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Office of the President
PHILIPPINE CHARITY SWEEPSTAKES OFFICE
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BAGONG PILIPINAS

MEDICAL SERVICES DEPARTMENT

MANUAL OF OPERATIONS

(2025)

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I. INTRODUCTION AND OVERVIEW

Pursuant to Republic Act 1169, as amended by Batas Pambansa Blg. 42 and Presidential Decree No. 1157, the Philippine Charity Sweepstakes Office (PCSO) having fiscal autonomy as the principal government agency in raising and providing funds for health programs, medical assistance, and charities of national character, continuously upholds its sales revenue growth from the conduct of charity sweepstakes, races, and lotteries in order to sustain its mandate. The net receipt from the sales revenues is allocated to Prize Fund (55%), Charity Fund (30%), and Operating Fund (15%).

In accordance with the aforementioned mandate, the Medical Services Department (MSD) develops, recommends, and oversees the implementation of medical and health-related services and the assistance to outpatients, indigents, and PCSO employees and their dependents by utilizing a portion of the Charity Fund to support its operation and services to the public.

II. OBJECTIVE

This manual aims to briefly explain the governing policies, priorities, requirements, procedures, and other concerns to assist the implementers, applicants, and other stakeholders with more efficient and streamlined processes for accessing the MSD programs – from assessment to release of assistance, payment of accounts, and monitoring of the same.

III. MSD PROGRAMS AND SERVICES

A. **Medicine Donation Program –** refers to short-term assistance for basic medicines coursed through the government and non-government, non-profit organizations, and health facilities.

B. **Medical and Dental Mission Program** – refers to the provision of outreach health care services in the depressed communities and in calamity-affected areas within or outside Metro Manila and nearby provinces, including the provision of free medicines for those who have less or have no access to health services offered by the Local Government.

C. **Outpatient Services** – refers to the provision of primary health care and medicines to the general public who seek consultation for their medical, dental, and other health-related needs without the need for an overnight stay.

D. **Patient Transport Services** – refers to the service provided by MSD which is free of charge for patients requiring transport to and from health facilities.

IV. DEFINITION OF TERMS

1. **Basic Life Support (BLS)** – a group of actions and interventions used to resuscitate and stabilize victims of cardiac or respiratory arrest. These BLS actions and interventions include recognition of a cardiac or a respiratory emergency such as stroke, activation of the emergency response system, cardiopulmonary resuscitation, and relief of foreign body airway obstruction.

2. **Census Logbook** – a written record of patients and cases seen during a certain period at the PCSO Outpatient Medical Services.

3. **Certificate of Acceptance** – a document signed by the requesting party as proof of receipt of the medicines donated by PCSO.

4. **Medical Service Information System (MSIS)** – a web-based system that creates a database of Outpatient Service transactions and facilitates medical/dental service.

5. **Chief Complaint/s** – refers to primary condition/s that a patient states as reason/s for seeking medical consultation and care.

6. **Client** – an individual (patient or his/her authorized relative) requesting medical assistance from PCSO; an outpatient seeking consultation at PCSO.

7. **Conduction Bag** – a bag used by the Medical Team during transport of patient containing medical supplies and emergency medicines.

8. **Consumption Report** – a report to be submitted by the beneficiary as evidence of utilization of the medicines donated by PCSO using the form prescribed by the PCSO Gender and Development Focal Point System, which shall be certified by the Medical Doctor in charge.

9. **Database** – a collection of data that is organized for searching and retrieval.

10. **Dental Management** – a provision of preventive and interceptive services to address dental complaints.

11. **Diagnosis** – a word or phrase used by a physician to identify a disease from which an individual patient suffers; a condition for which the patient needs, seeks, or receives medical care.

12. **Geographically Isolated and Disadvantaged Areas (GIDA) –** the communities with marginalized population which are physically and socio-economically separated from the mainstream society and characterized by:

    - Physical Factors – isolated due to distance, weather conditions, and transportation difficulties (island, upland, lowland, landlocked, hard to reach, and unserved/undeserved communities)

- Socio-economic Factors – such as high poverty incidence, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict

13. **High Risk Patients** – refers to patients who are critically ill and at high probability of developing untoward complications.

14. **Intended Treatment (Dental)** – refers to treatment such as extraction, oral prophylaxis, and restoration.

15. **Liquidation Report** – a report submitted by PCSO beneficiaries on the disbursement of funding assistance to determine that its utilization is within the guidelines set by PCSO and duly audited by the Commission on Audit (COA).

16. **Local Government Unit (LGU)** – a formal organization of local governance at various levels, i.e. provincial, city, municipal.

17. **Local Health Office (LHO)** – an operating unit under the LGU which directly provides, and/or exercises supervision over other lower-level operating units, directly providing health and medical services to the community.

18. **Medical Certificate** – a certificate from a doctor confirming the state of someone's health. It must be within six (6) months at the time of consultation to be valid for medicine assistance.

19. **Medical Record** – a collection of recorded facts concerning a particular patient that provides an account of each episode in which a patient visited or sought consultation/treatment. The record is confidential and is usually held by the facility. It contains patient's consultation record, laboratory and radiological reports of tests performed, and other pertinent data regarding the condition of the patient.

20. **Medicine Assistance** – a type of service that provides needed medicines available in the pharmacy without undergoing consultation or treatment. Clients/patients have their own attending physician and have to bring their updated medical certificate and prescription.

21. **Multi-Specialty Clinics** – are focused on providing specialized medical care to patients with specific medical conditions or health issues.

22. **Memorandum Order/Memo Order** – refers to the document being used for approval of the conduct of Medical and Dental Mission which contains vital information such as: name of the requesting party, venue of mission, destination conduction, name of the medical team, and budget allocation.

23. **National Government Agency (NGA)** – refers to any government agency/institution at the national level, engaged in the direct delivery of health, medical, and emergency response services.

24. **Non-Government Organization (NGO)** – refers to any non-profit, voluntary citizens' group which is organized on a local, national, or international level with a common interest to perform a variety of service and humanitarian functions such as in the areas of human rights, environment, or health.

25. **Nursing Care** – refers to services rendered by a member of the health profession for the benefit of the patient. These services may include bed rest care and monitoring of vital signs to prevent complications while patient is being transported.

26. **Oral Prophylaxis** – refers to the cleaning of the teeth by a dentist or dental hygienist, including removal of plaque, calculus, and extrinsic stains.

27. **Patient Transport Vehicle (PTV)** – refers to any form of land vehicle designed to transport patients whose condition is of non-life-threatening nature.

28. **PCSO Branch Office** – a field office that manages and monitors the day-to-day operations of the PCSO nationwide, including but not limited to, administrative, sales and marketing, cash collections and disbursements, and charity assistance.

29. **PCSO OP-ID Card** – an acronym for PCSO Outpatient Identification Card, which includes name, age, birthdate, complete address, contact number, and date of registration signed by the Officer of the Day (OD).

30. **Pediatric Patients** – refer to patients under eighteen (18) years of age.

31. **Prescription (In-House)** – a written order by a physician or dentist to a pharmacist in the form of medication instruction for a patient to avail free medicines in the PCSO-MSD pharmacy.

32. **Prescription (Outside)** – a written order by a physician or dentist to a pharmacist in the form of medication instruction for a patient to purchase a drug from an outside pharmacy.

33. **Project Proposal** – an application for funding and/or material assistance to implement a project which involves outlining the proponent's plan, detailing the project's purpose, management strategy, and expected outcomes – all of which are critical to its success.

34. **Reception Incident Logbook** – refers to the logbook for any incident that may happen within the process of reception that may include the following but not limited to: delinquency of clients at the Reception Area such as non-appearance when called, unruly, and rudeness of clients, etc.

35. **Restoration** – a term used in dentistry to describe the restoration of tooth function by replacing missing or damaged tooth structure.

36. **Tag Number** – refers to the number attached to the Medical Record reflecting the Queue Number Form (QNF) issued to the client.

37. **Tooth Extraction** – the removal of a tooth from its socket in the bone.

38. **Vital Signs** – the measurements of pulse rate, respiratory rate, body temperature, and blood pressure.

39. **Waiver of Liability** – a form or document that relinquishes PCSO Medical Team from legal responsibility for any untoward event that may happen to the patient while being transported; a form to be signed by the relative of patient.

V. GENERAL POLICIES

1. The PCSO Board of Directors/General Manager, at any given period, may initiate the grant of assistance to the target and eligible beneficiaries of PCSO Charity Programs and Services, subject to the rules and regulations of specific programs and services.

2. The General Manager shall be authorized to approve assistance in the amount consistent with the approval for Charity Fund releases, duly approved by the Office of the President (refer to Memorandum dated April 1, 2013). As such, the delegated authority of the General Manager shall no longer require the confirmation from the PCSO Board of Directors.

Table 1. Matrix of Approving Authorities for Charity Fund Releases

Approving Authorities	Amount
General Manager	*Up to Two Million Pesos (₱ 2,000,000.00)*
Chairman	*From Two Million up to Five Million Pesos (₱ 2,000,000.00 – ₱ 5,000,000.00)*
Board of Directors	*From Five Million up to Ten Million Pesos (₱ 5,000,000.00 – ₱ 10,000,000.00)*
Office of the President	*Above Ten Million Pesos (+ ₱ 10,000,000.00)*

3. Eligible beneficiaries which fully complied with the documentary requirements as stipulated in the program guidelines shall be the target per PCSO Charity Programs and Services (**"Annex A"**).

4. The rate of assistance shall be determined based on the parameters set in the guidelines of each program.

5. The Medical Services Department (MSD) shall be responsible for its program management, including among others, research and program development and full assessment of patients seeking consultation on their health-related needs.

6. The Branch Offices shall be responsible for the turn-over of donations under the PCSO Medicine Assistance through Branch Offices (MATBO) within their area of jurisdiction. A consumption report shall be submitted by the respective Branch Offices to the MSD after each turn-over/donation activity.

7. These guidelines shall immediately take effect upon approval by the appropriate authority and shall continue to take effect until necessary amendments for the respective programs have been approved subsequently.

8. All previous issuances by the PCSO Board of Directors, Office of the PCSO General Manager, and other PCSO offices and departments which are inconsistent with these guidelines are hereby deemed revoked, repealed, rescinded, amended, and/or supplanted accordingly.

9. Relevant guidance and pronouncements from the Office of the President of the Philippines, the PCSO Board of Directors, legislation enacted by the Congress of the Philippines, and/or issuances by regulatory line agencies shall be regularly referred to in the implementation of these guidelines, inasmuch as it ensures the appropriate, responsive, efficient, and judicious implementation of the Program in accordance with national and agency priorities, policies, and plans.

10. The PCSO reserves the right to modify, amend, and/or supplement these guidelines as it recognizes the need to accomplish the same on the basis of changes in the national policy landscape, consideration of the need to expand the coverage of the Program, and/or any other reasonable bases as may lawfully be determined by the PCSO.

VI. IMPLEMENTING GUIDELINES

A. MEDICINE DONATION PROGRAM

1. Rationale

Medicines basically relieve the suffering of sick individuals. In many cases, medicine donation can benefit those communities with inadequate access to medicines and eventually save lives especially during emergency situations. It can be a short-term aid or long-term assistance from the national government or private organizations.

In line with its mandate, the PCSO supports and promotes the primary health care services of the government which are deemed inadequate due to the lack of basic and essential medicines through partnership with various groups that pursue primary health care activities.

2. Program Description

The Medicine Donation Program (MDP) refers to short-term assistance for basic medicines coursed through the government and non-government, non-profit organizations and institutions.

3. Program Objective

The MDP aims to provide medicines to qualified non-government organizations/agencies/institutions; other government agencies engaged in health care programs, projects, and services; and local government units, especially for those under the Geographically Isolated and Disadvantaged Areas (GIDAs).

4. Specific Policies

4.1. The assistance under the MDP shall be provided to partner organizations/institutions in the form appropriate to the target community, as follows:

a) Medicine Assistance through Main Office (MATMO)
b) Medicine Assistance through Branch Office (MATBO)

4.2. Donations shall be in the form of basic and essential medicines for both MATMO and MATBO.

4.3. The following may avail of the assistance of the PCSO under the Medicine Donation Program, subject to completion of the documentary requirements (**"Annex A.1"**):

a) socio-civic and religious organizations;
b) non-government health institutions/centers;
c) non-stock, non-profit organizations or associations;
d) charitable institutions engaged in health and welfare-related programs and services;
e) government agencies; and
f) local government units (LGUs).

4.4. Variation in the amount of assistance shall depend on the assessment of the area (class of city/municipality), number of population, target beneficiaries and barangays classified as Geographically Isolated and Disadvantaged Areas to be covered/served.

Table 2. Rate of Assistance for Medicine Donation

Proponent	Amount of Assistance
Socio-Civic and Religious Organizations and Barangays	*Thirty Thousand to Sixty Thousand Pesos (₱ 30,000.00 – ₱ 60,000.00)*
NGOs, Other Government Agencies, LGUs (Provinces/Municipalities/Cities)	*Sixty Thousand to One Hundred Thousand Pesos (₱ 60,000.00 – ₱ 100,000.00)*

4.5. The Chairman, General Manager, and/or the Board of Directors may recommend aid to any organization/institution or community of its choice and suspend the ceiling on amount of assistance, at their discretion.

4.6. The Chairman and General Manager may direct the Medical Services Department (MSD) through the Assistant General Manager for Charity Sector (OAGM-CS) to withdraw requested worth of medicines from the Assets and Supply Management Department (ASMD) for donation through MATMO to their chosen recipient/s which may be from nearby or far-flung areas.

4.7. Actual release of the assistance shall be documented with pictures, including the signing of Certificate of Acceptance by the requesting party or duly authorized representative for MATMO and MATBO. As a reminder, they are to inform their constituents/clients that this is a PCSO-assisted project/activity.

4.8. A subsequent request of a beneficiary shall be processed at least six (6) months after the release of the prior assistance.

4.9. The MSD shall maintain a data bank containing information with regard to the status of requests, approval, and release of the donation.

5. Procedural Guidelines

5.1. Filing of Requests – The requesting party/applicant shall submit the request for medicines to the Office of the Chairman or the General Manager (OGM) or through the Branch Office (BO) servicing the area at least forty-five (45) days prior to the schedule of the activity, if applicable.

5.2. Requesting parties shall submit letter of request addressed to the PCSO Chairman/General Manager with the following information:

- organizational/institutional profile;
- SEC registration for NGOs;
- name of project/activity, if applicable;
- description of project/activity;
- schedule of project/activity, if applicable;
- rationale as to inadequacy of resources or lack of access to health services;
- target number of recipients;
- target outcome; and
- contact person/contact details.

5.3. Evaluation of Requests

5.3.1. The MSD shall review and assess the requests based on the following criteria:

a) priority or urgency of the need, in case of calamities;
b) demographic profile of the area;
c) classification of local government unit, if applicable;
d) target population/beneficiaries;
e) prior grant in the last six (6) months, if applicable; and
f) submission of copy of Certificate of Acceptance with pictures of turnover of previous grants under MATBO.

5.3.2. All requests for donation/provision of medicines with no submitted Certificate of Acceptance and documentation of turnover shall not be processed.

5.3.3. The MSD shall prepare and recommend the amount of medicines to be donated subject to the approval of the General Manager.

5.4. Approval/Disapproval

5.4.1. The MSD shall process the approved recommendations for medicines to be released to the requesting party or its duly authorized representative.

5.4.2. For MATMO, a copy of the approved Recommendation Memorandum will be forwarded to Pharmacy Division for preparation and appropriation of medicines.

5.4.3. For MATBO, the original copy of the approved Recommendation Memorandum, the letter from the requesting party, and the list of medicines to be delivered will be forwarded to the concerned Branch Office.

5.4.4. The MSD shall inform the requesting party through a reply letter of the deferment or denial of their applications due to the following:

a) late receipt of request and/or short notice;
b) inadequacy or depletion of medicine stocks for MATMO;
c) non-compliance with the six (6)-month interval between grants;
d) failure to submit the Certificate of Acceptance with documentation of turnover; or
e) conduct of a similar activity by other organizations/institution in the area on the same date already processed by MSD.

5.5. Release of Assistance

5.5.1. For MATMO, the medicines for donation shall be taken from the MSD inventory and released by the MSD to the beneficiaries. For MATBO, the medicines shall be released through the respective Branch Offices.

5.5.2. The MSD for MATMO, or concerned BO for MATBO, shall notify the requesting party or its authorized representative of the availability of the medicines and schedule the conduct of a pre-release orientation before the actual release of medicines.

5.5.3. The MSD or concerned Branch Office shall document the turnover of the medicine with pictures and have the Certificate of Acceptance signed by the requesting party or its authorized representative.

5.5.4. The Branch Office shall furnish the MSD with a copy of the Certificate of Acceptance and pictures of the turnover for recording and reference.

5.5.5. The MSD shall maintain a data bank for reference containing information with regards to the names of proponents, type of donation (MATMO or MATBO), pertinent dates of receipt and submission, regions and concerned branches, and dates of release of assistance.

Figure 1. Flowchart of Medicine Assistance through Main Office (MATMO)

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	Start		
SATELLITE CLINIC DIVISION (SCD) STAFF	Receive letter of request or directive from the higher management and/or Department Manager (DM)	• Assign reference code (Year/Month Series). • Log and encode details of request (name of requesting party, area of coverage of beneficiaries, date of activity, and file reference code).	• Letter of Request • Routing Slip • Database of Medicine Donation • Logbook of Medicine Donation
NURSING STAFF	Review and verify Letter of Request	• Attach checklist form. • Review/verify previous request from Database to ensure compliance to submission of Certificate of Acceptance interval of request within six (6) months.	• Checklist Form **PCSO-F-MSD-SCD-022** • Letter of Request • Database of Medicine Donation • Logbook of Medicine Donation • Security and Exchange Commission (SEC) Registration copy
DIVISION CHIEF	Assess and evaluate documents and requirements; Recommend amount of donation	• Assess and evaluate completeness of documents and requirements. • For complete documents, review and evaluate request if compliant to guidelines and policies for rating of amount of assistance. • In case of incomplete documents, no Certificate of Acceptance from previous grant, no	• Letter of Request • Checklist Form **PCSO-F-MSD-SCD-022** • Letter of Regret
	A		

	A		
		SEC registration, limited stock of medicines, and late receipt of request – Inform Requesting Party (RP) through phone or letter. • For request not within the scope of MSD program (equipment, supplies, and others) – Endorse to other offices through the Office of the Department Manager (ODM).	• Letter of Endorsement
NURSING STAFF	Prepare Recommendation Memorandum for amount of medicines to be donated	• For complete documents: Prepare Recommendation Memorandum.	• Recommendation Memorandum
DIVISION CHIEF		• Review and affix initials on Recommendation Memorandum. • Sign Recommendation Memorandum. • Forward to DM for approval and signature.	
NURSING STAFF	Transmit DM signed documents to the Office of the Assistant General Manager-Charity Sector (OAGM-CS) through Technical Working Staff (TWS)	• Log and transmit documents to OAGM-CS through TWS for approval.	• Recommendation Memorandum • Letter of Request • Logbook of outgoing documents
	Transmit AGM-CS signed documents to the General Manager (GM) through TWS	• Transmit AGM-CS signed documents to the Office of the General Manager (OGM) for approval and signature.	• Recommendation Memorandum • Letter of Request
	B		

	B		
NURSING STAFF	Receive GM-approved and signed recommendation	• Receive GM-approved and signed recommendation from TWS.	• Recommendation Memorandum • Letter of Request
	Forward a copy of approved Recommendation Memorandum	• Submit copy of approved Recommendation Memorandum to Pharmacy Division for preparation and appropriation of medicines. • Inform RP and set schedule for release of medicines.	• Recommendation Memorandum • Letter of Request • Consumption Report Form • Endorsement Letter
NURSING STAFF	Receive list of medicines from Pharmacy Division	• Accept list of appropriation of medicines from Pharmacy Division.	• List of Appropriation of Medicines (ISO OF PHARMACY)
	Schedule the release of medicines to RP	• Schedule the release of medicines to the RP.	
	Prepare Certificate of Acceptance	• Prepare and encode Certificate of Acceptance.	• Certificate of Acceptance
	Release Medicines	• Review and affix initials on Certificate of Acceptance. • Sign Certificate of Acceptance. • Conduct Prerelease orientation to RP or its duly authorized representative re: Interval of Request. • Count and release medicines.	• Certificate of Acceptance • Authorization Letter, if any • Identification Card/s
	C		

	C		
NURSING STAFF **DIVISION CHIEF**	Submit report on Medicine Donation Check and certify report	• Encode amount granted. • Submit monthly and quarterly reports to Administrative Officer. • Check and certify report.	• Certificate of Acceptance • Database • Monthly and Quarterly report
NURSING STAFF	Submit and file copy of signed reports	• Submit report to Administrative Officer (ODM). • File copy of report.	
	End		

Figure 2. Flowchart of Medicine Assistance through Branch Office (MATBO)

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	Start		
SATELLITE CLINIC DIVISION (SCD) STAFF	Receive letter of request or directive from the higher management and/or Department Manager (DM)	• Assign reference code (Year/Month Series). • Log and encode details of request (name of requesting party, area of coverage of beneficiaries, date of activity, and file reference code).	• Letter of Request • Routing Slip • Database of Medicine Donation • Logbook of Medicine Donation
NURSING STAFF	Review and verify Letter of Request	• Attach checklist form. • Review/verify previous request from Database to ensure compliance to submission of Certificate of Acceptance interval of request within six (6) months.	• Checklist Form **PCSO-F-MSD-SCD-022** • Letter of Request • Database of Medicine Donation • Logbook of Medicine Donation • Security and Exchange Commission (SEC) Registration copy
DIVISION CHIEF	Assess and evaluate documents and requirements; Recommend amount of donation	• Assess and evaluate completeness of documents and requirements. • For complete documents, review and evaluate request if compliant to guidelines and policies for rating of amount of assistance. • In case of incomplete documents, no Certificate of Acceptance from previous grant, no SEC registration, limited	• Letter of Request • Checklist Form **PCSO-F-MSD-SCD-022** • Letter of Regret
	A		

