

#### 1. Death Certificate Review

CHO shall review and sign Death Certificates prior submission for registration to the City Civil Registrar.

		City Health C 27)	City Health Office – Administrative Division (Room 27)	
Classification:		Simple		
Type of Transac	tion:	G2C – Gove	rnment to Citizen	
Who may avail:		All Departme	ent/Offices of Bac	olod City
		Government		
CHEC	KLIST REQUIREMENT	S	WHERE	TO SECURE
Death Certificate	with Embalmer Signatu	re	Client	
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Submit Death     Certificate	1.1 Review Death Certificate and affix initial and date	None	1 minutes	Ligaya Dela Fuente Nursing Attendant I
	1.2 Return to Client for Doctor's signature	None	1 minute	Medical Officer on Duty
	1.3 Client to proceed to Bacolod City Government Center	None		
	TOTAL	None	2 minutes	

### 2. Certificate of Indigency Approval

City Health Officer shall approve the Certificate of Indigency prior availment of Dental or X-Ray services.

Office or Division	n:	City Health Office – Administrative Division (Room			
27		27)	27)		
Classification:		Simple			
Type of Transac	tion:	G2C – Gove	rnment to Citizen		
Who may avail:		Indigents, Se	enior Citizens and	Persons with	
		Disabilities			
CHEC	KLIST REQUIREMENT	S	WHERE	TO SECURE	
Certificate of Indigency and 4 P's ID, OSC		CA ID, PWD	Respective Bara	angay/Client	
ID, Voter's ID or N	lational ID				
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Present Certificate of indigency	<ul><li>1.1 Check Certificate     of Indigency and     affix initial</li><li>1.2 Return to Client for     availment of Dental     or X-Ray Services</li></ul>	None	2 minutes	Ligaya Dela Fuente Nursing Attendant I	
	TOTAL	None	2 minutes		

### 3. Issuance of Medical Certificates (Medical Condition or Fit to Work)

CHO shall issue medical certificates upon request from the public.

Office or Division: City He		City Health C	Office – Administra	tive Division (Room
27)		27)		
Classification:		Simple		
Type of Transac	tion:	G2C – Gove	rnment to Citizen	
Who may avail:		All		
CHEC	KLIST REQUIREMENT	TS WHERE TO SECURE		TO SECURE
Doctor's diagnosi	s and Official Receipt	Room 1 and Cashie		shier
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		1 ==0 1 0		
		BE PAID	TIME	RESPONSIBLE
1. Pay to the Cashier	Accept payment     and issue Official     Receipt for Medical     Certificate			

Doctor's	encode and print			
diagnosis to	Medical			
Window 1	Certificates (3			
(Room 27)	copies for Medical			
	Condition or 2			
	copies for Fit to			
	Work)			
	2.2 Return to Client for	NI	A made cut a	Medical Officer on
	Doctor's signature	None	1 minute	Duty
	TOTAL		5 minutes	

4. Pre-Natal Check-up
CHO shall provide pre-natal check-up to all women.

Office or Division: City Health Office – F		Office – Prenatal S	Section (Room 4)	
Classification: Simple		Simple		
Type of Transact	tion:	G2C – Government to Citizen		
Who may avail:		All Women		
CHEC	KLIST REQUIREMENT	S	WHERE	TO SECURE
Referral, Mother's	Book, Original and Ph	otocopy of	Respective Bara	angay Health
Old and New Lab	oratory Results with Ult	rasound	Station and Clie	nt
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Get queuing     number and     wait to be     called	Write Client's name in the list and provide form	None	3 minutes	Ma. Leonora Theresa Galang Population Program Worker II
2. When number is called, present requirements	2.1 Interview Client, get vital signs and check requirements	None	5 minutes	Ma. Leonora Theresa Galang Population Program Worker II
	2.2 Check fundal height and fetal heart beat	None	3 minutes	
	2.3 Consultation and Internal Examination	None	10 minutes	Dr. Fretzie Roullo Medical Officer III
	2.4 Provide home instructions and schedule for follow-up checkup	None	3 minutes	Ma. Leonora Theresa Galang Population Program Worker II
	TOTAL	None	24 minutes	

