NAUJAN COMMUNITY HOSPITAL External Services



1. ADMITTING SECTION

This service is provided to patients that require nursing care, receive medications, and undergo tests and/or surgery that can only be performed in the hospital setting (24 hours daily)

Office/Division:	Admitting Section				
Classification:	Simple				
Type of Transaction:	G2C				
Who May Avail:	All patients requiring adn	nission			
CHECKLIST O	F REQUIREMENTS		WHERE T	O SECURE	
1. Clinical Chart (O	riginal, 1 copy)	ER Depa	artment within the	e hospital	
2. Patient Information copy)	on form (Original, 1	Admitting	g section within t	he hospital	
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Sign consent for admission	Explain admission process to the patient	Non e	1 minute	Nurse on Duty Nursing Attendant Midwife	
2.Answer all the information required by the officer	2. Interview / accomplish admission sheet and other related admission requirements	Non e	1 minute	Nurse on Duty Nursing Attendant Midwife	
Identification Number	3.1 Inquire PhilHealth Clerk if patient is an eligible PhilHealth member If PhilHealth member, 3.2 check the validity of PhilHealth membership in the IHCP portal	Non e	3 minutes	Nurse on Duty Nursing Attendant Midwife	
4. Proceed to the Social Service Office for assessment	4. If Non-PhilHealth member, instruct the patient to proceed to the Social Service Office for assessment	None	3 minutes	Social Worker Officer	

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	Total	None	14 minutes	
admitting personnel for escort to the respective room/ward	patient to the respective room/ward	None	1 minute	Nursing Attendant Midwife
6.Cooperate with	6.Transport			Nurse on Duty
interventions needed	for treatment 5.1 Carry out treatment ordered	None		Duty
5.Cooperate in	5. Make orders			Physician on

2. Billing Services Section

Provide proper billing to patients. (daily 8:00am to 5:00pm)

Office/Division:	Hospital Billing Section					
Classification:	Simple					
Type of Transaction:	G2C					
Who May Avail:	All patients for dis other health care facility / OBS	J		atients transferred to		
CHECKLIST OF F	REQUIREMENTS		WHERE 1	TO SECURE		
1. One (1) Original copy of Account	One (1) Original copy of Statement of count					
2. One (1) original copy	of Claim Form 1	Hospita	I Billing Section			
3. One (1) original of Clair	m Form 2	Hospita	l Billing Section			
4. One (1) original copy of Form (CSF)	f Claim Signature	Hospita	I Billing Section			
5. Two (2) original copy of Eligibility Form (PBEF)	PhilHealth Benefit	Hospita	l Billing Section			
CLIENT STEPS	AGENCY STEPS	FEES TO BE PROCESSING PERSON RESPONSIBLE				
❖ For Admitted Pa	❖ For Admitted Patients (ordered for discharge)					
Ensure that all billing documents	Prepare all the necessary	No	5 minutes	Administrative Aide II		

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are ready prior to discharge	hospital billing documents	ne		Administrative Aide I
Sign all the documents requiring client signature	Assist in signing the documents	No ne	1 minute	Administrative Aide II Administrative Aide I
Receive clearance slip	3. Issue clearance slip	No ne	1 minute	Administrative Aide II Administrative Aide I

❖ For ER, OBS, and	Patients for tra	nsfer to	other health ca	are facility
Proceed to the hospital billing section for discharge/transfer of patient	1.Prepare all the		5 minutes	Administrative Aide II Administrative Aide I
2. Receive Statement of Account (SOA)	2. Prepare and issue Statement of Account (SOA) * Refer for medical assistance (if applicable)	None	5 minutes	Administrative Aide II Administrative Aide I
3.Pay hospital charges to the Cashier	payment and issue corresponding	As indicat ed in the SOA	3 minutes	Cash Clerk
4.Present proof of payment to the Nurse on duty	4.Issue gate pass	None	1 minute	Nurse on Duty
ТОТ		As indicate d in the SOA	21 minutes	



3. Birthing/Delivery services

Provide 24 hours of services to pregnant women giving birth and provide consultation, counselling and prenatal care.

Office/Division:	OPD – Delivery Room				
Classification:	Simple				
Type of Transaction:	G2C				
Who May Avail:	All pregnant mothers du	e for delive	ery of baby		
CHECKLIST (OF REQUIREMENTS		WHERE TO SE	CURE	
1. Baby oil (20ml o	f more)	Client			
2. Bulak (big)		Client	1		
3. Alcohol 70% sol	ution 500ml	Client			
4. Baby diaper (5 p	pieces) Client				
5. Adult diaper (5 p	pieces) Client				
6. Lampin (6 pieces	s)	Client			
7. Manuso (1 piece	e) Client				
8. Daster (2 pieces)	Client			
9. Damit o pajama	ng baby (2 pieces)	Client			
10. Medyas at glove	s ng baby (2 pairs)	Client			
11. Bigkis para sa ba	by (2 pieces)	Client			
12. Sombrero ng ba	12. Sombrero ng baby (1 piece)		Client		
13. Unan (2 pieces)		Client			
14. Kumot (1 piece)	Client				
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	



Approach the triage staff	1. Assess patient, conduct history taking and admission orders 1.1 Carry out doctor's order 1.2 Usher to the labor room and monitor progress of labor	None	10 minutes	Nurse I Midwife I
2. Cooperate with the Midwife during delivery of the baby	delivery of the baby	None	1 hour 20 hours	Midwife I Nurse I NA I
	Total:	None	21 hours 10 minutes	



4. Cashiering Services

Accepts payment from clients in the form of cash. Issue the customer's receipt of payment and return the correct change due as necessary for cash payments. (daily 8:00am – 5:00pm)

