City Health Office

External 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 Panabo City Outpatient and Safe Birthing Facility, Barangay New Pandan, Panabo City.

Office or Division:	City Health Office – Primary Care Facility
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 1.1 Assist the client on Philhealth Konsulta registration and answer inquiries	None	1 Hour	*Nurse/ Nurse Aide/ Administrative Aide I* CHO-Outpatient and Safe Birthing Facility

	pertaining to Philhealth.			
<u>For Consultation</u> 1. Proceed to the consultation room	2. Take/ conduct: 2.1.1. History – Medical and Clinical assessment 2.1.2. Physical Examination 2.1.3. Medical Intervention a. Diagnosis b. Treatment c. Counseling d. Refer to higher level of care if necessary	None	1 Hour	*Medical Officer* CHO-Outpatient and Safe Birthing Facility
<u>For Treatment</u> 2.Proceed to the treatment room	* Client with prescription: Inform client to proceed to the Pharmacy for claiming of medicines and/or to nurse station for writing of prescription, or for medical certificate 2.1 Perform nursing health services (wound, dressing, injection, assist suturing) and provides health teaching			*Nurse, Nursing Aide* CHO-Outpatient and Safe Birthing Facility

	2.2 Issue order of payment 2.3 Direct the client to pay the required fee at the Cashier at the Panabo City Outpatient and Safe Birthing Facility			
3.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	3. Accept payment based on the Order of payment 3.1 Issue the Official Receipt	Paying Patients: Panabo residents: PHP 30.00 Outside Panabo City: PHP 50.00 Non-Paying Patients: Pantawid Pamilyang Pilipino Program (4Ps), Indigenous People (IPs), National Household Targeting Survey (NHTS) beneficiaries	1 Hour	*Cashier* CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
	TOTAL:	**For Panabo Residents - PHP 30.00**	**3 Hours**	

		For Residents outside Panabo PHP 50.00 **For 4Ps, IP, and NHTS beneficiaries - None**		

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. The schedule is on Monday (8:00AM to 3:00PM), Tuesday (8:00AM to 11:00AM), Thursday (8:00AM to 3:00PM), and Friday (8:00AM to 11:00AM). Wednesday (8:00AM to 12:00noon) on the other hand is exclusive for Category 3 patients only.

Office or Division:	City Health Office - Public Health Section
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
Member Data Record (original or photocopy)	PhilHealth Office
Valid ID (original or photocopy)	Any Government office
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. 1. Submit the Referral Slip and wait for the vital signs to be taken at the CHO-Outpatient and Safe Birthing Facility *Wait for name to be called before	1. Receive the Referral Slip, interview and record the patient's data in the Individual Treatment Record, take vital signs and assist the client on the registration to Philhealth Konsulta transactions and	None	1 Hour	*Nurse/ Nurse Aide/ Health Worker* CHO-Outpatient and Safe Birthing Facility

proceeding to the consultation room	inquiries. Inform the client to wait for name to be called before proceeding to the consultation room *conditional step: If the Vaccine is available: free of charge For clients with Rabies Vaccine Referral Slip from the Mayor's office, 1 free dose of rabies vaccine. For clients who availed of the Animal Bite Package of PhilHealth, vaccines are free of charge. If the vaccine is not available and none of the conditions above are met, the patient will secure for it			
2. Proceed to the Consultation Room	2. Examine the patient, give prescription and	None	10 Minutes	*Medical Officer* CHO-Outpatient and Safe Birthing Facility

	inform the client to proceed to the pharmacy to claim medicines and then to the Nurse/ Nurse Aide for prescribing additional medications if necessary.			
3. Return to the Nurse at the Nurse's Station	3. Give the Individual Treatment Record 3.1 Carry out Medical Officer's Order 3.2 Provide health instruction on medication 3.3 Give Tetanus Toxoid as ordered 3.4 For Category 3 patients, instruct to proceed to PhilHealth and Accreditation Services Unit for availment of Animal Bite Package 3.5 If client is not Category 3, instruct to proceed to the Animal Bite treatment clinic	None	15 Minutes	*Nurse/ Nurse Aide* CHO-Outpatient and Safe Birthing Facility

