



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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www.philhealth.gov.ph



Case No. _____

Annex "C1.2- Colon CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

Colon Cancer

Post-Surgery Stage II (High Risk)-III

Tranche 1 of 2

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"/>
MEMBER (<i>if patient is a dependent</i>) (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"/>

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

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Colonoscopy	
2. Histopathology	
3. Surgery (definitive)	
4. Surgery for closure of colostomy/ileostomy, if needed	
Diagnostics:	
5. CT scan of whole abdomen (preferably, triple contrast)	
6. Fasting blood sugar (FBS)	
7. Carcinoembryonic antigen (CEA), as baseline	
8. Complete blood count	
9. Blood typing	
10. Albumin	
11. Creatinine	
12. Chest x-ray (PA-L)	
13. Chest CT, as needed	
14. ECG, as needed	
15. CP clearance, as needed	
16. SGPT, as needed	

