

Annex C4.3: Rectal Cancer Pre-treatment Clinical Stage II to III – After last cycle of Chemotherapy

Revised as of December 2022



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph



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	
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	

CHECKLIST OF MANDATORY AND OTHER SERVICES

Rectal cancer pre-treatment clinical stage II – III

After last cycle of chemotherapy

Place a (✓) in the appropriate tick box if DONE or GIVEN.

MANDATORY SERVICES	OTHER SERVICES (As needed)
Medicines	
A. Any of the following protocols:	
<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"/> Antiemetics, 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. _____	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	