	located inside the City Health Office			
4. Proceed to PhilHealth and Accreditation Services Unit located in front of the Nurse's Station at the CHO-Outpatient and Safe Birthing Facility	4. Give the Individual Treatment Record to the PhilHealth staff at the window 4.1 Give the necessary documents i.e Member Data Record and/ or valid ID for perusal 4.2 Staff will print the required forms for signing of the member. 4.3 Instruct PhilHealth member to affix their signature on the documents. 4.4 Once finished, instruct client to proceed to Animal Bite Treatment Clinic and give the documents to the nurse or ABTC staff	None	30 minutes	*Philhealth Staff*
5. Proceed to the Animal Bite treatment room located inside	5. Register patient's information	If the Vaccine is available:	2 hours	*Nurse/Staff* Animal Bite Treatment Center

the City Health Office (wait for name to be called by the Nurses	and provide Animal Bite Treatment Card/PEP Card/ PreP Card 5.1 Receive the complete PHIC documents, client/ member shall affix signature at the Claim Summary Form. 5.2 Indicate in the PEP/ PreP card if the patient has availed the Animal Bite Package. 5.3 Administer the Pre-Exposure or Post-Exposure Treatment with necessary instructions (as needed) 5.4 Give the PEP/PreP Card indicating the next schedule of treatment	Free of charge: w/ Free Rabies Vaccine Referral Slip and if the vaccine is available allocated by the Department of Health. For clients who availed of the Animal Bite Package of PhilHealth, vaccines are free of charge. If the vaccine is not available: the patient will secure for it		

	and give health teachings 5.5 File the Individual Treatment Record			
	TOTAL:	**None**	**3 Hours and 55 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 - Primary Care Facility
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
1. Fill-out the request form and submit the complete requirements * Make sure to secure Order of Payment that will be issued	1. Receive the request form, verify requirements, take vital signs, encode data in the Electronic Medical Records (iClinicSys) * If the laboratory result is not normal/Vital signs are 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 situated inside the CHO-Outpatient and Safe Birthing Facility 1.3 Prepare the Certificate and have it signed by the City Health Officer	None	1 Hour	*Nurse/* *Nurse Aide/* *Health Worker* CHO-Outpatient and Safe Birthing Facility

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	Employment and Other Purposes PHP 60.00 School requirement - PHP 30.00	1 Hour	*Cashier* CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
3. Return to the Nurse/ Nurse Aide/ Health Worker at the CHO-Outpatient to present the Official Receipt and claim the Medical Certificate * Make sure to sign the logbook upon receipt of the certificate	3. Receive, verify and record the official receipt 3.1 Release / Issue the Medical Certificate 3.2 Advise client to sign the logbook	None	30 Minutes	*Nurse/ Nurse Aide/ Health Worker* CHO-Outpatient and Safe Birthing Facility
	TOTAL:	**For Medical Certificate- Employment and Other Purposes - PHP 60.00** **For Medical Certificate- School Requirement - PHP 30.00**	**2 Hours and 30 minutes**	

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 - Primary Care Facility
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Client
Who may avail:	• 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 the Individual Treatment Record, have vital signs taken and submit complete requirements	1. Receive and verify the individual treatment Record and requirements 1.1 Inform the client to wait for name to be called	None	30 Minutes	*Nurse/ Nurse Aide/ Health Worker* CHO-Outpatient and Safe Birthing Facility

