

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



Republic of the Philippines
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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, 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"/>

Place a (✓) in the appropriate tick box.

Laterality and Clinical Staging^a	
<input type="checkbox"/> Right	<input type="checkbox"/> Left
<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

^a 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

SERVICES	DATE OF PRESCRIPTION (mm/dd/yyyy)
<input type="checkbox"/> Trastuzumab (H) ^{a b}	7. Date: _____
	8. Date: _____
	9. Date: _____
	10. Date: _____
	11. Date: _____
	12. Date: _____



