

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Citystate Centre Building, 709 Shaw Boulevard, Pasig City Healthline 441-7444 www.philhealth.gov.ph



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
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER

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

	MANDATORY AND OTHER SERVICES	Status							
Medicines									
A. An	y 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. An	ti-emetics, specify (as indicated)								
C. An	tibiotics, specify (as indicated)								
D. Pain relievers, specify (as indicated)									
Others: Bl	ood support, as needed								

Certified correct by:											Conforme by:		
(Printed name and signature)								ture	2)		(Printed name and signature)		
Attending Medical Oncologist								logi	st		Patient		
PhilHealth Accreditation No.				-							-		Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)													

As of September 2015

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