* Wait for name to be called before proceeding to the Medical Officer for examination	before proceeding to the Medical Officer for examination			
2. Proceed to the consultation room	2. For Medico-Legal: Interview, examine the client/victim and record the findings Conditional Step: Refers to the Dentist if dental examination is necessary 2.1 For Correction of Entry**:** Examines the genital of the client 2.2 Inform the client to return to the Nurse/ Nurse Aide/ Health Worker	None	30 Minutes	*Medical Officer* CHO-Outpatient and Safe Birthing Facility
3. Return to the Nurse/ Nurse Aide/ Health Worker * Make sure to secure Order of Payment that will be issued	3. Issue order of payment 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	None	15 Minutes	*Nurse/ Nurse Aide/ Health Worker* CHO-Outpatient and Safe Birthing Facility

	Safe Birthing Facility 3.2 Nurse on duty will 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	*Cashier* 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	*Nurse/ Nurse Aide/ Health Worker* 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 Certificate/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 Certificate/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 - Environmental Health and Sanitation Section
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 Certificate/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/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

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) - at least 3 years for Non-Communicable Diseases - at least 6 years for Communicable Diseases		City Economic Enterprise Management and Development 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 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 Certificate/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 and Safe Birthing Facility	None	50 Minutes	*Sanitation Inspector and /or Staff* Environmental Health and Sanitation Unit

	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 Health Certificate - PHP 60.00	1 Hour	*Cashier* CTO - Satellite Office at the CHO-Outpatient and Safe Birthing Facility

		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 Certificate/ 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 Certificate/Card/ Transfer of Cadaver Permit/ Exhumation Permit	None	30 Minutes	*Sanitation Inspector and /or Staff* Environmental Health and Sanitation Unit
	TOTAL:	**Sanitary Permit: Based on the Local Tax Code depending on the Gross Receipts and Classification of Business: Article 8, Section 77 of the City**	**2 hours and 20 minutes**	

		Ordinance No. 04-09, Series of 2009, "Enacting of Revised Revenue Code of Panabo City-Please refer to Annex __ as per attached by CTO **Health Certificate-Employment – PHP 60.00** **Transfer of Cadaver Permit - PHP 200.00** **Exhumation Permit - PHP 200.00**		

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 – Population and Development Section
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 Orientation and Counseling Registration Form and submits the complete requirements and fill-out the Marriage Expectation Inventory Form (MEIF)	1. Receives and verifies the filled-out PMOC Registration Form and submitted requirements 1.1 Issue order of payment	None	50 Minutes	*Population Program Officer and/or Staff* CHO-Population and Development Section

* Make sure to secure Order of Payment that will be issued	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			
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	Total PMO (both are 26 yrs old and above), Both are Filipino Php 300.00; With Foreigner Partner Php 400.00 PMOC (one or both are 18-25 yrs old), Both are Filipino Php 500.00; With Foreigner Partner Php 700.00 Special Session Php 2000	1 Hour	*Cashier* CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
3. Return to the Population Program Officer and/or Staff	3. Receive the photocopy of the Official Receipt	None	30 Minutes	*Population Program Officer and/or Staff*

and submit 1 photocopy of the Official Receipt	3.1 Inform the client to return on the date of their PMOC schedule 3.2 Orient of the rules during the conduct of the seminar			CHO-Population and Development Section
	TOTAL:	**Total PMO (both are 26 yrs old and above), Both are Filipino Php 300.00; With Foreigner Partner Php 400.00** **PMOC (one or both are 18-25 yrs old), Both are Filipino Php 500.00; With Foreigner Partner Php 700.00** **Special Session Php 2000**	**2 Hours and 20 Minutes**	

7. Availment of Laboratory Services (Complete Blood Count, Blood Typing, Urinalysis, Fecalysis, Gram Stain, Sputum Exam, Chemistry)

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 assists a Medical Officer in the interpretation of the results in the clinical context. Service is available at the Main City Health Office. Receiving of client specimen for employment is from Monday, Wednesday, Thursday and Friday, 8:00 AM to 12:00NN and receiving of patient specimen is from Monday to Friday, 8:00AM to 3:00PM.

