Annex C.5.2: Checklist of Mandatory and Other Services for Targeted Therapy - Tranche 2





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
♥ Citystate Centre, 709 Shaw Boulevard, Pasig City
€ (02) 8662-2588 ⊕ www.philhealth.gov.ph
PhilHealthOfficial X teamphilhealth

Case No.

CHECKLIST OF MANDATORY AND OTHER SERVICES Breast Cancer – Targeted Therapy (Tranche 2)

HEALTH FACILITY (HF)				
ADDRESS OF HF				
A. PATIENT	1. Last Name, First Name, Middle Name, SuffixSEX□ 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 (\checkmark) in the appropriate tick box.

Laterality and Clinical Staging ^a			
□ Right	□ Left		
CStage 0	CStage O		
CStage IA	CStage IA		
CStage IB	CStage IB		
CStage IIA	CStage IIA		
CStage IIB	CStage IIB		
CStage IIIA	CStage IIIA		
CStage IIIB	CStage IIIB		
CStage IIIC	CStage IIIC		
CStage IV	CStage IV		

^a If bilateral, tick in the appropriate box both laterality and its corresponding clinical staging

Place a (\checkmark) in the appropriate tick box if the services

is done and indicate the date

SERVICES	DATE OF PRESCRIPTION (mm/dd/yyyy)
	7. Date:
	8. Date:
	9. Date:
□ Trastuzumab (H) ^{a b}	10. Date:
	11. Date:
	12. Date:



SERVICES	DATE OF PRESCRIPTION (mm/dd/yyyy)
□ 2D Echo ^c	Date conducted:
	Granulocyte colony-stimulating factor (G-CSF)
	□ Antiemetic, specify:
	□ Antimicrobials, specify:
	□ Pain relievers, specify:
	□ Other medicines, specify:

- ^a For Her2-positive breast cancer ^b One tranche is equivalent to 6 cycles; maximum of 3 tranches of targeted therapy once in a lifetime ^c Must be done every after 4th cycles of the targeted therapy

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