### 5. DEATH CERTIFICATE

CHO shall provide services to all citizens

Office or Division:		City Health Office - Death Certificate Section		
		(Room 26)		
Classification:		Simple		
Type of Transac	tion:	G2C – Government to Citizen		
Who may avail:		All		
CHEC	KLIST REQUIREMENT	rs .	WHERE <sup>-</sup>	TO SECURE
Barangay certificate, ID	ate, Police blotter report	, Birth	ADMINISTRATI	VE OFFICER IV
<b>CLIENT STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.1 Client undergoes	1.1 Interview client	None	5 – 10 minutes	Nestor Belleza Jr. Admin Aide I
interview	1.2 Encodes data	None	3 – 5 minutes	<b>Diana Begañez</b> Admin Officer IV
1.2 Client review encoded data		None	2 – 3 minutes	
1.3 Client signs the correct encoded data		None		
2. Client photocopies supporting documents	Check if     documents are     complete	None	3-10 minutes	
3. Wait for further instructions	3.1 Refer client to room 1 for interview the cause of death of the deceased after that return again, for the typing the cause of death of the deceased	None	5-10 minutes	Nestor Belleza Jr. Admin Aide I  Diana Begañez  Admin Officer IV
	3.2 Direct client back to room 1 for the signature of the doctor	None	3-5 minutes	

3.3 After the signature		3-5 minutes	Nestor Belleza Jr.
of the doctor client			Admin Aide I
returns again, so			
that we can get a			Diana Begañez
file copy, and then			Admin Officer IV
release the			
documents to the			
client and discuss			
the procedure			
TOTAL	None	54 minutes	

### 6. SOCIAL HYGIENE CLINIC

CHO shall provide CONSULTATION/COLLECTION OF SPECIMEN

Office or Divis	ion:	City Health Of	fice – Social Hygi	ene Clinic Section
		(Room 6)		
Classification:		Simple		
Type of Transa	action:	G2C – Govern	ment to Citizen	
Who may avail	l:	All		
CHE	ECKLIST REQUIREMEN	TS	WHERE T	O SECURE
Present receipt	and fill-out individual clie	nts record	Respective Bara	angay
CLIENT	AGENCY ACTION	FEES TO	PROCESSING	PERSON
STEPS		BE PAID	TIME	RESPONSIBLE
1. Present	Assists client in filling			Jade Pansoy
receipt and	out Individual Clients			Receptionist
fill-out	Records (ICR)			
Individual		None	5 minutes	Rebecca Arsenio
Clients				Job Order
Records				
(ICR)	2. Conducts Pre and			Maria XZ
the Pre and	Post Counseling			Martinez
Post	1 Ost Couriseinig			Nurse III
Counseling		None	5 – 10 minutes	140100 111
3000019				Dr. Baby Drillon
				SCH Physicians

3. Undergo consultation and various tests	3.1 A. Consults and/or collects specimen	None	5 – 10 minutes	Maria XZ Martinez Nurse III
	B. Executes Blood extraction and releasing of results	None	5 – 10 minutes	<b>Dr. Baby Drillon</b> SCH Physicians
	3.2 Treats patients accordingly	None	20 minutes	
4. Go to ROOM	3. Releases Pink Card			Jade Pansoy
11 to claim	for Registered Sex			Receptionist
the Pink Card	Worker	None	1 minute	<b>Trixia Piramo</b> Job order
	TOTAL	None	56 minutes	

### 7. TB MICROSCOPY

CHO shall provide Patient enrolled and to be enrolled in TB dots program.

Office or Divis	ion:	TB Microscopy	y (Room 5)	
Classification:		Simple		
Type of Transa	action:	G2C – Government to Citizen		
Who may avail	:	Patients enrolled in TB dots program of the		ogram of the
		department of health		
CHI	ECKLIST REQUIREMEN	TS	WHERE T	O SECURE
Patient request	and result form		Barangay Health	n Center
Request from p	hysician	Doctor's Office		
X-ray result with	n findings			
CLIENT	AGENCY ACTION	FEES TO	PROCESSING	PERSON
STEPS		BE PAID	TIME	RESPONSIBLE
1. Present	1.1 Verifies patient's	None	5 minutes	Receptionist
patient	request and result form			
request and	1.2 Evaluate specimen			
result form	based on quantity and		5 minutes	Receptionist/
for	quality			Medical
verification				Technologist

2. Claim result	2. Release result	None	Gene Expert Procedures:	
			4PM of the same day	
			Direct Sputum Smear Microscopy (DSSM):	Receptionist
			1 day	
	TOTAL	None	2 days and minutes	

### 8. DRUG TESTING ACTIVITIES

CHO shall provide Drug testing.