Office or Division:	City Health Office – Laboratory Section
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
Referral Slip (1 Original Copy)	Doctor / Midwife
Specimen to be examined, if any (for Urine/Stool Exam: Specimen should not be 1 hour old prior to examination)	Requesting Client

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit referral slip or fill-out the request form * Make sure to secure Order of Payment that will be issued	1. Receive and verify the request form or referral slip 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	None	1 Hour	*Medical Technologist/ Laboratory Aide* Laboratory Section

	Safe Birthing Facility			
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	See table down below for the Fees	1 Hour	*Cashier* CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
3. Present the Official Receipt with the specimen to be examined and/or subjects to blood extraction (if applicable)	3. Receive and/or extract the specimen 3.1 Issue claim stub 3.2 For client with referral slip from doctor/midwife: Advice the patient to claim the result after 1 hour For employment purposes: Advice the client to claim the result from 2:00PM to 3:00PM 3.3 Perform the laboratory procedure	None	2 Hours	*Medical Technologist/ Laboratory Aide* Laboratory Section *Medical Technologist* Laboratory Section
4. Returns to the laboratory, present	4. Receive the claim stub	None	30 Minutes	*Medical Technologist/*

the claim stub, and claim the laboratory result	4.1 Release the laboratory result			*Laboratory Aide* Laboratory Section
	TOTAL:	**See table down below for the Fees**	**4 hours and 30 minutes**	

LABORATORY FEES:	**PHP**
Complete Blood Count	150.00
Hemoglobin	50.00
Hematocrit	50.00
Blood typing	50.00
Urinalysis	20.00
Fecalysis	20.00
Gram Stain	60.00
HBsAg	200.00
VDRL	70.00
Pregnancy Test	100.00
Fasting Blood Sugar	60.00
Lipid Profile (Cholesterol,Triglycerides,HDL,LDL)	380.00
Cholesterol	80.00
Creatinine	80.00
Serum Uric Acid	80.00
Blood Urea Nitrogen	80.00
Sputum exam for pregnant women (employment)	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 – Public Health Section
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	*Nurse In-Charge* TB-DOTS at the City Health Office

2. Receive Treatment	2. Provide health teaching/ education 2.1 Initiation of treatment and observation of possible drug reaction to patient For negative drug reaction: Patient will be discharged For positive drug reaction: Patient will be referred to physician and given further instructions	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 – 5:00PMFile.

Office or Division:	City Health Office – Barangay Health Stations
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	*Barangay Health Worker* Barangay Health Station
2. Present priority number to the BHW as soon as the number is called	2. Compute for Age of Gestation and Estimated Date of Delivery, perform Leopold's Maneuver as indicated, check fetal heart tone	None	30 Minutes	*Midwife* Barangay Health Station

	using Doppler, update Birth Plan, give health 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	*Barangay Health Worker* 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 – Barangay Health Stations
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Client
Who may avail:	Infants and eligible children to be assisted by their parents/guardians • birth dose – Hepa B/BCG • 1.5 month (6weeks) - start of Pentavalent/OPV/Pneumoccocal 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	*Barangay Health Worker* 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	*Midwife* Barangay Health Station

	schedule of the next visit			
3. Return Individual Treatment Record to the BHW	3. File Individual Treatment Record	None	10 Minute	*Barangay Health Worker* 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 – Barangay Health Stations
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	*Barangay Health Worker* 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	*Midwife* Barangay Health Station

3. Return Individual Treatment Record to the BHW	3. File Individual Treatment Record	None	10 Minute	*Barangay Health Worker* 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 – Dental Section
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	*Dental Hygienist* 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	30 Minutes	*Dentist* Dental Section *Dental Hygienist* Dental Clinic

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

	home care instruction 4.4 Wash/Clean and sterilize the instruments and disinfect the room			*Dental Hygienist* Dental Clinic
	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 20 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 – Dental Section
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	*Dental Hygienist* 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	*Dentist* Dental Clinic *Dental Hygienist* Dental Clinic

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

		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	*Dental Hygienist* 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 – Public Health Section
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	*Nurse* Reproductive Health and Wellness

