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, Middle Name, Suffix	SEX ☐ Male ☐ 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, Middle Name, Suffix	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

DISCHARGE CHECKLIST FOR ZMORPH
FITTING OF EXTERNAL LOWER LIMB PROSTHESIS BELOW THE KNEE

Place a check mark (✓) on the appropriate lower limb prosthesis:
☐ Right lower limb ☐ Left lower limb ☐ Right and left lower limbs

Place a check (✓) mark

CRITERIA FOR DISCHARGE	Yes
1. External below knee lower limb prosthesis provided is as prescribed with appropriate pressure tolerant & sensitive areas, well-fitting socket, good suspension, aligned shank and stable prosthetic foot while standing and walking.	
2. The below knee stump is free of pain, blister, vascular compromise, hypersensitivity after 30 minutes of prosthetic weight bearing while standing & / or walking.	
3. Prosthesis user ambulates on even and uneven surfaces within expected gait parameters and steps up & down five (5) steps with or without assistive device.	
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. ☐☐☐☐ – ☐☐☐☐☐☐☐☐ – ☐	PhilHealth Accreditation No. ☐☐☐☐ – ☐☐☐☐☐☐☐☐ – ☐
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

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

PhilHealthofficial teamphilhealth actioncenter@philhealth.gov.ph