

Annex C.1.4: EMORPH Discharge Checklist: Spinal Orthosis
Revised as of September 2022



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph



Case No. _____

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")
	1. Last Name, First Name, Middle Name, Suffix
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>

DISCHARGE CHECKLIST FOR EXPANDED ZMORPH
Spinal Orthosis
Tranche 1

Place a check (✓) mark

CRITERIA FOR DISCHARGE	Yes
1. Spinal orthosis provided is as prescribed with proper alignment and appropriate fit	
2. The [body segment] trunk/torso is free of blisters, vascular compromise, pain, hypersensitivity after 30 minutes of use	
3. Spinal orthosis user possesses competent skill and knowledge regarding donning, doffing, cleaning, precautions and falling techniques	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Rehabilitation Medicine Specialist	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient/Parent/Guardian
Date signed (mm/dd/yyyy)

