Case No. _____

Annex "C1.1 – Cervical CA"

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐

CHECKLIST OF MANDATORY and OTHER SERVICES
Surgery for Cervical Cancer Stage IA1, IA2-IIA1

Place a (✓) in the status column if DONE or GIVEN.

MANDATORY SERVICES	Status
1. Preoperative Laboratory:	
a. CBC	
b. Platelet count	
c. Blood typing	
d. Chest X-ray	
e. ECG	
f. FBS	
g. Na, K, Cl, Ca	
h. Creatinine	
i. AST/ALT	
j. Pro-time	
k. Partial Thromboplastin Time, as needed	
l. Urinalysis	
m. Histopathology	
n. Imaging:	
n.1. TV-UTZ	
n.2. CT Scan, as needed or MRI, as needed	
o. Blood support, as needed (screening, processing)	
p. Cystoscopy, as needed	
q. Proctosigmoidoscopy, as needed	

Place a (✓) in the status column if DONE or GIVEN.

MANDATORY SERVICES	Status
2. Preoperative antibiotic prophylaxis	
3. Procedure done, as needed **For Stage IA1 alone:** Extrafascial/Total Hysterectomy with or without bilateral salpingoophorectomy **For stage 1A2 -1B1**: Radical Hysterectomy with bilateral pelvic lymphadenectomy, paraortic lymph node sampling (Tick appropriate box; choose one) ☐ Bilateral salpingoophorectomy ☐ transposition of ovaries	Date of Procedure : (mm/dd/yyyy) _____
4. Blood Transfusion Support, as needed	
5. Postoperative Laboratory, as needed	
a. CBC with platelet	
b. ECG	
c. Electrolytes	
6. Postoperative Medications (as indicated)	
a. Analgesics	
b. Antibiotics	
c. Hematinics	

Certified correct by:	Certified correct by:
(Printed name and signature) Gynecologic Oncologist	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No.	PhilHealth Accreditation No.
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient