

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 "C2.3- Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

Rectum cancer pre-treatment clinical stage II - III

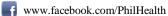
Tranche 2 of 3

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	1				
Place a (✓) if DONE or NA if not applicable in the status column.					
MANDATORY AND OTHER SERVICES	Status				
Procedure:					
1. Surgery (definitive)					
2. Proctoscopy, as indicated					
3. Biopsy, if needed					
Diagnostics:					
4. Complete blood count					
5. Albumin					
6. Creatinine					
7. Pelvic MRI or endorectal ultrasound, as needed					
8. CT scan of whole abdomen (preferably, triple contrast), as needed					
9. Chest CT, as needed					
10. ECG, as needed					
11. CP clearance, as needed					
12. SGPT, as needed					
13. Prothrombin time, as needed					
14. Alkaline phosphatase, as needed					
15. Bilirubin, as needed					

As of September 2015









MANDATORY AND OTHER SERVICES	Status	
16. CEA for monitoring, as needed		
17. SGPT for monitoring, as needed		
18. Creatinine for monitoring, as needed		
19. 2DEchocardiogram, as needed		
Medicines, as indicated		
20. Antibiotics, specify (as indicated)		
21. Pain relievers, specify (as indicated)		
Others: Blood support, as needed		

Certified correct by:	Conforme by:
(Printed name and signature)	(Printed name and signature)
Attending Surgeon	Patient
PhilHealth Accreditation No.	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	



As of September 2015