

## Annex C.4.1: Checklist of Mandatory and Other Services for Hormonotherapy Tranche 1



Republic of the Philippines  
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Case No. \_\_\_\_\_

### CHECKLIST OF MANDATORY AND OTHER SERVICES Breast Cancer – Hormonotherapy (Tranche 1)

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

Place a (✓) in the appropriate tick box.

<b>Laterality and Clinical Staging <sup>a</sup></b>	
<input type="checkbox"/> <b>Right</b>	<input type="checkbox"/> <b>Left</b>
<input type="checkbox"/> cStage 0	<input type="checkbox"/> cStage 0
<input type="checkbox"/> cStage IA	<input type="checkbox"/> cStage IA
<input type="checkbox"/> cStage IB	<input type="checkbox"/> cStage IB
<input type="checkbox"/> cStage IIA	<input type="checkbox"/> cStage IIA
<input type="checkbox"/> cStage IIB	<input type="checkbox"/> cStage IIB
<input type="checkbox"/> cStage IIIA	<input type="checkbox"/> cStage IIIA
<input type="checkbox"/> cStage IIIB	<input type="checkbox"/> cStage IIIB
<input type="checkbox"/> cStage IIIC	<input type="checkbox"/> cStage IIIC
<input type="checkbox"/> cStage IV	<input type="checkbox"/> cStage IV

<sup>a</sup> If bilateral, tick in the appropriate box both laterality and its corresponding clinical staging

Place a (✓) in the appropriate tick box if the services is done and indicate the date

<b>SERVICES</b>	<b>DATE OF PRESCRIPTION (mm/dd/yyyy)</b>
Tick one, whichever is applicable  <input type="checkbox"/> Tamoxifen <sup>a b c</sup> (Premenopausal/Postmenopausal)	1. Date: _____ 2. Date: _____ 3. Date: _____ 4. Date: _____ 5. Date: _____ 6. Date: _____

**OR**



<input type="checkbox"/> Anastrozole / Letrozole <sup>b c</sup> (Aromatase Inhibitor) (Postmenopausal)	1. Date: _____
	2. Date: _____
	3. Date: _____
	4. Date: _____
	5. Date: _____
	6. Date: _____

<sup>a</sup> Tamoxifen is given to premenopausal and postmenopausal women, particularly ER+/PR+/HER2neu- patients. For postmenopausal ER+/PR+/HER2neu+ patients, an aromatase inhibitor is preferred

<sup>b</sup> For cStage 0 – IIIC, prescription shall be given every 3 months

<sup>c</sup> For cStage IV prescription shall be given every month

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