Office/Division:	Cashier				
Classification:	Simple	Simple			
Type of Transaction:		G2C – Government to Citizen			
Who May Avail:	All paying clie				
CHECKLIST OF	1 1 1 1 1 1 1		WHERE TO SE	CURE	
REQUIREMENTS					
 One (1) original copy of with item cost is for medicines/medic 	(if payment	1. Pharmac	y Section with the	e hospital	
One (1) original copy charge slip payment is for laborate	(if fory test)	2. Hospital	Laboratory Section	on	
One (1) original copy of Statement of Account or SOA			Billing section		
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Cashier the prescription with item cost, laboratory charge slip, and/or SOA		None	2 minutes	Cash Clerk	
3. Pay the required amount	. Receive the payment	As indicated in the prescriptio n, laboratory charge	1 minute	Cash Clerk	

slip, or SOA

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Get the official receipt	4. Issue corresponding official receipt	None	1 minute	Cash Clerk
ТОТА		As indicated in the prescriptio n, laboratory charge slip, or SOA	4 minutes	

5. Dietary Services

Responsible for providing meals and nutritional care and counselling among in-patients (daily)

Of	ffice/Division:	Dietary	Dietary				
CI	assification:	Simple					
Ту	pe of Transaction:	G2C					
W	ho May Avail:	All In-Patients					
	CHECKLIST (REQUIREMEI			WHERE TO	SECURE		
1. (One (1) original copy	y of Diet list	1. Nurse S	Station			
	One original (1) Foo	,	2. Nurse S	Station			
pre	ference of in-patient	t					
	CLIENT STEPS	AGENCY STEPS	TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.	•	1.Study the diet list of patients	Non e	1 minute	Nutritionist Dietician I / Dietary Services Section		
2.	Cooperate in the measurement process	 Measure height and weight of patient 2.1. Compute nutritional requirement * Secure 	Non e	10 minutes	Nutritionist Dietician I / Dietary Services Section		

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	laboratory result/s if any 2.2 Create a meal plan for the patient			
3. Receives Dietary Instructions	Provide dietary instruction and diet plan	None		Nutritionist Dietician I / Dietary Services Section
TOTAL		None	26 minutes	

6. DISCHARGE OF PATIENTS

The hospital will discharge patient when the patient no longer needs to receive inpatient care and can go home; or to send to another health care facility

Of	fice/Division:	Nursing Service			
CI	assification:	Simple			
	pe of ansaction:	G2C – Governme	nt to Citizen		
W	Who May Avail: All attended patients				
	CHECKLIST (REQUIREMEN			WHERE TO S	ECURE
1.	One (1) original copy of Discharge clearance		Nurse Statio	on within the hosp	oital
2.	One original copy of Billing Statement		Billing Section within the hospital		
	CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Secure Notice for Discharge	1. Verify doctor's order for discharge 1.1. Issue request for clearance form and forward to Billing Section	None		Nurse II Nurse I

2. Request/re	Issue Billing Statement	None	1() minutes	Administrative Aide II
<u>'</u>				

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	1			TA 1
view the				Administrative
Billing				Aide I
Statement				
3. Pay applicable	3. Receive	No		
fee	payment and	Balance		
	issue	Billing		
	corresponding			
	official receipt			
	omolal receipt	patient	4	Cook Clark
		•	1 minute	Cash Clerk
		(Sponsore		
		d, SC,		
		Kasambah		
		<i>ay</i> and		
		Point of		
		Service		
		(POS)		
		member		
4. Accomplish and	4. Sign			Nurse II
present the	respectively			Nurse I
clearance form	on the			
ologianos lomi	clearance	None	4 minutes	
	form and			
	assist the			
	patient/patie			
	nt's relative			
	to have it			
	Accomplished			
	4.1 Check			
	clearance			
	and instruct			
	on home			Security Guard
	medication			
	and follow			
	up			
	consultation			
4. Secure the	5. Issue Gate	None	1 minute	-
gate pass	Pass	INULIE	i iiiiiiule	
from the	5.1. Receiv			
Nurse	e and		1 minute	
Station and	verify			
present to	the			
the guard	gate			
on duty	pass			



TOTAL	None	19 minutes	
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7. EMERGENCY ROOM SERVICES

Emergency Room service provides medical and surgical care to patients arriving at the hospital in need of immediate care (24 hours daily)

Office/Division:		Emergency Section				
Classification:		Simple				
Type of Transaction	1:	G2C				
Who May Avail: All patients see		king Emerg	ency Care Servic	es		
CHECKLIST O	FREG	QUIREMENTS	WH	IERE TO SECUR	Œ	
1. Patient Data Form (1	origina	ıl copy)	1. Nurse Ti	riage Officer		
2. Referral form if applica	able (1	original copy)	2. Referrinç	g Facility		
CLIENT STEPS		AGENCY TEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Approach/ Proceed to the ER frontline staff	p c to A	irect atient/ ompanion o Triage rea	Non e	5 minutes	Security Guard I	
2. Proceed to Triage area for assessment	a c 2.1 (s	ssessment nd leveling of are (triaging) Check vital igns and anthropometric	Non e	2 minutes 5 minutes	Nurse II Nurse I	
	n 2.2 F p	neasurement Filling up of atients Data forms,		5 minutes		
	d d th fi	Proceed to the octors on uty and give ne properly lled up patient ata form		1 minute		



Proceed/ transfer to treatment area	•	None	2 minutes	Nurse II Nurse I Administrative Aide I
Consent for treatment	4. Assess patient admission and/or consultation	None	15 minutes	Medical Officer IV Medical Officer III

5. Final Disposition	5.1 Give Disposition 5.2 Discharge 5.3 Admission 5.4 Transfer to other hospital 5.5 HAMA 5.6 Expired	None None None None None None None	2 hours 2 hours &	Medical Officer IV Medical Officer III
			35 minutes	
Discharge of ER Patient	t			
6. Secure charge slip form from Nurse Station	6. Provide charge slip for ER fee and other medications and procedures	Non e	1 minute	Nurse II Nurse, I Nursing Attendant
7. Pay corresponding amount to the Cashier	7.1 Receive payment 7.2 issue correspondin g official receipt	See table of laborator y services price / MDRP inde x	1 minute	Cash Clerk
8. Listen and follow instructions	8. Give instruction on take home medicines	Non e	1 minute	Nurse II Nurse, I Nursing Attendant
TOTAL	-	None	3 minutes	



