



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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www.philhealth.gov.ph



Case No. _____

Annex "C1.3– Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

Rectum cancer pre-treatment clinical stage II - III

Tranche 1 of 3

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 (if patient is a dependent) (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"/>

Specify the following:

Clinical stage prior to initiation of treatment	cT:	N:	M:
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Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Colonoscopy	
2. Proctoscopy	
3. Biopsy (after colonoscopy or proctoscopy)	
4. Radiation (preferably, linear accelerator)	
5. Surgery for diversion, if needed	
Diagnostics:	
6. Pelvic MRI or endorectal ultrasound	
7. CT scan of whole abdomen (preferably, triple contrast)	
8. Fasting blood sugar (FBS)	
9. Carcinoembryonic antigen (CEA), as baseline	
10. Complete blood count	
11. Blood typing	
12. Albumin	
13. Creatinine	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Radiation 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"/> - <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

