Republic of the Philippines
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Bawat Pilipino MIYEMBRO
Bawat miyembro PROTEKTADO
Kalusugan natin SEGURADO

Annex "C-Ortho Implants"

DISCHARGE CHECKLIST FOR THE Z BENEFIT
Orthopedic Implants

Single Tranche

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 ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

(Place a ✓opposite appropriate answer)

SITE OF INJURY	☐ Left side ☐ Right side ☐ Both sides
IMPLANT PROVIDED	☐ Total hip prosthesis, cemented ☐ Total hip prosthesis, cementless ☐ Partial hip prosthesis, bipolar ☐ Multiple screw fixation, 6.5 mm cannulated cancellous screws with washer ☐ Compression hip screw set ☐ Proximal femoral locked plate ☐ *Proximal femoral nail* ☐ Intramedullary nail with interlocking screws-*Femur* ☐ *Intramedullary nail with interlocking screws-Tibia* ☐ Locked compression plate – broad, metaphyseal, *proximal* and distal femoral ☐ *Locked compression plate – broad, metaphyseal, proximal and distal tibia*

(place a ✓ if DONE)

MANDATORY SERVICES	Status
1. Orthopedic implant/s provided is/are as prescribed.	
2. The individual code/serial or batch/lot number of each of the implants used is indicated in the Operative Technique of the patient.	
3. The discharge plan is given and explained to the patient.	

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

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