❖ Patient to be admit	❖ Patient to be admitted				
9. Cooperate with Physician and Nurse	9.1 Explain the need for admission 9.2 Accomplish the patient's admission chart	Non e	3 minutes	Medical Officer IV Medical Officer III	
10. Secure the admission notice from the physician on duty	10. Provide admission notice	Non e	1 minute	Medical Officer IV Medical Officer III	
ТОТА	TOTAL		4 minutes		
❖ For transfer of ER	oatient				
11. Cooperate with Physician and Nurse	11.Coordinate transfer to appropriate specialty hospital 11.1 Provide referral documents	Non e	5 minutes	Nurse II Nurse I	
	TOTAL	None	5 minutes		

8. Family Planning Services

Family planning services is designed for couple or any women of reproductive age to decide how many children to have with the use of natural and/or artificial contraceptives (every Thursday 8:00am-5:00pm)

Office/Division:	Family Planning (OPD)		
Classification:	Simple		
Type of Transaction:	G2C		
Who May Avail:	All couple or any women of reproductive age		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Filled out Patient's Information Sheet		Triage Staff	
Pregnancy test result (if necessary)		Family Planning Counselor	

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3. Consent to care			Family Planning Counselor		
CLIENT	STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
and s accor patier	gbook submit mplished nt's nation	Gather necessary patients' information	None	5 minutes	Midwife I
of pre test, s conse Famil Planr	ly ning n, it result egnancy sign ent to	2. Conduct Family Planning counseling 2.1 Secure consent and perform the Family Planning method choice of the patient	None	30 minutes	Midwife I
		Total:	None	35 minutes	

9. Laboratory Services

Conducts required laboratory tests that aid in diagnosis and treatment (daily 8:00am-500pm)

Office/Division:	Laboratory	,			
Classification:	Simple	Simple			
Type of Transaction:	G2C	G2C			
Who May Avail:	All patients ne	All patients needing laboratory services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Laboratory request from Charge Slip/Request	om Doctors with	1. Doctor/	physician		
2. Proof of payment (if applicable)		2. Cashier			
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	

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	Description			<u> </u>		
1.	Present		eceive			
	laboratory request	an	d verify			
		the	Э			Medical
		lab	oratory	None	2 minutes	Technologist I
		tes	st request	140110	2 1111111111111111	Laboratory Aide
			1 Instruct			
			the			
			client			
			for the			
			require			
			d			
			specim			
			en; give			
			specimen			
_			bottle			
2.	For fecalysis		eceive	None	2 minutes	
	and urinalysis,	fee	cal/urine			
	secure	sa	mple			
	specimen					
	bottle from			Nissa	45	Medical
	laboratory,			None	15 minutes	Technologist I
	provide the	2.1.	Extra			Laboratory Aide
	required		ct		See table of	
	sample		blood		see table of turn-around time	
	2.1 For other		from		lum-around ime	
	laboratory		patien			
	test/s requiring		t			
		2.2.	Exam			
	blood sample,	2.2.				
	cooperate		ine			
	during		the			
	extraction of		sampl			
	blood sample		е			
			receiv			
			ed			
3.	For OPD	3. Cha	arge the			
	patient,	reques	ted			
	secure	laborat	ory	See		
	order of	examir	nation/s	Laboratory		Medical
	payment				2 minutes	Technologist I
	For in-patient,			Price Index		Laboratory Aide
	required fee					
	shall be					
	SHAII DE					1



automatically charged to the respective hospital bill				
4. Pay the required fees to the Cashier	4. Receive payment 4.1 Issue correspondin g official receipt	None	5 minutes	Cash Clerk
5. Present official receipt to the laboratory6. Secure laboratory	5. Verify proof of payment6. Release	None		Medical Technologist I Laboratory Aide Laboratory Aide
results	laboratory result	None	See table of turn-around time	,

10. Laundry Services

The Laundry Section is responsible for providing an adequate, clean, and constant supply of linen for the comfort and safety of the patients (daily, 8:00am-5:00pm)

Office/Division:	Hospital Lau	ndry Section	on		
Classification:	Simple				
Type of Transaction:	G2C	G2C			
Who May Avail:	All in-patients				
CHECKLIST OF REQUIREMENTS		WHERE TO SE	CURE		
1. Request slip (change of linen)		Nurse or Midwife on duty			
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	



	1			
linen	request			
	slip for			
	necessary			
	change of			
	linen			
2. Cooperate with	2.Change the			Midwife I
hospital	linen	None	5 minutes	
staff for the necessary	accordingly			NA I
change of linen	, and			
_	completely			
	accomplish			
	the request			Laundry Worker
	slip			
	2.1. Record in		1 minute	
	the logbook			
	2.2. Send the			
	used linen to			
	the laundry			
	area for			
	cleaning			

TOTAL	None	8 minutes	

Miscellaneous Hospital Services and Certification Fees Index

Miscellaneous Hospital Services & Certification	Amount (Php)
 Room and Board 	400.00/day
Emergency Room	• 200.00
Delivery Room	• 1,500.00
Medical Oxygen	• 750.00/tank
Expanded Newborn Screening Kit	• 1,750.00
Medical Certificate	• 80.00 + 30.00 (DST)
Certificate of Live Birth	• 80.00 + 30.00 (DST)
Death Certificate	• 80.00 + 30.00 (DST)
Certificate of Confinement	• 80.00 + 30.00



		(DST)
Clinical Abstract	•	80.00 + 30.00
		(DST)

11. Medical Records Services

Provide patient's medical records in a timely manner and maintains all health records in accordance with the principles and practices of efficient and effective health record management. (Monday- Friday, 8:00am-5:00pm)

Office/Division	:	Medical Recor	ds Section		
Classification:		Simple			
Type of Transa	ection:	G2C			
Who May Avai	l:	All clients with	records of h	nospital services	availed
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
One (1) original copy of Medical Records Form			1. Medical Re	ecords Section w	ithin the hospital
2. One (1) Photo of both parents of		Birth Certificate	2 Philippine	Statistics Authori	ty
		not married)			
	3.One (1) photocopy of Marriage Contract of newborn child (if married)			Statistics Authority	
4. One (1) original copy of Hospital case number card			4 Medical Records Section within the hospital		
5. One (1) photoco Valid IDs (for ver			5 SSS, PWD, Driver's License, National ID, 4Ps ID		
6. One (1) original Letter <i>(for repres</i>			6 Client		
CLIENT S	TEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure and the request	form re a c d	. Provide equest form nd advise lient for ocumentary equirements	None	1 minute	Midwife II Nursing Attendant I
Provide the accomplished Request formand Hospital	ed th m d	. Validate ne ocumentary equirements	None	1 minute	Midwife II Nursing



	Casa Na Card	for locality on a			Attanderst I
		for legality and			Attendant I
	•	completeness			
	other				
	documentary				
	requirements				
3.		3. Interview		_	
		the client		5 minutes	Midwife II
	required	3.1 Prepare	None		Nursing
		the hospital			Attendant I
		records			r atoridant i
		Requested			
		3.2 Issue			
		charge slip			
		for			
		certification			
		and advise			
		client to pay			
		to the			
	 Medical Cert 	ificates	None	10 minutes	
	Certified true	copies of		20 minutes	
	Clinical Abst	racts,	None		
	Diagnostic T	est			
	Results, Insu	ırance			
	forms				
		f Live Birth, and	None	20 minutes	
	Death Certifi	cate			
4.	Pay to the Cashier	4. Issue	None		
		corresponding		1 minute	Cash Clerk
_	181 'c c c'	official receipt			
5.	Wait for the	5. Release to	Nlan-	1	Midwife II
	hospital record to	the client	None	1 minute	Nursing
	be released	hospital			Attendant I
		record			
		requested			
		TOTAL		Depending on	
				the type/kind of	
			fees index	uocument	



12. Medical Social Services

Responsible for evaluating and determining the eligibility of the patients in availing medical social services based on Administrative Order 51-A s.2001 in government hospitals (daily, 8:00am- 5:00pm)

Office/Division:	Medical Socia	I Service				
Classification:	Simple					
Type of Transaction:	G2C					
Who May Avail:	All patients					
CHECKLIST	OF REQUIREMEN	NTS		WHERE TO		
1. 1. Dhataaany of Digth	Cartificate (if single	<u>- 1</u>		SECURE 1. Philippine Statistics Authority		
	 1. 1 Photocopy of Birth Certificate (if single) 2. 1 Photocopy of Birth Certificate of Dependent (if 				tatistics Authority	
necessary)				• •	Statistics Authority	
3. 1 Photocopy of Marriage Contract (if married)					Statistics Authority	
4 (1) Photocopy of Men				4 Philhealth (Office (LHIO)	
4. Authorization letter (i				4. Client		
5. 1 Photo copy of Valid IDs (if patient's representative) 4. GSIS, SSS, Tin, Driver's License, OSCA ID, PWD, 4Ps ID					*	
- If employed in p	orivate:					
Proof of payment				Cashier Section within the		
				hospital		
Claim Signature Fo	orm			Billing Section within the hospital		
Claim Form 1				Billing Section within the		
				DIIIII DECIIO	n within the	
Olalili i Olili i				hospital	n within the	
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PR	hospital OCESSING TIME	PERSON RESPONSIBLE	
CLIENT STEPS	AGENCY STEPS ed patient with Ph	BE PAID	PR	hospital OCESSING TIME	PERSON	
CLIENT STEPS	ed patient with Ph 1. Receive	BE PAID ilHealth me	PR mbe	hospital OCESSING TIME	PERSON	
CLIENT STEPS For admitte 1. Proceed to the Social Service	ed patient with Ph 1. Receive document	BE PAID	PR mbe	hospital OCESSING TIME r eligibility	PERSON RESPONSIBLE	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and	ed patient with Ph 1. Receive document s and	BE PAID ilHealth me	PR mbe	hospital OCESSING TIME r eligibility	PERSON RESPONSIBLE Medical Social	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for	1. Receive document s and interview	BE PAID ilHealth me	PRombe	hospital OCESSING TIME r eligibility	PERSON RESPONSIBLE	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for PhilHealth	ed patient with Ph 1. Receive document s and	BE PAID ilHealth me None	PRombe	hospital OCESSING TIME r eligibility 1 minute	PERSON RESPONSIBLE Medical Social	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for	1. Receive document s and interview	BE PAID ilHealth me None	PRombe	hospital OCESSING TIME r eligibility 1 minute	PERSON RESPONSIBLE Medical Social	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for PhilHealth membership	ed patient with Ph 1. Receive document s and interview client. 1.1 Obtain PhilHe	BE PAID ilHealth me None	PRombe	hospital OCESSING TIME r eligibility 1 minute	PERSON RESPONSIBLE Medical Social	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for PhilHealth membership	ed patient with Ph 1. Receive document s and interview client. 1.1 Obtain PhilHe alth	BE PAID ilHealth me None	PRombe	hospital OCESSING TIME r eligibility 1 minute	PERSON RESPONSIBLE Medical Social	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for PhilHealth membership	ed patient with Ph 1. Receive document s and interview client. 1.1 Obtain PhilHe alth Identifi	BE PAID ilHealth me None	PRombe	hospital OCESSING TIME r eligibility 1 minute	PERSON RESPONSIBLE Medical Social	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for PhilHealth membership	ed patient with Ph 1. Receive document s and interview client. 1.1 Obtain PhilHe alth Identifi cation	BE PAID ilHealth me None	PRombe	hospital OCESSING TIME r eligibility 1 minute	PERSON RESPONSIBLE Medical Social	
CLIENT STEPS For admitte 1. Proceed to the Social Service Officer and request for PhilHealth membership	ed patient with Ph 1. Receive document s and interview client. 1.1 Obtain PhilHe alth Identifi	BE PAID ilHealth me None	PRombe	hospital OCESSING TIME r eligibility 1 minute	PERSON RESPONSIBLE Medical Social	



