



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



Case No. _____

Annex “C1.3 – Cervical CA”

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

CHECKLIST OF MANDATORY and OTHER SERVICES
Chemoradiation with Linear Accelerator
and Brachytherapy (Low/High Dose) for Cervical Cancer

Place a (✓) in the status column if DONE or NA if not applicable.

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	

MANDATORY SERVICES	Status																																			
<p>1. Radiation Treatment Summary</p> <p>A. Pelvic Radiation <input type="checkbox"/> Linear Accelerator</p> <p>B. Brachytherapy <input type="checkbox"/> Low dose rate <input type="checkbox"/> High dose rate</p>	<p>Date of Procedure (start mm/dd/yyyy – end mm/dd/yyyy):</p> <p>_____</p> <p>Dates of Procedure (mm/dd/yyyy)</p> <p>_____</p> <p>_____</p> <p>_____</p>																																			
<p>2. Pre chemotherapy laboratory exams per cycle (as indicated)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Cycle</th> <th>CBC</th> <th>Creatinine</th> <th>Mg</th> <th>Urinalysis</th> </tr> </thead> <tbody> <tr><td>I</td><td></td><td></td><td></td><td></td></tr> <tr><td>II</td><td></td><td></td><td></td><td></td></tr> <tr><td>III</td><td></td><td></td><td></td><td></td></tr> <tr><td>IV</td><td></td><td></td><td></td><td></td></tr> <tr><td>V</td><td></td><td></td><td></td><td></td></tr> <tr><td>VI</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Cycle	CBC	Creatinine	Mg	Urinalysis	I					II					III					IV					V					VI				
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