the patient's guardian and notify to comply the requirements needed.</p>	None	30 Minutes	<i>Midwife</i> CHO- Outpatient and Safe Birthing Facility
2. Proceed to the Labor Room	<p>2. Conduct general assessment, perform routine vaginal examination (IE) and Leopold's Maneuver</p> <p>2.1 If the patient is on active labor,</p>	None	30-45 Minutes (depends on the patient's time of labor)	<i>Doctor / Midwife</i> CHO- Outpatient and Safe Birthing Facility



	<p>advised the patient to wait and stay stay in the Labor Room</p> <p>2.2 Patient ready for delivery: Transfers the patient to the Delivery Room</p> <p>Conditional Step: Patients with medical problems and/or obstetrical risk factors are referred to higher level of facility immediately (to be transported by the ambulance - free of charge)</p>			
<p>3. Proceed to the Delivery Room</p>	<p>3. Delivers the baby and placenta. Performs post-operative care such as giving of ophthalmic ointment, Vitamin K and Hepa B vaccine to the baby and providing of necessary medicines to the patient and transfers them to the Ward Room</p>	<p>None</p>	<p>3 Hours</p>	<p><i>Medical Officer / Midwife</i> Panabo City Outpatient and Safe Birthing Facility</p>



	<p>Conditional Step: Patients with medical problems during delivery or have a difficulty in giving birth after 3 hours are referred to a higher level of facility immediately (to be transported by the ambulance - free of charge)</p>			
<p>4. Proceed to the Ward Room</p> <p>For patient with no PHIC: Inform the guardian to secure Order of Payment</p>	<p>4. Monitor vital signs and gives health teachings (breastfeeding, immunization and family planning)</p> <p>4.1 Patient with PHIC: Remind the patient's guardian to submit the requirements</p> <p>Conditional Step: Patient with no PHIC: Issue order of payment</p> <p>4.2 Directs the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p>	None	30 Minutes	<p><i>Midwife</i> Panabo City Outpatient and Safe Birthing Facility</p>



<p>5. Go to the Cashier of the City Treasurer's Office-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>5. Accept payment based on the Order of payment</p> <p>5.1 Issue the Official Receipt</p>	<p>With PHIC None</p> <p>Without PHIC PHP 4,650.00</p> <p>(Breakdown: Delivery: P2,500.00 Newborn Screening: PHP1,750.00 and Newborn Hearing Test: PHP 400.00)</p>	<p>1 Hour</p>	<p><i>Cashier</i> CTO-Satellite Office at the CHO- Outpatient and Safe Birthing Facility</p>
<p>6. Wait for further instructions for the schedule of the newborn screening</p>	<p>6. Administer the new born screening after 24 hours from delivery</p>	<p>None</p>	<p>30 Minutes</p>	<p><i>Nurse/Midwife trained on Newborn Screening</i> at the CHO- Outpatient and Safe Birthing Facility</p>
<p>7. With Philhealth: Submit the complete Philhealth requirements</p> <p>Without Philhealth: Present the Official Receipt</p>	<p>7. Discharge the patient as per final assessment</p>	<p>None</p>	<p>30 Minutes</p>	<p><i>Midwife</i> CHO- Outpatient and Safe Birthing Facility</p>
	<p>TOTAL:</p>	<p>For with PHIC – None</p> <p>For NON-PHIC – PHP 4,650.00</p>	<p>6 Hours and 45 Minutes</p>	



18. Availment of First Aid Services

This service evaluates patients and applies the necessary first aid service using the available facilities and medical skills. However, patients requiring definitive care or prolonged life support will be referred to an appropriate health care facility.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the CHO-Outpatient and Safe Birthing Facility	1. Record the patient's data, take vital signs and assist immediately to the Medical Officer for general assessment	None	15 Minutes	<i>Nurse/Nurse Aide/Health Worker</i> CHO-Outpatient and Safe Birthing Facility
2. Submit for general assessment	2. Take/ conduct: > History – Medical and Clinical > Physical Examination > Medical Intervention a. Diagnosis b. Treatment c. Counseling If needed: Refer to the nearest hospital or the hospital of the patient's choice (to be transported	None	15 Minutes	<i>Medical Officer</i> CHO-Outpatient and Safe Birthing Facility