2. Listen to medical Social Worker's explanation	of memb er 1.2 Check the validity of PhilHea Ith membersh ip in the IHCP portal 2. Interview client and accomplish corresponding PhilHealth Member Registratio n Form (PMRF) 2.1 Classify patient based on AO 51-A s. 2.2 and explain the patient's classification 2.3 Indicate the classification in the patient's chart	None	2 minutes 1 minute 1 minute 1 minute	Medical Social Welfare Officer
3. Sign in the PMRF If the representativ e will sign in behalf of the patient/memb er, authorization letter and valid IDs are required	inadequate requirements,	None	1 minute	Medical Social Welfare Officer



4. Comply with the requirements Total	4. Check the completenes s of the requirement s provided and attach into the SOA of patient		5 minutes 14 minutes	Medical Social Welfare Officer			
❖ For indiger	nt patient who is r	ion-PhilHea	iith member				
1. Proceed to the Social Service Officer/ PhilHealth staff	1. Conduct intake interview and accomplish intake sheet/assess ment tool	Non e	10 minutes	Medical Social Welfare Officer			
Wait while processing the enrolment in POS	2. Enroll in the Point of Service (POS) pro gra m of Phil Hea Ith	Non e	3 minutes	Medical Social Welfare Officer			
 PhilHealth Identification Number (PIN) will be subsequently issued by PhilHealth Central Office 	Issuance of PIN will be constantly monitored and notified to the client once available						
	Total None 13 minutes						
❖ For indigent OPD patient							



Proceed to the Social Service Officer/ PhilHealth staff	1. Conduct intake interview and accomplish intake sheet/asse ssment tool 1.1 Classify patient in terms of Per Capita Income (PCPT)	Non e	10 minutes	Medical Social Welfare Officer
2. Secure Medical Social Assistance Form	2. Accomplis h and issue Medical Social Assistanc e Form	Non e	1 minute	Social Welfare Officer

3. For classifications "A" or "B", proceed to Cashier to pay the amount	3. Receive payment and issue correspon ding official receipt 3.1 Attach the form to SOA	As indicated in the Medical Social Assistance Form	3 minutes	Cash Clerk
4. For classifications "C1", "C2", "C3", or "D" – no payment is required – proceed to laboratory for laboratory examination or to	4. Receive the Medical Social Assistance Form for laboratory examination or issuance of medicines/s upplies	None	2 minutes	Guillard M. Geneta, RMT, Med. Technologist Shiela P. Agne, RMT, Med. Technologist or Rochelle P. Mendoza, Pharmacist



pharmacy to get the medicines/supplie s				
	TOTAL	As		
		indicated	16 minutes	
		in the		
		Medical		
		Social		
		Assistance		
		Form		



13. Out Patient Department Consultation

The outpatient department provides diagnosis and care for patients that do not need to stay overnight. Daily, (Monday- Friday 9:00am-12:00nn-1:00pm-5:00pm, no consultation during Saturdays, Sundays and Holidays)

Of	fice/Division:	Out-Patient Department (OPD)			
CI	assification:	Simple	•	•	
Ту	pe of Transaction:	G2C			
W	ho May Avail:	All patient needing	medical o	consultation	
CHECKLIST OF REQUIREMENTS		QUIREMENTS		WHERE T	O SECURE
	One (1) original Hosp OPD clients		Triage s	taff on duty	
	One (1) original Demo			taff on duty	
3.	One (1) original Regis	stration form		taff on duty	
	CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Fill out registration form (for new OPD clients) and present hospital ID number (for old patient) to designated staff	1. Receive filled out form and hospital ID and forward to Medical Records Section 1.1. Verify data and locate medical chart and bring to the designate d staff	None	1 minute 1 minute	Security Guard Midwife I Midwife II
2.	Proceed to waiting area and wait for the number to be called for triaging	2. Call patient's name according to sequence.	None	1 minute	Nurse II Nurse, I Midwife I Midwife II



	(Observe priority patients)			
3. Approach the Triage Officer when name/number is called and present self for interview and vital signs checking	3. Interview/Ass ess patient, take vital signs, and categorize whether for OPD or to be given ER measures	None	3 minutes	Nurse II Nurse, I Midwife I Midwife II

				1		
4.	Wait for the name to	4.	Assess and			
	be called for		examine			Medical Officer
	consultation		patient.			IV
			Prescribe	No	5 minutes	Medical Officer
			medicines	ne		III
			and/ or			
			request			
			additional			
			procedure			
5	Listen to and follow	5.				
0.	instructions	٥.	explain	No	1 minute	Nurse II
	manachons		prescribed	ne	1 minato	Nurse I
			medications	110		11001
6	Proceed to Pharmacy	6.		Indicate		
0.	1 100000 to 1 Haimacy	0.	•	the		
			prescribed			
			drug/medicine	•	1 minute	Pharmacist I
				of		1 Harmaolot 1
				drug/me		
				dicine		
				Advise		
				the		
				patient		
				to pay		
				the		
				amount		
				to		
				the		

6	OF ORIENTA	13
PROVIN	Y	NDORO
(°	CFICIAL S	P

	<u> </u>	Cookier		
		Cashier		
0 Pay corresponding	9. Receive			
Pay corresponding amount		Applica		
amount	payment 9.1.	ble	1 minute	Cash Clerk
	corresponding	amount		
10. Present official	official receipt 10. Verify the			
receipt to	OR and			
Pharmacy	issue the			
1 Hairiacy	drug/medici	None	1 minute	Pharmacist I
	ne; provide			
	further			
	instructions			
	(if			
	necessary)			
	TOTAL	As	15 minutes	
		indicate	10 minutes	
		d in the		
		prescrib		
		ed		
		drug/me		
		dicine		
❖ If for diagnost				
1. Proceed to	1. Receive			
Laboratory and	laboratory			Medical
present the	request and	No	1 minute	Technologist I
laboratory request	issue	ne	Timilate	
	charge slip	110		
2. Pay applicable fee/s	2. Collect	Cos		
as indicated in the	payment;	See		
charge slip	issue	table	1 minute	Cash Clerk
	correspondi	of		
	ng official	laborat		
	receipt	ory		
		servic		
		es		
		price		
		index		