Office or Divis	ion:	Drug Testing (	Room 14)	
Classification: Sin		Simple		
Type of Transaction:		G2C – Govern	ment to Citizen	
Who may avail	Who may avail:			
CHE	ECKLIST REQUIREMEN	TS	WHERE T	O SECURE
Client ID			Client	
Request form			CHO	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for     Drug Test	1.1 Review Drug Test request		2 minutes	Receiving Clerk
	1.2 Client verification/ interview		2 minutes	Encoder / Drug Analyst
	1.3 Collection of urine specimen with labeling and sealing		2 minutes	Authorize Specimen Collector
	1.4 Performs drug testing		3 minutes	Drug Analyst
	1.5 Encoding		3 minutes	Encoder
	1.6 Payment to cashier	Php 200.00		Cashier

1.7 Release of result		1 minute	Receiving Clerk
TOTAL	Php 200.00	13 minutes	

### 9. SWAB TEST RESULT RELEASING

CHO shall provide swab test result.

Office or Divis	ion·	Swah Test Re	sult (Room 102)	
Classification:		Simple	Juli (1100111 102)	
Type of Transaction:		•	ment to Citizen	
Who may avai		All		
	ECKLIST REQUIREMEN		WHERE T	O SECURE
Patients name	and date of swab		Physician	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a form and fill up patient's name and date of swab taken	Verifies patient's     name for existing     record and assist on     the process of     releasing swab result	None	3 – 5 minutes	
2. Claim Swab Test result	2.1 Print out hard copy of swab test result and countersigned by Bacolod City Health Office Doctors  2.2 Releasing of Swab Test result	None	3 – 5 minutes 2 – 3 minutes	Richard D. Begasa
	TOTAL	None	2 – 3 minutes	
	IOIAL	INOTIC	13 minutes	

#### **10. PERSON WITH DISABILITY**

CHO shall provide issuance of certification on disability and application.

Office or Division:	Person with Disability (Room 102)		
Classification:	Simple		
Type of Transaction:	G2C – Government to Citizen		
Who may avail:	All PWD		
CHECKLIST REQUIREMENT	TS WHERE TO SECURE		

Medical certificate			Physician	
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Present medical certificate of PWD applicant for evaluation, approval, and issuance certification on disability.	1. Assist client on submission of PWD application form for evaluation, approval, and issuance of certification on disability.	None	3 – 5 minutes	Encoder
	Have application form countersigned.	None	2 minutes	Jovy T, Vergara, MD City Gov't. Asst. Dept. Head II Bacolod City Health Office
	Check Clients record	None	1 minute	Claire C. Caperal, MD Medical Officer III
	Advice clients on procedure	None	1 minute	Carlo Gabriel G. Ortega, MD Medical Officer III
	TOTAL	None	9 minutes	

### 11. ROENTOLOGY SECTION

CHO shall provide X-ray to all.

Office or Division:	Radiology (X-RAY) Section (Room 8)			
Classification:	Simple			
Type of Transaction:		G2C – Govern	ment to Citizen	
Who may avail:	Patients with p	hysician's reque	est of chest X-	
	RAY school and employment purposes		ourposes	
CHECKLIS	rs	WHERE T	O SECURE	
Physician's Request			Physician	
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON
ACTION		BE PAID	G TIME	RESPONSIBLE
Inquiry (procedure     Poster in wall)	1. Respond to the	None	1 minute	X-ray Clerk

	client's/patient's inquiry accordingly			
Fill out form to request for a specific type of X-ray	2.1 Assess physician's request/fees Payment of specific chest X- ray:	None	1 – 2 minutes	X-ray Clerk
	A. PA (Postero- anterior)	Php 100.00	5 – 10 minutes	
	B. AP (Anteroposterior)	Php 100.00	5 – 10 minutes	Cashier Personnel only
	C. Lateral projection	Php 100.00	5 – 10 minutes	1 Gradinici driiy
	D. Apicolordotic projection	Php 100.00	5 – 10 minutes	
	E. (anterior and lateral)	Php 200.00	5 – 10 minutes	
	2.2 Processing of data	None	1 minute	X-ray Clerk
3. Wait to be called for X-ray	3.1 Prepare patient for X-ray	None	1 minute	Glenn Delosreyes, MP, DPBR Medical Officer III
	3.2 Radiographic shots taken	None	1 minute	
	3.3 Film processing (developing)	None	3 – 7 minutes	
	3.4 Interpretation or reporting result	None	2 – 3 minutes	
4. Claim result	4. Release of result	None		
	TOTAL	Php 600.00	67 minutes	

## 12. Pharmacy Division

CHO shall provide medicine to everyone.