	A		
		stock of medicines, and late receipt of request – Inform Requesting Party (RP) through phone or letter. • For request not within the scope of MSD program (equipment, supplies, etc.) – Endorse to other offices through the Office of the Department Manager (ODM).	• Letter of Endorsement
NURSING STAFF	Prepare Recommendation Memorandum for amount of medicines to be donated	• For complete documents: Prepare Recommendation Memorandum.	• Recommendation Memorandum
DIVISION CHIEF		• Review and affix initials on Recommendation Memorandum. • Sign Recommendation Memorandum. • Forward to DM for approval and signature.	
NURSING STAFF	Transmit DM signed documents to the Office of the Assistant General Manager-Charity Sector (OAGM-CS) through Technical Working Staff (TWS)	• Log and transmit documents to OAGM-CS through TWS for approval.	• Recommendation Memorandum • Letter of Request • Logbook of outgoing documents
	Transmit AGM-CS signed documents to the General Manager (GM) through TWS	• Transmit AGM-CS signed documents to the Office of the General Manager (OGM) for approval and signature.	• Recommendation Memorandum • Letter of Request
	B		

	B		
NURSING STAFF	Receive GM approved and signed recommendation	• Receive GM approved and signed recommendation from TWS.	• Recommendation Memorandum • Letter of Request
	Forward a copy of approved Recommendation Memorandum	• Forward to Branch Office concerned the approved recommendation, copy of Letter of Request, and list of medicine to be donated.	• Copy of Letter of Request • Recommendation Memorandum • Endorsement Letter • List of medicines
BRANCH OFFICE PERSONNEL	Receive pertinent documents	• Receive pertinent documents.	• Recommendation Memorandum • Copy of Letter of Request • Endorsement Letter • List of medicines
	Schedule the release of medicines to RP	• Inform RP and set schedule for release of medicines to the RP.	
	Prepare Certificate of Acceptance	• Prepare Certificate of Acceptance.	• Certificate of Acceptance
	Release Medicines	• Review and affix initials on Certificate of Acceptance. • Sign Certificate of Acceptance. • Conduct Prerelease orientation to RP or its duly authorized representative re: Interval of Request. • Count and release medicines. • Submit copy of Certificate of Acceptance to the Satellite Clinic Division (SCD) with documentation (pictures)	• Authorization Letter, if any • Identification Card/s • Certificate of Acceptance (copy) • Picture/s of release activity
	C		

	C		
NURSING STAFF **DIVISION CHIEF**	Submit report on Medicine Donation Check and certify report	• Encode amount granted. • Submit monthly and quarterly reports to Administrative Officer. • Check and certify report.	• Certificate of Acceptance • Database • Monthly and Quarterly report
NURSING STAFF	Submit and file copy of signed reports	• Submit report to Administrative Officer (ODM). • File copy of report.	
	End		

MEDICAL AND DENTAL MISSION PROGRAM

1. Rationale

The Philippine Charity Sweepstakes Office is mandated under the Republic Act 1169, as amended by Batas Pambansa Blg. 42 and Presidential Decree No. 1157, as the principal government agency for raising and providing funds for health programs, medical assistance and services, and charities of national character. The medical and dental mission program is one of the health programs that was undertaken by the Medical Services Department (MSD) to accommodate requests for provision of free health services in the form of medical and dental consultation, as well as provision of free medicines.

2. Program Description

Medical and Dental Mission Program (MDMP) refers to the provision of outreach health care services in the depressed communities and in calamity-affected areas within or outside Metro Manila and nearby provinces, including provision of free medicines for those who have less or has no access to health services offered by the Local Government.

3. Program Objective

MDMP aims to provide equitable, efficient, and effective health care services through Medical and Dental Missions in partnership primarily with Local Government Units (LGUs) and other entities such as Non-Government Organizations (NGOs), socio-civic groups, religious organizations, and other government agencies, subject to evaluation and approval.

4. Scope of Assistance

4.1. The scope of assistance under the program, is as follows:

4.1.1. provision of medical consultation and treatment;

4.1.2. provision of free medicines for primary health care;

4.1.3. provision of dental consultation and treatment, including tooth extraction and preventive dental health education;

4.1.4. provision of Medical Team to calamity affected areas and other special events as initiated by the agency;

4.1.5. referral to other health institutions or hospitals for diagnostic procedures and further management;

4.1.6. referral to the Charity Assistance Department in availing the Medical Assistance Program (MAP); and

4.1.7. training of LGUs, NGOs, and socio-civic groups for the proper conduct of medical and dental mission.