	<p>by the ambulance - free of charge)</p> <p>2.1 Perform First Aid Services</p> <p>2.2 Issue order of payment</p> <p>2.3 Direct the client and/or the guardian to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office located inside the CHO- Outpatient and Safe Birthing Facility</p> <p>Client with prescription: Inform client and/or guardian to proceed to the Pharmacy</p>		15 Minutes	<i>Nurse</i> CHO-Outpatient and Safe Birthing Facility
<p>4. Go to the Cashier of the City Treasurer's Office- Satellite Office at the CHO-Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>4. Accept payment based on the Order of payment</p> <p>4.1 Issue the Official Receipt</p>	<p>Nebulize - PHP 20.00</p> <p>IVF Insertion - PHP 50.00</p> <p>Injection Fee - PHP 15.00</p> <p>NGT/ Catheter</p>	1 Hour	<i>Cashier</i> CTO-Satellite Office at the Panabo City Outpatient and Safe Birthing Facility



		Insertion - PHP 100.00 Wound Dressing - PHP 30.00 Removal of Suture - PHP 50.00		
5. Patient and/or guardian return to the Nurse and present the Official Receipt	5. Record the payment and give necessary instructions	None	15 Minutes	<i>Nurse</i> Panabo City Outpatient and Safe Birthing Facility
	TOTAL:	Nebulize - PHP 20.00 IVF Insertion - PHP 50.00 Injection Fee - PHP 15.00 NGT/ Catheter Insertion - PHP 100.00 Wound Dressing - PHP 30.00 Removal of Suture - PHP 50.00	2 Hours	



19. Availment of Medicines

The Pharmacy situated at the CHO - Outpatient and Safe Birthing Facility dispenses drugs and medicine to patients, wherever available. Drugs are also dispensed to patients with prescriptions from other clinics or hospitals.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Prescription (1 Original Copy)		Panabo City Outpatient and Safe Birthing Facility, Clinics and Hospitals		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Doctor's prescription * Make sure to secure Order of Payment that will be issued	1. Receive and read the Doctor's prescription 1.1 Issue order of payment 1.2 Direct the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the Panabo City Outpatient and Safe Birthing Facility	None	30 Minutes	<i>Pharmacist and/or Pharmacy Aide Pharmacy Section</i>
2. Go to the Cashier of the City Treasurer's Office- Satellite Office at the Panabo City	2. Accept payment based on the Order of payment	See table of prices of medicines attached as Annex "B"	1 Hour	<i>Cashier CTO-Satellite Office at the Panabo City Outpatient and Safe Birthing Facility</i>



<p>Outpatient and Safe Birthing Facility</p> <p>* Make sure to secure Official Receipt that will be issued upon payment</p>	<p>2.1 Issue the Official Receipt</p>			
<p>3. Present the Official Receipt and claim the medicine</p>	<p>3. Dispense the prescribed medicines (if available) and explain the dose and the frequency of drug intake</p>	<p>None</p>	<p>30 Minutes</p>	<p><i>Pharmacist and/or Pharmacy Aide Pharmacy Section</i></p>
	<p>TOTAL:</p>	<p>See table of prices of medicines attached as Annex "B"</p>	<p>2 Hours</p>	



ANNEX “B”

PHARMACY		
2.3 MMJS		
ALLOPURINOL, 100mg tab	URISOL	0.85
ALLOPURINOL, 300mg tab	ALLUPREX	1.32
AMLODIPINE, 10mg tablet	AMLOTHIX	0.40
Amlodipine 5mg tablet	AMLOTHIX	0.62
AMOXICILLIN , 500mg capsule	AMBIMAX	0.75
ASPIRIN, 80mg tab	SAPHRIN	0.40
B1 ,100mg+B6 5mg+B12 50mcg tab	AMCOVIT	0.45
Calmoseptine 3.5g sachet		27.50
Clonidine 75mcg capsule		3.32
Clopidogrel 75mg tablet	CLOPINOVA	1.80
Cloxacillin 250mg/5ml suspension 60ml	MYRECLOX	9.75
Cloxacillin 500mg capsule		1.40
Co- Amoxiclav 625mg tab	RANICLAV	5.00
Colchicine 0.5mg tab	GOUTSAPH	0.91
D5 0.3% NaCl 500ml		35.00
D5 LR 1L (ENDURE)		35.00
Dexamethasone 4mg/ml amp 2ml ampule		120.00
Diphenhydramine Hcl 50mg/ml 1ml ampule		17.50
Domperidone 5mg/5ml syrup 60ml	ACCEDOME	38.75
Febuxostat 40mg tablet		8.30
DM Furosemide 20mg tablet		0.31
Hydralazine 20mg/ml ampule		135.00
Hydrocortisone Na succinate 250mg pwd vial(CINTADOR)		106.25
Metronidazole 125mg/5ml susp	METROZOLE	9.75
Metronidazole 500mg tablet	MEDIZOLE	0.46
Omeprazole 40mg capsule	XOPRAZOLE PLUS	2.32
Oxytocin 10iu/ml amp	GYNETOCIN	15.00
PNSS 1L	Euomed	35.00