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	Pink Card - PHP 100.00	1 Hour	*Cashier* CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
3. Return to the Reproductive Health and Wellness, present the Official Receipt and claims the Pink Card	3. Record the payment 3.1 Release/Issue the Pink Card	None	30 Minutes	*Nurse* Reproductive Health and Wellness
	TOTAL:	**Pink Card - PHP 100.00**	**2 Hours**	

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 – Public Health Section
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Client
Who may avail:	• 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

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	Smearing - PHP 60.00	1 Hour	*Cashier* CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
3. Return to the Reproductive Health and Wellness and present the Official Receipt	3. Record the payment 3.1 Interview and Counsel the client 3.2 Conduct the Gram Stain/Smear 3.3 Advice the client to claim the result after 2 days 3.4 Perform the laboratory procedure	None	30 Minutes 1 Day	*Nurse* Reproductive Health and Wellness *Medical Technologist* Laboratory Section
4. Return to the Reproductive Health and Wellness and claim the Gram Stain/Smear	4. Release the Gram/Stain Smear * For Gram/Stain Smear with not normal result: Client will be referred to the Doctor on duty for treatment,	None	30 Minutes	*Nurse* Reproductive Health and Wellness

	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 – Public Health Section
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	*DOH Certified HIV Counselor* Reproductive Health and Wellness
2. Proceed to the Laboratory Section for the HIV testing	2. Extract blood for the HIV testing 2.1 Advice the client to claim the result after 2 hours 2.2 Perform the laboratory procedure	None	3 Hours	*HIV Proficient Medical Technologist* Laboratory Section
3. Return to the Reproductive Health	3. Post – HIV Test Counseling	None	30 Minutes	*DOH Certified HIV Counselor*

and Wellness and claim the result	Conditional Steps for reactive result: - 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 – Primary Care Facility
Classification:	Highly Technical
Type of Transaction:	G2C - Government to Client
Who may avail:	1. LOW RISK PREGNANT WOMEN (uncomplicated pregnancy and no known risk factors) • 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.: A. Manifest any of the warning signs and symptoms of pregnancy: • 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: • Hypertension • Anemia • Diabetes Mellitus • Cardiovascular Diseases • Obstructive of 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-phospolipid 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, polyhydramnious) H. Patients in preterm labor (<37 weeks of gestation) I. Placental Abnormalities (e.g. Placenta Previa, Accreta) J. Alcohol & Substance Abuse K. Absence of Antenatal Care

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	1. Receive referral slip, vital signs taking, data encoding and assist the patient to the Labor Room Conditional Step: Patient with Philhealth (PHIC) – Provide the PHIC Form to the patient's guardian and notify to comply the requirements needed.	None	30 Minutes	*Midwife* CHO- Outpatient and Safe Birthing Facility
2. Proceed to the Labor Room	2. Conduct general assessment, perform routine vaginal examination (IE) and Leopold's Maneuver	None	30-45 Minutes (depends on the patient's time of labor)	*Doctor / Midwife* CHO- Outpatient and Safe Birthing Facility

	2.1 If the patient is on active labor, advised the patient to wait and stay stay in the Labor Room 2.2 Patient ready for delivery: Transfers the patient to the Delivery Room 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)			
3. Proceed to the Delivery Room	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	None	3 Hours	*Medical Officer / Midwife* Panabo City Outpatient and Safe Birthing Facility

	transfers them to the Ward Room 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)			
4. Proceed to the Ward Room For patient with no PHIC: Inform the guardian to secure Order of Payment	4. Monitor vital signs and gives health teachings (breastfeeding, immunization and family planning) 4.1 Patient with PHIC: Remind the patient's guardian to submit the requirements Conditional Step: Patient with no PHIC: Issue order of payment 4.2 Directs the client to pay the required fee at the Cashier of the City Treasurer's Office- Satellite Office at the CHO-	None	30 Minutes	*Midwife* Panabo City Outpatient and Safe Birthing Facility

