



Case No. _____

Annex “C2.2– Colon CA”

CHECKLIST OF MANDATORY AND OTHER SERVICES
Colon Cancer Stage II (High Risk) -III

Tranche 2 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"/> - <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"/> - <input type="text"/> |

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

| MANDATORY AND OTHER SERVICES | Status |
|--|---------------|
| Medicines | |
| A. Any of the following: | |
| 1. Capecitabine-Oxaliplatin (CapeOX) | |
| 2. Capecitabine | |
| 3. Fluorouracil-Folinic acid-Oxaliplatin (FOLFOX 4) | |
| 4. Fluorouracil-Folinic acid-Oxaliplatin (mFOLFOX 6) | |
| 5. Fluorouracil-Folinic acid (FU-FA) | |
| B. Anti-emetics, specify (as indicated) | |
| C. Antibiotics, specify (as indicated) | |
| D. Pain relievers, specify (as indicated) | |
| Others: Blood support, as needed | |

| | |
|---|---|
| Certified correct by: | Conforme by: |
| (Printed name and signature) Attending Medical Oncologist | (Printed name and signature) Patient |
| PhilHealth Accreditation No. <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"/> - <input type="text"/> | Date signed (mm/dd/yyyy) |
| Date signed (mm/dd/yyyy) | |