Office or Division:		City Health	Office – Pharmac	y Division
Classification:	ication: Simple			
Type of Transaction:		G2C – Government to Citizen		
Who may avail:		All		
CHECKLIS	T REQUIREMENTS		WHERE T	O SECURE
None			None	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present prescription	1.1 Receive prescription 1.2 Validates & prepares	None None	1 minute 3 minutes	Mary Jean Providencia Pharmacist II
	prescription 1.3 Dispenses medication(s) and returns prescription	None	2 minutes	Megan Marie Habaradas Pharmacist II
1.4 Patient counseling by physician		None	3 – 5 minutes	
	TOTAL	None	11 minutes	

## 13. Laboratory Division

Office or Division:		City Health Office – Laboratory Division (Room 7)			
Classification:		Simple			
Type of Transaction	:	G2C – Governme	nt to Citizen		
Who may avail:		All			
CHECKL	CHECKLIST REQUIREMENTS			O SECURE	
FBS – Fasting Blood	Sugar				
RBS – Random Blood	RBS – Random Blood Sugar				
Lipid Profile Choleste	rol, Triglycerides		Physician		
Urinalysis	Urinalysis				
Fecalysis					
CLIENT STEPS	AGENCY	FEES TO BE PROCESSING PERSON			
	ACTION	PAID	TIME	RESPONSIBLE	

request to the receptionist for verification	1. Check aboratory request and assist client where to go	None	5 minutes	Charmaine Caryl C. Manzano Medical Tech. I
2. Pay at the Cashier 2	2. Direct client to the Cashier	CBC, PLATELET Php 100.00  BLOOD TYPING WITH RH Php 80.00  HBsAg (Hepatitis B) Php 100.00  RPR/VDRL Php 90.00  URINALYSIS Php 40.00  STOOL EXAM Php 40.00  PREGNANCY TEST Php 100.00  FBS/RBS Php 80.00  BUN Php 90.00  URIC ACID Php 80.00  CREATINE Php 80.00  CHOLESTEROL Php 80.00	15 minutes	Cashier Personnel only

		TRIGLYCERIDES Php 200.00  LIPID PROFILE Php 400.00		
3. Present official receptionist and wait for schedule & instructions (urinalysis & fecalysis)	3. Instruct client on the process of collecting samples for urinalysis and/or fecalysis	None	5 minutes	Charmaine Caryl C. Manzano Medical Tech. I
3.1 Prepare for blood extraction (for CBC, HBsAg, VDRL & Chemistry test)	3.1 Perform blood extraction		5 minutes	
4. Turn – around Time			2 hours	
5. Claim results	5. Release results	None	3 – 5 minutes	Charmaine Caryl C. Manzano Medical Tech. I
	TOTAL	Php 1560.00	2 hours and 35 minutes	

## 14. Issuance of Sanitary Permit to Operate/Sanitary Clearance

CHO shall provide Issuance of Sanitary permit to operate/sanitary clearance.

Office or Division:		City Health Office – Environmental Sanitary (Room		
		11)		
Classification:		Simple		
Type of Transaction	n:	G2C – Governme	ent to Citizen	
Who may avail:		All		
CHECKL	IST REQUIREME	NTS WHERE TO SECURE		O SECURE
Updated health certif	icate of all employ	ees ees	Room 11/ employees	
CLIENT STEPS	AGENCY	FEES TO BE	PROCESSING	PERSON
ACTION		PAID	TIME	RESPONSIBLE
Client present all	1.1 Review	None	3 minutes	Sanitation
necessary	thoroughly the			Inspector

documents needed	provided			In-charge per
depending on the	documents and			Barangay
nature of business to	prepare			
Sanitary inspector in-	necessary			
charge	response			
	1.2 Evaluation of	Php 100.00	2 minutes	Sanitation
	document			Inspector
	payment for			In-charge per
	sanitary permit			Barangay
	requiring			
	business			
	1.3 Encoding	None	2 minutes	Sanitation
	and printing of			Inspector
	sanitary			In-charge per
	permit/sanitary			Barangay
	clearance			
2. Claim duly	2. Release	None	1 minute	Sanitation
accomplished	Sanitary Permit			Inspector
Sanitary Permit to	to			In-charge per
Operate/Sanitary	Operate/Sanitary			Barangay
Clearance	Clearance			
	TOTAL	Php 100.00	8 minutes	_

### 15. Issuance of Health Certificate

CHO shall provide Issuance of health certificate.

