

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City Healthline 441-7444 www.philhealth.gov.ph



Date Admitted:
Date Discharged:

CHECKLIST OF MANDATORY and OTHER SERVICES SURGERY FOR CERVICAL CANCER STAGE IA1 – II A1

TRANCHE 1

(Place a ✓ and indicate status or date done or given)

SERVICES 1st Tranche Surgery for Cervical CA Stage IA1-IIA1	Check and Indicate Date Done/ Given	Physician's Name and Signature	Conforme (patient's signature)
 Preoperative Laboratory * CBC Platelet count Blood typing Chest X-ray ECG FBS Na, K, Cl, Ca Creatinine AST/ALT Pro-time Partial Thromboplastin Time Urinalysis Histopathology Imaging:	a		
Preoperative antibiotic Prophylaxis: a. Cefuroxime b. Cefoxitin c. Other antibiotics	a b c		

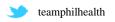


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	SERVICES 1 st Tranche Surgery for Cervical CA Stage IA1-IIA1	Check and Indicate Date Done/ Given	Physician's Name and Signature	Conforme (patient's signature)				
3.	Procedure done For Stage IA1 alone: Extrafascial/Total Hysterectomy with or without bilateral salpingoophorectomy	Date of Procedure :	Gynecologic Oncologist :					
	For stage 1A2 -1B1: Radical Hysterectomy with bilateral pelvic lymphadenectomy, paraortic lymph node sampling Bilateral salpingoophorectomy transposition of ovaries							
	Blood Transfusion Support (if indicated) □FWB □PRBC □FFP							
5.	Postoperative Laboratory: (when indicated, if done) a. CBC with platelet b. ECG c. electrolytes	Check if applicable and place date or NA a b c						
6.	Postoperative Medications (as indicated, when needed) a. Analgesics b. Antibiotics c. Hematinics	Check if applicable and place Status/date or NA a b c						
7.	Completed and Signed Z Satisfaction Questionnaire							
8.	Operative Record							
At	Attested by: Date:							
Na	Name and Signature of Medical Director							





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	Date Admitted:		Bawat miyembro PHOTEK Kalusugan natin SEGURA					
Name of Hospital Name of Patient		Date Dischai	rgea:					
PhilHealth ID Number								
	OF MANDATORY and YEAR YEAR CERVICAL CA	ANCER IA1 – II A1						
	TRANCHE 2							
(Place a ✓ and indicate status or Date done or Given)								
Documents for 2 nd Tranche Surgery for Cervical CA Stage IA1-IIA1	Please check if applicable and indicate date	Name & Signature of Gynecologic Oncologist	Conforme (Signature of Patient)					
1. Medical Certificate of the out-patient follow up consultation (within 2 weeks post-op) with written request for outpatient pap smear 3 months from surgery								
2. Histopathology Result (definitive surgery)								
Attested by: Name and Signature of Medic	cal Director							

Date: _____