CEFTRIAZONE, 1gm vial	PRFTRIN	17.50
QUALI MEDS		
Cefalexin 100mg/ml drops	DIACEF	10.00
Cefalexin 250mg cap	EXEL	0.92
Ciprofloxacin 500mg tab	CYPROX	1.29
Nifedipine 5mg softgel	NICARDIA	0.90
TT absorbed	Bio-TT	29.00
Golden Dale		
Amoxicillin 100mg/ml drops	MOXYLOR	10.00
Azithromycin 500mg tab	AGYCIN	25.00
Azithromycin 500mg tab	AZCORE	25.00
Cefalexin 100mg/ml drops	DIACEF	10.00
Cefalexin 250mg cap	DIACEF	1.40
Cefalexin 250mg cap	EXEL	1.40
Cefalexin 250mg/5ml susp	EXEL	20.00
Cefalexin 250mg/5ml susp	DIACEF	20.00
Ciprofloxacin 500mg	CIPROSAN	1.90
Clarithromycin 500mg tab	KLARITHIX	n/p
Doxycycline 100mg cap	BIDOX	0.60
HNBB 10mg	HYOSAPH	1.50
Salbutamol 2mg tab	BIOXAL	2.20
4.2 MMJS		
Cefalexin 100mg/ml drops	EXEL	12.50
Cefalexin 250mg cap	FALTERIA-250	1.40
Cefalexin 250mg/5ml susp	DIACEF	21.50
Cefalexin 250mg/5ml susp	EXEL	21.50
Cefalexin 500mg cap	FALTERIA-500	1.75
Cefalexin 500mg cap	EXEL	1.75
Ciprofloxacin 500mg tab	CYPROX	1.70
Clarithromycin 500mg	KLARITHIX	8.50
Clarithromycin 250mg/5ml susp	CLARIWELL	205.00
Cotrimoxazole 480mg tab	COTRIMAXOL	87.50
Doxycycline 100mg cap	MYDOXY	1.20
Isoxsuprine 10mg tab	ISOXILAN	10.00
Montelukast 4mg tab	AUROHEX	6.00
Salbutamol+GF cap	DM	1.90



LAB MEDS		
Cotrimoxazole 480mg tab	KATHREX	n/p
Cotrimoxazole 480mg tab	KATHREX	n/p
Mefenamic Acid 50mg/5ml susp	MYREFEN	n/p
Mefenamic Acid 50mg/5ml susp	MYREFEN	n/p
BAYANIHAN		
Azithromycin 500mg tab	AMBIMAX	27.07
Cefuroxime 250mg/5ml susp	SQCEF	146.50
Cefixime 100mg/5ml susp	CEFISALH-100	278.00
Phenylpropanolamine HCL Chlorphenamine Maleate Paracetamol	SYMDEX-D	0.37
OLD FOR SALE		
Salbutamol 2mg tab	VENTREX	0.76
PHO		
Amlodipne 5mg tab DOH		n/p
Chlorphenamine 2mg/5ml syp	RIPHEN	n/p
Ciprofloxacin 500mg	PROVEX	n/p
Ciprofloxacin 500mg	PROVEX	n/p
Cefuroxime 500mg	CEFUSAPH	n/p
Cefuroxime 500mg	CEFUSAPH	n/p
Gliclazide 30mg tab DOH		n/p
Methyldopa 250mg tab	DOPATHYL	n/p
CMO		
Cefixime 100mg/5ml susp	CEFISALH-100	n/p
		n/p
HNBB 10mg tab	VONWELT	n/p
TT absorbed	T-VAC	n/p
CALAMITY MEDICINES		
Doxycycline 100mg cap	MYDOXY	0.70
OPLAN KALINAW		
Cefalexin 100mg/ml drops	DIACEF	n/p
Cefalexin 250mg cap	EXEL	n/p
Cefalexin 250mg cap	FALTERIA-250	n/p



