

Annex C1.3: Colon Cancer Stage II (high risk) to III – After last cycle of Chemotherapy

Revised as of December 2022



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

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Case No. _____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Suffix, Middle Name	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

CHECKLIST OF MANDATORY AND OTHER SERVICES

Colon Cancer Stage II (High Risk) –III

After last cycle of chemotherapy

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

MANDATORY SERVICES	OTHER SERVICES (As indicated)
Medicines: Any of the following:	
<input type="checkbox"/> Capecitabine-Oxaliplatin (CapeOX)	
<input type="checkbox"/> Capecitabine	
<input type="checkbox"/> Fluorouracil-Folinic acid- Oxaliplatin (FOLFOX 4)	
<input type="checkbox"/> Fluorouracil-Folinic acid- Oxaliplatin (mFOLFOX 6)	
<input type="checkbox"/> Fluorouracil-Folinic acid (FU-FA)	
	<input type="checkbox"/> Anti-emetics, specify _____
	<input type="checkbox"/> Antimicrobials, specify _____
	<input type="checkbox"/> Pain relievers, specify _____
	Others:
	<input type="checkbox"/> Blood support

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