	Outpatient and Safe Birthing Facility			
5. 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	5. Accept payment based on the Order of payment 5.1 Issue the Official Receipt	With PHIC None Without PHIC PHP 4,650.00 (Breakdown: Delivery: P2,500.00 Newborn Screening: PHP1,750.00 and Newborn Hearing Test: PHP 200.00)	1 Hour	*Cashier* CTO-Satellite Office at the CHO-Outpatient and Safe Birthing Facility
6. Wait for further instructions for the schedule of the newborn screening	6. Administer the new born screening after 24 hours from delivery	None	30 Minutes	*Nurse/Midwife trained on Newborn* Screening at the CHO-Outpatient and Safe Birthing Facility
7. With Philhealth: Submit the complete Philhealth requirements Without Philhealth: Present the Official Receipt	7. Discharge the patient as per final assessment	None	30 Minutes	*Midwife* CHO- Outpatient and Safe Birthing Facility
	TOTAL:	**For with PHIC –None** **For NON-PHIC – PHP 4,650.00**	**6 Hours and 45 Minutes**	

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 – Primary Care Facility
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	*Nurse/Nurse Aide/Health Worker* 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	None	15 Minutes	*Medical Officer* CHO-Outpatient and Safe Birthing Facility

	(to be transported by the ambulance - free of charge) 2.1 Perform First Aid Services 2.2 Issue order of payment 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 Client with prescription: Inform client and/or guardian to proceed to the Pharmacy		15 Minutes	*Nurse* CHO-Outpatient and Safe Birthing Facility
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	Nebulize - PHP 20.00 IVF Insertion - PHP 50.00 Injection Fee - PHP 15.00 NGT/ Catheter	1 Hour	*Cashier* 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	*Nurse* 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 unit situated at the Panabo City Outpatient and Safe Birthing Facility dispenses drugs and medicine to patients. Wherever available, drugs and medicines are covered free of charge under the Konsulta Package.

Office or Division:	City Health Office – Primary Care Facility
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 Order prescribed in the Individual Treatment Record (ITR)	1. Receive and read the Doctor's order prescribed in the Individual Treatment Record (ITR)	None	3 Minutes	*Pharmacist and/or Pharmacy Aide* Pharmacy Section
2. Issuance of Medicines	2.1 Prepare and dispense available medicines in the Pharmacy that are prescribed and indicated in the Individual Treatment Record (ITR) 2.2 Provide medication counseling and instructions indicate and prescribed in the	None	10 Minutes	*Pharmacist and/or Pharmacy Aide* Pharmacy Section

	Individual Treatment Record (ITR) 2.3 Pack and secure all medicines in the paper envelopes			
3. Proceed to OPD Nurse station for further instructions, issuance of prescription of unavailable medicines in the Pharmacy, other queries, and submission of Individual Treatment Record (ITR)	3. Instruct clients to proceed to the OPD Nurse Station for further instructions, issuance of prescription of unavailable medicines in the Pharmacy, other queries, and submission of Individual Treatment Record (ITR)	None	2 Minutes	*Pharmacist and/or Pharmacy Aide* Pharmacy Section
	TOTAL:		**15 Minutes**	

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 – Primary Care Facility
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	*Midwife* 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	*Midwife* CHO- Outpatient and Safe Birthing Facility

	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			
3. Return the Individual Treatment Record	3. File Individual Treatment Record	None	10 Minutes	*Midwife* CHO- Outpatient and Safe Birthing Facility
4. Reading of Laboratory Results and consultation	4. 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	*Doctor / Midwife* CHO- Outpatient and Safe Birthing Facility
5. Return the Individual Treatment Record	5. File Individual Treatment Record	None	10 Minutes	*Midwife* 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	*Doctor / Midwife* 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 – Primary Care Facility
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	*Midwife* CHO- Outpatient and Safe Birthing Facility
	TOTAL:	**None**	**1 Hour and 30 Minutes**	