Cefalexin 250mg/5ml susp	DIACEF	n/p
Cefixime 100mg/5ml susp	CEFIXSAPH-100	n/p
Cefixime 200mg tab	UMIXEM-500	n/p
Cotrimoxazole 480mg tab	COTRIMAXOL	n/p
Doxycycline 100mg cap	MYDOXY	n/p
Methyldopa 250mg tab	DOPATHYL	n/p
CVD		
Albendazole 400mg tab	MedEthix	n/p
		n/p
Amlodipine 10mg tab	NORVATROL	n/p
Amlodipine 5mg tablet	AMLOREX	n/p
	JOHNVASC	n/p
Aspirin 80mg tab	PHILPRIN	n/p
B-complex tab	NERVITA	n/p
Losartan 50mg tab	LOSARTRIXX	n/p
Losartan 100mg tab	PRESARTAN-100	n/p
Metformin 500mg tab	GLYCEMET	n/p
GREDU		
Metronidazole 500mg tablet	FLAGEX	n/p
MEDICAL SUPPLIES		
Cotton Balls 300pcs/pack	Adamson	n/p
Cotton Balls 300pcs/pack	Family	n/p
Distilled H2O 6L	ABSOLUTE	n/p
sterile water	Euromed	30.00
hypoallergenic plaster 1 inch bx12's	3M	n/p
D5 0.3% NaCl 500cc	Endure	35.00
D5 LR 1L	Endure	42.50

n/p = no price, donated from different stakeholders



20. Availment of Maternal Care Services at the Safe Birthing Facility

The Safe Birthing facility has services that include, but are limited to prenatal care, normal delivery, newborn care, postpartum care and family planning services. Prenatal service is scheduled every Tuesday every week, this includes prenatal consultation and fetal monitoring, referral to higher level of care for high risk pregnant patients, issuance of laboratory request for quality prenatal care.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Pregnant women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral form		Barangay Health Station		
Situational Requirement: Walk In Patients (no requirements needed)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Individual Treatment Record and get priority number * Wait for the priority number to be called	1. Receive and verify filled-out ITR, take vital sign and advise client to wait for number to be called	None	30 Minutes	<i>Midwife</i> CHO- Outpatient and Safe Birthing Facility
2. Present priority number as soon as the number is called	2. Perform obstetrical history taking, Leopold's Maneuver, check fetal heart tone using Doppler, give health teachings and provide request for laboratory procedures	None	30 Minutes	<i>Midwife</i> CHO- Outpatient and Safe Birthing Facility



	<p>Conditional Step: Patients identified High Risk Pregnancy are referred to a physician in charge of further evaluation and management and subsequently referred to OB Specialist or Higher Level Facility</p>			
3. Return the Individual Treatment Record	3. File Individual Treatment Record	None	10 Minutes	<i>Midwife</i> CHO- Outpatient and Safe Birthing Facility
4. Reading of Laboratory Results and consultation	<p>4. Reading of laboratory results and consultation</p> <p>Conditional Step: Patients with identified abnormalities in the laboratory results are referred to a physician in charge of further evaluation and management</p>	None	30 Minutes to 1 hour	<i>Doctor / Midwife</i> CHO- Outpatient and Safe Birthing Facility
5. Return the Individual Treatment Record	5. File Individual Treatment Record	None	10 Minutes	<i>Midwife</i> CHO- Outpatient and Safe Birthing Facility



6. Reading of Laboratory Results and consultation	6. Reading of laboratory results and consultation Conditional Step: Patients with identified abnormalities in the laboratory results are referred to a physician in charge of further evaluation and management	None	30 Minutes to 1 hour	<i>Doctor / Midwife</i> CHO- Outpatient and Safe Birthing Facility
	TOTAL:	None	1 Hour and 40 minutes	



21. Availment of Family Planning Services at the Safe Birthing Facility

Under the supervision of the City Health Office, the Safe Birthing Facility gives basic family planning education, provides information on the various family planning methods, and gives family planning commodity that is suitable for the clients. Individuals and couples in their reproductive age seeking advice on family planning and responsible parenthood which enables couples and individuals to decide freely and responsibly the number and spacing of their children, through effective access to information and services on modern methods of contraception.

Office or Division:	City Health Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Postpartum women, men and women of reproductive age and couples			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
There is no requirement for the initial consultation				
Situational Requirement: Referral Form		Barangay Health Station		
Family Planning Record is required for the next visit		Barangay Health Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Individual Treatment Record and get priority number * wait for the priority number to be called	1. Receive and verify filled-out ITR, take vital signs and advise client to wait for number to be called	None	10-15 Minutes	Midwife CHO- Outpatient and Safe Birthing Facility
2. Present priority number to the as soon as the number is called	2. Conduct one on one family planning counseling to client and administer family planning services such as Insertion of Progestin	None	1 Hour	Midwife CHO- Outpatient and Safe Birthing Facility



	Subdermal Implant (PSI), Insertion of Intrauterine Device (IUD) based on client's needs and informed choice			
3. Return Individual Treatment and Data Encoding	3.File Individual Treatment Record	None	10 – 15 Minutes	<i>Midwife</i> CHO- Outpatient and Safe Birthing Facility
	TOTAL:	None	1 Hour and 30 Minutes	