3. Return to Laboratory Section and present the OR	3.Receive and verify issued OR 131. Extract/Coll ect required specimen	None	5 minutes	Medical Technologist I
4. Wait for the result	4. Issue laboratory result	None	Depending on the type of laboratory test performed	Medical Technologist I
5. Return to OPD upon receipt of diagnostic results and present to the physician on duty	5. Receive and evaluate the diagnostic 15.1 Give instructions on prescription, referral and follow up	None	3 minutes	Medical Officer IV Medical Officer III
		table of	Depending on the type of laboratory test performed	

14. Patient Transport Services

Transport sick or injured patients to, from, and between places of treatment, affording safety and comfort to the patients up to the point of destination. (24 hours daily)

Office/Division:	Nursing Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who May Avail:	All patients requiring transport			
CHECKLIST OF	ECKLIST OF REQUIREMENTS WHERE TO SECURE			SECURE
Two (2) original copies of Service Delivery Network (SDN) referral Slip		1. Physic	ian on Duty	
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



❖ Patients fro	m ER/Ward/OPD			,
Prepare for the transfer/conduction of patient	Inform ambulance driver about the transfer/conducti on and its details	Non e	5 minutes	Medical officer IV Medical Officer III
Wait for further instructions	Process availability of ambulance	Non e	3 minutes	Nurse II Nurse I Midwife Nursing Attendant
3. Cooperate with Physician and Nurse	3. Coordinate transfer to patient's hospital of choice 3.1 Provide referral slip	Non e	5 minutes	Medical officer IV Medical Officer III
4. Get charge slip	4. Issue Charge slip	None	1 minute	Nurse II Nurse I Midwife Nursing Attendant
	Payment	As indicated in the SOA	1 minute	Cash Clerk
6. Wait for ambulance service	6. Transport patient	None	5 minutes	Administrative Aide III (Driver)
Tota		As indicated in the SOA	20 minutes	



Laboratory Turn-around Time and Services Price Index

Examinations	Turn-around Time	Amount
		(Php)
		(:,-)
Complete Blood Count (CBC)	1 hour	180.00
Platelet Count	30 mins.	100.00
Blood typing	15 mins.	100.00
Clotting time/Bleeding time	30 mins.	40.00
Fasting Blood Sugar (FBS)	30 mins.	100.00
Random Blood Sugar (RBS)	30 mins.	100.00
Fecalysis	30 mins.	5
		0
		0
Occult Blood (FOBT)	30 mins.	0 100.00
` '	1 hour	150.00
Malaria Microscopy	30 mins.	
Urinalysis	30 mins.	5 0
		0
		0
		Ö
Pregnancy Test	15 mins.	150.00
Acid Fast Bacilli (AFB)	After 3 specimen	5
	collection	0
		0
		0
HBsAg	30 mins.	250.00
*stat request	30 mins.	



15.Pharmacy Services (Out-Patient)

Dispense drugs and other medical supplies for inpatient and outpatient. Ensures that every patient is receiving the prescribed drugs in adequate dose for sufficient duration.

Office/Division:	Dhormooy			
Classification:	Pharmacy	•		
	Simple			
Type of Transaction				
Who May Avail:	All Out-Patients	S		
CHECKLIST REQUIREME			WHERE TO SE	CURE
1. One (1) original copy	of Prescription	1. Prescribino	g Doctor	
2. One (1) original Senic (if applicable)	or citizen ID/PWD ID			
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the prescription/s to the Pharmacist	1. Review the prescription 1.1 Prepare order of payment/charge slip	Cost of medicine (See Menu Card/Price List)	3 minutes	Pharmacist I
2. Request for the cost of item/s in the prescription Present Senior Citizen's ID card (if Senior Citizen) or PWD ID card (if PWD)	2. Indicate the cost items in the prescriptio n ♣ Grant correspondi ng discount 2.1 Return the prescription and provide further instructions to the client (if necessary)	None	2 minutes	Pharmacist I
3. Pay at the cashier and secure the official receipt.	3. Receive payment 3.1 Issue	See table (Maximum Drug Retail	2 minutes	Cash Clerk



4.	Return to the Pharmacy - Present the Official Receipt and get the drugs/medicin	correspon ding official receipt 4. Dispense the drugs/medicine/s 4.1. Counsel to the client the proper use of the medicine/s	Price Index) None	4 minutes	Pharmacist I
тс	e/s		See table (Maximum Drug Retail Price Index)	11 minutes	



G-1- Pharmacy Services (In-Patient)

Office/Division:	Pharmacy			
Classification:	Simple			
Type of Transaction:	G2C			
Who May Avail:	All In-Patients (To be picked	d-up by Nurse/Nu	,
CHECKLIST OF			WHERE TO SE	CURE
REQUIREMENTS		1 Drogoribina	n Doctor	
One (1) original prescription filled)	` ' '	1. Prescribino		
2. One (1) original Senior citi (if applicable)		Office of the office of the office		Municipal Social
CLIENT STEPS	AGENCY STEPS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Present the prescription to the pharmacist Present Senior Citizen's ID card of the patient (if Senior Citizen) or PWD ID card (if PWD) 	1. Receive, read, and analyze the prescripti on 1.1 Prepa re and doubl e check the prescri bed medici nes/m edical supplies	None	2 minutes	Pharmacist I



Wait for the items in the prescription to be dispensed	2. Dispense the items in the prescripti on	See table (Maximu m Drug Retail Price Index)	1 minute	Pharmacist I
	TOTAL	See table (Maximum Drug Retail Price Index)	3 minutes	