Office or Division:		City Health Office	e – Environmental	Sanitation	
		(Room 11)	(Room 11)		
Classification:		Simple			
Type of Transaction	):	G2C – Governme	ent to Citizen		
Who may avail:		All			
CHECKL	IST REQUIREME	IENTS WHERE TO SECURE			
X-ray			Laboratory or Ph	nysician	
1x1 Picture			Client		
Online Appointment			Website		
CLIENT STEPS	AGENCY	FEES TO BE	PROCESSING	PERSON	
	ACTION	PAID	TIME	RESPONSIBLE	
1. Online registration	None	None	3 minutes	Applicant	
for health certificate					
to get appointment					
schedule					

2. Personal	2.1 Evaluate	Health Certificate	2 minutes	Sanitation
appearance to CHO	submitted	Fee Php 50.00		Inspector
to secure health	documents			In-charge per
certificate for chosen				Barangay
schedule date &	2.2 Encoding of		2 minutes	Sanitation
present necessary	Health			Inspector
sanitary requirements	Certificates			In-charge per
				Barangay
3. Claim Health	3. Release		2 minutes	Sanitation
Certificate	Health			Inspector
	Certificate			In-charge per
				Barangay
	TOTAL	Php 50.00	9 minutes	

### 16. TB-DOTS Division

CHO shall provide Issuance of health certificate.

Office or Division:		-	fice – Environme	ntal Sanitation
		(Room 11)		
Classification:		Simple		
Type of Transaction:		G2C – Govern	nment to Citizen	
Who may avail:		All		
CHECKLIS1	REQUIREMENT	S	WHERE T	O SECURE
DSSM Result			Doctor or Labora	atory
GeneExpert Result				
Chest X-ray Result				
Other pertinent medical of	documents			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
1. Register	Assist client     on the     registration     process	None	1 minute	TB-DOTS Staff
1.1 Wait for your number to be called for interview/assessment of requirements	1.1 Assess client's requirements and interview once		30 – 45 minutes	

	requirements are complete			
2. For Patients without Chest X-ray and GeneXpert MTB/RIF Test:	2.1 Assist client to go to Radiology Room 8 for Chest X-ray	Php 100.00	1 day	
Present Laboratory Request to TB-DOTS Staff	2.2 Assist client to go to Sputum Screening Area for GeneXpert MTB/RIF Test		2 – 4 hours	GeneXpert Technician
3. For Patients with complete requirements & BHW partner:  Wait for your name to be called for consultation	3. Conduct consultation	None	10 – 15 minutes	Physician
4. After consultation, submit yourself for HIV provider initiated counseling and testing	4.1 Interview and counsels client	None	15 – 20 minutes	Nurse on duty
4.1 HIV testing and waiting for result	4.2 Performs HIV Testing		30 minutes	Medical Technologist on duty
5. Patients and BHW wait for drug dispensing and logbook signing	5. Release result	None	3 – 5 minutes	NTP Staff
	TOTAL	Php 100.00	1 day, 5 hours and 56 minutes	

### **17. Leprosy Department**

CHO shall provide Issuance of health certificate.

Office or Division:		City Hoolth O	office TP DOTS	Division (Boom	
Office of Division.		City Health Office – TB-DOTS Division (Room 10)			
Classification:		Simple			
Type of Transaction:		G2C – Gover	nment to Citizen		
Who may avail:		All			
CHECKLIS	T REQUIREMENT	S	WHERE T	O SECURE	
Doctor's medical/certification	ate and for lab requ	ıest	Doctor		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTION	BE PAID	TIME	RESPONSIBLE	
Ask directly whose, in- charge of the program	Accommodate client	None	1 minute		
Submit yourself for assessment and physical examination	Assess client     and do     physical     examination	None	30 – 40 minutes		
3. Slit skin smear testing  If yes  If no	3. Perform Smear Testing	None	10 – 15 minutes		
4. Wait for the result  Note: If with (+) SSL	4.	None	30 minutes – 1 hour		
Result or referral forms either from other private practitioner, wait for the consultation					
Drug dispensing and health teaching	5. Release result	None	30 minutes		
	TOTAL	None	2 hours and 26 minutes		

### 18. Answering Sanitation Related Complaints

CHO shall provide to answer sanitation related complaints.

