Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
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PhilHealthOfficial teamphilhealth

Case No. ________________

CHECKLIST OF MANDATORY AND OTHER SERVICES
Breast Cancer - Post-Surgery

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
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 ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

Place a (✔) in the appropriate tick box.

Clinical Staging, Laterality and Surgical Procedure [a]	
☐ **Left**	☐ **Right**
A. Clinical Staging: ☐ cStage 0 ☐ cStage IA ☐ cStage IB ☐ cStage IIA ☐ cStage IIB ☐ cStage IIIA ☐ cStage IIIB ☐ cStage IIIC ☐ cStage IV	A. Clinical Staging: ☐ cStage 0 ☐ cStage IA ☐ cStage IB ☐ cStage IIA ☐ cStage IIB ☐ cStage IIIA ☐ cStage IIIB ☐ cStage IIIC ☐ cStage IV
B. Procedure: (any of the following) ☐ Partial mastectomy or lumpectomy ☐ Subcutaneous/Simple/Total mastectomy ☐ Modified Radical Mastectomy ☐ Partial mastectomy or Lumpectomy with sentinel lymph node biopsy ☐ Partial mastectomy or Lumpectomy with axillary node dissection ☐ Total Mastectomy with sentinel lymph node biopsy ☐ Modified Radical Mastectomy with skin coverage for IIIB or above	B. Procedure: (any of the following) ☐ Partial mastectomy or lumpectomy ☐ Subcutaneous/Simple/Total mastectomy ☐ Modified Radical Mastectomy ☐ Partial mastectomy or Lumpectomy with sentinel lymph node biopsy ☐ Partial mastectomy or Lumpectomy with axillary node dissection ☐ Total Mastectomy with sentinel lymph node biopsy ☐ Modified Radical Mastectomy with skin coverage for IIIB or above

[a] If bilateral, tick in the appropriate box both laterality, its corresponding clinical staging and surgical procedure

Place a (✔) in the appropriate tick box.

MANDATORY SERVICES	OTHER SERVICES
A. Diagnostics	
	☐ CBC with platelet count*
	☐ Chest X-ray PA and lateral views*
	☐ Ultrasound of whole abdomen*
	☐ ECG
	☐ Creatinine
	☐ PT/PTT
	☐ CP Clearance
	☐ FBS
	Electrolytes*
	☐ Sodium
	☐ Potassium
	☐ Chloride
	☐ Calcium
	☐ Phosphate
	☐ Urinalysis*
	☐ 2D echo**
	☐ Complete list of medicines (antimicrobials, pain relievers, etc) given: (may attach a separate sheet)
	☐ Blood support (cross matching, screening, processing, and transfusion), as needed

*not required for cStage 0 DCIS
**not required for HER2 negative breast cancer

Certified correct by:	Conforme by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Patient
PhilHealth Accreditation No. _ _ _ _ - _ _ _ _ _ _ _ - _	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	