

Annex C.1.2: EMORPH Discharge Checklist: Upper Limb Prosthesis

Revised as of September 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, Middle Name, Suffix 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, Middle Name, Suffix
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>

DISCHARGE CHECKLIST FOR EXPANDED ZMORPH Upper Limb Prosthesis

Tranche 1

Place a (✓) or NA if not applicable

CRITERIA FOR DISCHARGE	Yes
1. External upper limb prosthesis provided is as prescribed with properly aligned and fitted socket, suspension, cable systems and terminal device	
2. The upper limb stump is free of pain, blister, vascular compromise, hypersensitivity after 30 minutes of use	
3. Upper limb prosthesis provides at the minimum body image completion and maximally assisted upper extremity gross motions	
4. Prosthesis user possesses competent skill and knowledge regarding prosthesis donning, doffing, cleaning, precautions and falling techniques	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Rehabilitation Medicine Specialist	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> - <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient/Parent/Guardian
Date signed (mm/dd/yyyy)