Office or Division:	City Health Office – Environmental Sanitary
	(Room 11)

Classification:		Simple			
Type of Transaction:		G2C – Government to Citizen			
Who may avail:		All			
CHECKL	IST REQUIREMENTS		WHERE T	O SECURE	
	None				
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Complainant to	1.1 Sanitation	None	5 minutes	Sanitation	
personally log in	inspector to			Inspectors	
complaint	assess and				
	evaluate nature of				
	complaint				
	1.2 Sanitation	None	1 day	Sanitation	
	inspector to			Inspectors	
	conduct onsite				
	inspection and				
	validate				
	1.3 Sanitation	None	2 minutes	Sanitation	
	inspector to make			Inspectors	
	report after				
	inspection as to				
	findings &				
	recommendations				
	<ul><li>time given to</li></ul>				
	respondent to				
	comply as				
	needed				
	TOTAL	None	1 day and 7 minutes		

### 19. Treatment for Rabies

CHO shall provide Consultation

Office or Division:		City Health (	City Health Office – Outpatient Consultation at			
		the Main Dis	the Main Dispensary (Room 1)			
Classification:		Simple	Simple			
Type of Transactio	n:	G2C – Gove	G2C – Government to Citizen			
Who may avail:		All	All			
CHECKLIST REQUIREMENTS			WHERE T	O SECURE		
Prescription from the Doctor		Room 1				
CLIENT STEPS	AGENCY	FEES TO BE	PROCESSING	PERSON		
	ACTION	PAID	TIME	RESPONSIBLE		

Inquire about the service given in the requirements	1.1 Present prescription at the nurse station (instruction	Php 40.00 Registration (1 <sup>st</sup> time consultation) and Skin	4 minutes	Nurse in-charge  Midwife  Barangay Health
	area)	Testing Fee		Workers
				Job Order Personnel
	1.2 Submit self to assessment take note of the advice		10 minutes	Any of the Station Nurse and midwife as may be available at the moment
	1.3 Submit self to			Allysa S.
	physical			Trinidad
	examination			Nurse III – Rabies
	and			Prevention And
	administration			Control Program
	of the following:		2 minutes	Nurse
	<ul> <li>Active anti- rabies vaccine</li> </ul>			Coordinator
			1 hour	Hydee T. Zulueta
	<ul> <li>Passive anti- rabies immunoglobulin</li> </ul>			Nurse III
	1.4 Take note of the		5 minutes	Any of the Station
	schedule of			Nurse and
	follow-up anti-			midwife as may
	rabies			be available at
	injections/shots			the moment
	TOTAL	Php 40.00	1 hour and 21 minutes	

# **20. Outpatient Consultation at the Main Dispensary** CHO shall provide Consultation

Office or Division:	City Health Office – Outpatient Consultation at		
	the Main Dispensary (Room 1)		
Classification:	Simple		
Type of Transaction:	G2C – Government to Citizen		
Who may avail:	All		
CHECKLIST REQUIREMENTS	WHERE TO SECURE		

Health declaration			CHO Triage	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
1. Wait your number	1.1 Receive health	First time	2 minutes	Regular
to be called and	declaration	consultation		Personnel
present health		Php 20.00		
declaration	1.2 Checking assessment and	Issuance of Medical	5 minutes	Nurse in-charge
	provide the needed data	Certificate Php 50.00		Midwife
	vital signs	•		Barangay Health
				Workers
				Job Order
				Personnel
	1.3 Physical		Depends on	Dr. Claire C.
	examination		illness	Caperal
				Medical Officer III
				Dr. Karen Yvette M. Gensoli
				Medical Officer III
				Dr. Carlo Gabriel
				G. Ortega
		<b></b>		Medical Officer III
	TOTAL	Php 70.00		

### 21. Dental Division

**CHO Shall Provide Teeth Extraction** 

Office or Division: Dental Division			on		
Classification: Simple					
Type of Transactio	<b>Type of Transaction:</b> G2C – Governmen			ent to Citizen	
Who may avail:		All	All		
CHECKLIST REQUIREMENTS			WHERE TO SECURE		
Indigency, if required			Barangay (Certifi	ed by Room 27)	
CLIENT STEPS AGENCY FEES TO BE ACTION PAID		PROCESSING TIME	PERSON RESPONSIBLE		
	1.1 Fill out forms None		1 minute	Dental Aide	

Submit self for assessment	1.2 Taking of vital signs and history taking	None	1 minute	Dental Aide
	1.3 Assessment/ch eck-up oral examination and others procedures	None	1 minute	Dental Aide
	1.4 For dental	Extraction Fee	Depends on the	Dental Aide
	extraction and other procedures	Php 150.00	procedure	
TOTAL		Php 150.00		