□ Maximum Drug Retail Price Index

MEDICINES	Unit	Price per Unit (Php)
Acetylcysteine 200mg	рс	16.00
Aciclovir 200mg/5mL	рс	993.00
AIMgOH suspension 60mL	рс	35.00
AIMgOH suspension 120mL	рс	60.00
AlMgOH tab	рс	2.00
Allopurinol 100mg	рс	2.00
Amlodipine 5mg	рс	2.00
Amlodipine 10mg	рс	3.00
Amikacin 250mg/2mL	рс	88.00
Amiodarone 150mg/3mL	рс	607.00
Ampicillin 250mg vial	рс	17.00
Ampicillin 500mg vial	рс	23.00
Ampicillin 1g vial	рс	27.00
Amoxicillin 500mg	рс	3.00
Amoxicillin drops	рс	23.00
Amoxicillin 250mg/5mL	рс	35.00
Ascorbic acid 500mg tab	рс	9.00
Ascorbic acid drops	рс	23.00
Ascorbic acid syrup	рс	22.00
Aspirin 80mg tab	рс	2.00
Aspirin 100 mg tab	рс	4.00
Atropine SO4 1mg/mL	рс	49.00
ATS 1,500U	рс	94.00
Azithromycin 500mg tab	рс	17.00
BCG vial	рс	638.00
Benzylpenicillin 1M	рс	17.00
Betahistine 8mg tab	pc	9.00
Bisacodyl 5mg tab	рс	2.00
Bisacodyl 5mg supp	pc	94.00
Bisacodyl 10mg sup	pc	98.00
Butamirate citrate 50mg	рс	20.00
Calcium gluconate vial	рс	188.00
Calmoseptin ointment	рс	39.00
Carbocisteine 500mg	рс	3.00



Captopril 25mg tab	рс	2.00
Celecoxib 200mg	рс	9.00

Cefalexin 500mg cap	рс	5.00
Cefalexin 100mg/mL	рс	22.00
Cefalexin 125mg/5mL	рс	25.00
Cefalexin 250mg/5ml	рс	40.00
Cefuroxime 500mg tablet	рс	74.00
Cefuroxime 250mg/5mL	рс	433.00
Cefuroxime 750mg vial	рс	273.00
Ceftazidime 1g	рс	68.00
Ceftriaxone 1g vial	рс	39.00
Celecoxib 200mg	рс	9.00
Cetirizine 10mg tab	рс	1.00
Cetirizine 2.5mg/mL	рс	32.00
Cetirizine 5mg/mL	рс	55.00
Cinnarizine 25mg	рс	2.00
Ciprofloxacin 500mg	рс	5.00
Citicoline 1g amp	рс	294.00
Clarithromycin 500mg	рс	22.00
Clopidogrel 75mg tab	рс	4.00
Clonidine 150mcg/mL	рс	157.00
Clonidine 75mg	рс	16.00
Clonidine 150mg	рс	9.00
Cloxacillin 500mg	рс	5.00
Cloxacillin 250mg/5mL	рс	48.00
Co-amoxiclav 625mg tablet	рс	19.00
Co-Amoxiclav 228.5mg/5mL	рс	339.00
Co-Amoxiclav 312mg/5mL	рс	243.00
Colchicine 500mcg	рс	3.00
Cotrimoxazole 400mg/80mg	рс	2.00
Cotrimoxazole 200mg/40mg/5mL	рс	27.00
Dexamethasone vial	рс	65.00
Diazepam 5 mg/Ml	рс	282.00
Diclofenac 25mg/mL	рс	30.00
Dicycloverine 10mg	рс	1.00
Dicycloverine 10mg/5mL	рс	23.00
Diltiazem 60mg tab	pc	6.00
Diphenhydramine 50mg	рс	5.00



Diphenhydramine 12.5mg/5mL	рс	20.00
Diphenhydramine 50mg/mL	рс	93.00
Digoxin 0.25 mcg	рс	8.00

Digoxin 500mcg/2mL	рс	429.00
Domperidone 10mg	pc	2.00
Dopamine 40mg/mL	рс	88.00
Epinephrine 1mg/mL	рс	69.00
Ferrous sulfate 325mg	рс	2.00
Ferrous sulfate 75mg/0.6mL	рс	20.00
Ferrous sulfate 150mg/5mL	рс	22.00
Ferrous sulfate+FA+Vit.B.Comp	рс	3.00
Furosemide 20mg	рс	1.00
Furosemide 40mg	рс	1.00
Furosemide 20mg/mL	рс	39.00
Gentamycin 80mg/2mL	рс	55.00
Gliclazide 30mg	рс	4.00
Glimepiride 2mg	рс	11.00
Glycerine 1.9g supp	рс	16.00
Glycerine 2.5g supp	рс	12.00
Guai + salbu cap	рс	5.00
Guai + dextromethorphan syrup	рс	80.00
Hepa B vaccine	рс	328.00
Hydralazine ampule	рс	88.00
Hydrocortisone 100mg	рс	80.00
Hydrocortisone 250mg	рс	116.00
Hydroxyethyl Starch	рс	1,646.00
Hyoscine 10 mg	рс	6.00
Hyoscine 20mg/mL amp	рс	55.00
Ibuprofen 200 mg	рс	2.00
Ibuprofen 200mg/5mL	рс	61.00
Ipratropium + Salbu neb	рс	35.00
ISDN 5mg	рс	40.00
Isoxsuprine 10 mg	рс	5.00
Ketorolac 30mg/mL	рс	34.00
Ketorolac 10mg	рс	27.00
Lactulose 3.35mg/5mL 120mL	рс	272.00



82.00

2.00

Lagundi 300mg/5mL	рс	60.00
Lidocaine vial	рс	89.00
Lidocaine polyamp	pc	48.00
Loperamide 2mg	рс	2.00
Losartan 50mg (Losagan)	рс	5.00
		l
Lubricating jelly	рс	15.00
Magnesium sulfate vial	pc	83.00
Mebendazole 100mg/5mL	рс	21.00
Mebendazole 100mg tablet	рс	5.00
Mefenamic acid 500mg	рс	2.00
Methyldopa 250mg tablet	рс	10.00
Meloxicam 15mg	рс	4.00
Metformin 500mg	рс	3.00
Metoclopramide 10mg	рс	2.00
Metoclopramide 5mg/5mL	рс	25.00
Metoclopramide 5mg/mL amp	рс	11.00
Metoprolol 50mg	рс	2.00
Metronidazole 500mg	рс	2.00
Metronidazole 125mg/5mL	рс	25.00
Metronidazole 500mg IV	рс	30.00
Methylergomethrine 125mcg	рс	6.00
Methylergomethrine 200mcg/mL	рс	44.00
Montelukast 10mg	рс	20.00
Multivitamins cap	рс	2.00
Multivitamins drops	рс	23.00
Multivitamins syrup	рс	27.00
Nalbuphine10mg/mL	pc	230.00
Nicardipine 1mg/mL	рс	669.00
Nifedipine 5mg	рс	3.00
Norepinephrine 1mg/mL	рс	949.00
Nitroglycerin 5mg	рс	170.00
Omeprazole 20mg	pc	3.00
Omeprazole 40mg	рс	7.00
Omeprazole 40mg IV	рс	246.00
Oresol sachet	рс	5.00

рс

рс

Oxytocin 10IU/mL

Paracetamol 500mg



Paracetamol 100mg/mL	рс	20.00
Paracetamol 125mg/5mL	рс	20.00
Paracetamol 250mg/5mL	pc	21.00
Paracetamol 150mg/mL amp	pc	22.00
Paracetamol 125mg supp	pc	30.00
Paracetamol 250mg supp	pc	33.00
Phenylpropanolamine tab	рс	5.00
Phytomenadione 10mg/mL	pc	65.00
Potassium chloride vial	рс	89.00
Prednisone 10mg	рс	4.00
Propanolol 10mg	рс	2.00
Ranitidine 25mg/mL	рс	12.00
Rabies vaccine 2.5IU	рс	2,320.00
Salbutamol 2mg	рс	1.00
		1
Salbutamol neb	рс	15.00
Salbutamol 2mg/5mL	рс	20.00
Silver sulfadiazine 10mg/g	рс	129.00
Simvastatin 20mg	рс	2.00
Simvastatin 40mg	pc	5.00
Sodium chloride 1g	pc	1.00
Sodium chloride 2.5mEq/mL	pc	86.00
Sodium bicarbonate 8.4%	pc	232.00
Tamsulosin 200mg	рс	20.00
Tramadol 50mg cap	рс	3.00
Tramadol 50mg/mL	рс	17.00
Tetanus toxoid40IU/0.5mL	рс	92.00
Telmisartan 40mg tab	pc	9.00
Telmisartan 40mg/12.5mg	рс	25.00
Tranexamic 500mg	pc	8.00
Tranexamic 500mg/5mL	рс	88.00
Trimetazidine 35mg	pc	8.00
Vitamin B complex tab	рс	2.00
Vitamin B complex amp	рс	65.00
Verapamil 5mg/2mL	рс	376.00
Zinc drops	рс	33.00
Zinc syrup	рс	45.00



FLUIDS	Unit	Price per Unit
D10W 500mL	btl	116.00
D50.50	btl	94.00
D5.3 500 mL	btl	94.00
D5LR 500 mL	btl	112.00
D5LR 1L	btl	89.00
D5NM 1L	btl	94.00



D5NSS 1L	btl	94.00
D5W 250mL	btl	238.00
D5W 500mL	btl	93.00
D5W 1L	btl	93.00
D5IMB 500 mL	btl	95.00
Mannitol 500mL	btl	225.00
PLR 1L	btl	94.00
PNSS 500 mL	btl	94.00
PNSS 1L	btl	94.00
PNSS Irrigating sol'n	btl	94.00
Sterile water 100mL	btl	116.00
SUPPLIES	Unit	Price per
		Unit
Abdominal binder	рс	150.00
Alcohol 500mL	рс	94.00
Alcohol 1L	рс	378.00
Armsling (mediu m)	рс	50.00
Blade	рс	26.00
Bubble humidifier	рс	477.00
Chromic	рс	180.00
Cord clamp	рс	4.00
Cotton roll	рс	247.00
Elastic bandage 3x5	рс	18.00
Elastic bandage 4x5	рс	24.00
Elastic bandage 6x5	рс	45.00
Examination Gloves	рс	294.00
ET tube	рс	129.00
Face mask	рс	17.00
Foley cath G. 12	рс	40.00
Foley cath G. 14	рс	62.00
Foley cath G. 16	рс	68.00
Foley cath G. 18	рс	68.00
Gauze pad (4x4)	рс	5.00
Gloves	рс	30.00
Guedel (white)	рс	109.00
Guedel (green)	рс	108.00
Guedel (red)	рс	108.00
Hot Water bag 100mL	рс	82.00
Hydrogen peroxide (Agua Oxinada)	рс	44.00
Ice bag #9	рс	117.00



IV cath G. 18	рс	47.00		
IV cath G. 20	рс	50.00		
IV cath G. 22	рс	40.00		
IV cath G. 24	рс	40.00		
IV cath G. 26	рс	109.00		
Lubricating jelly sachet	рс	15.00		
Lubricating jelly 150g	рс	229.00		
Macroset	рс	47.00		
Medicine cup	рс	5.00		
Micropore	рс	68.00		
Microset	рс	50.00		
Nasal cannula (Adult)	рс	60.00		
Nasal cannula (Pedia)	рс	27.00		
Nasal cannula (Neonate)	рс	122.00		
Nasal cannula w/ Mask (adult)	рс	71.00		
Nasal cannula w/ Mask (pedia)	рс	74.00		
NGT F. 8, 14, 16	рс	33.00		
Nebulizer kit	рс	60.00		
Needle	рс	3.00		
N95 mask	рс	77.00		
Paratulle	рс	55.00		
Penrose drain	рс	39.00		
Povidone Iodine 10%	рс	1,108.00		
Roll gauze	рс	1,276.00		
Silk	рс	254.00		
Soluset	рс	134.00		
Sterile water 100 mL	рс	144.00		
Suction catheter 8, 10, 12, 18	рс	60.00		
Syringe 1cc	рс	10.00		
Syringe 3cc	рс	10.00		
Syringe 5cc	рс	10.00		
Syringe 10cc	рс	12.00		
Syringe 30cc	рс	25.00		
Thermal Scanner	рс	3,360.00		
Thermometer	рс	117.00		
Urine bag (A)	рс	32.00		
Urine bag (P)	рс	7.00		
□ Note: Price varies according to manufacturer's price at a given time				