5. Specific Policies

5.1. All requesting parties coming from areas in need of immediate or crucial medical attention and which fall under any of the following categories as per National Statistical Coordination Board (NSCB) may avail of the program as follows:

a) 1st Priority: Fourth (4th), fifth (5th), and sixth (6th) class municipalities and other government agencies with health-related program

b) 2nd Priority: Non-government and socio-civic organizations with health program

c) 3rd Priority: All others not falling under Priority 1 and 2

5.2. Applicants shall be required to submit a Letter of Request addressed to the PCSO Chairman or General Manager which must indicate a Comprehensive Project Proposal with the following information:

a) name of project, location, and schedule of activity;
b) rationale to include statement on availability of resources or lack of access to health services;
c) objectives;
d) projected number of recipients; and
e) contact person/contact numbers.

5.3. All submitted requests shall be evaluated and recommended by the Satellite Clinic Division (SCD) for approval or deferment/denial.

5.4. Request for the conduct of succeeding date of Medical-Dental Mission shall only be considered after a six (6)-month interval from the date of served activity. PCSO-initiated Medical and Dental Mission shall be conducted in areas pre-selected by the staff or upon the recommendation of PCSO management.

5.5. The missions shall be scheduled on weekdays, except on special circumstances such as national calamities, disasters, or epidemics where special missions have to be conducted and those with prior directives from the Offices of the Chairman and General Manager.

5.6. The Medical-Dental Mission, including special missions, shall be conducted on a half-day basis.

5.7. A "No-Guide, No-Go" policy shall be implemented on the scheduled date of the Medical-Dental Mission arrangement regarding a meeting place have been previously coordinated with the team**.**

5.8. The scheduled Medical-Dental Mission will be cancelled if the following conditions or situations prevail.

a) Typhoon Signal No. 1 in the mission area/site
b) Typhoon Signal No. 2 in Metro Manila Area or province where the mission shall be conducted
c) Work in government offices has been cancelled due to other emergency situations
d) Directive from the PCSO management to attend to other priority assignments

5.9. A monthly report of all conducted missions, including special missions, shall be submitted to the Office of Department Manager of the MSD.

5.10. A data bank shall be established on all information about the conducted Medical and Dental Missions, including special missions.

6. Procedural Guidelines

6.1. Filing of Requests – The requesting party/applicant shall submit the request for Medical and Dental Mission to the Office of the Chairman or the General Manager, together with the project proposal (**"Annex A.2"**).

6.2. Evaluation of Requests

6.2.1. The Nursing Staff shall verify from the database if there is any recent served activity within the last six (6) months from the applicant. Then log and encode into the database the basic information about the request, such as name of the requesting party, place and date of activity, and reference code.

6.2.2. The Division Chief shall coordinate with requesting party to discuss the program policies, guidelines, and schedule of activities within the next twenty-four (24) hours upon receipt of request, then discuss the details of the activity with the MSD Manager.

6.2.3. The Nursing Staff shall inform the requesting party of the status of the request, i.e. incomplete information or send a regret letter about the unavailability of medicines, late receipt of request, short notice, etc.

6.2.4. The Nursing Staff shall prepare and transmit the Memorandum Order to the Office of AGM for Charity Sector through the Technical

Working Staff (TWS) indicating the assigned Medical/Dental Team and Budget allocation for approval and then provide advance information to the following offices:

a) Pharmacy Division (for medicines),
b) General Services Department (for transportation), and
c) Public Relations Corporate Communication Division (PRCCD) of the Corporate Planning Department (CPD).

6.3. Approval of Requests

6.3.1. The Nursing Staff, upon receipt of the approval, shall inform the MSD Manager and coordinate the following activities:

a) finalize with the requesting party the conduct of mission, particularly the provision of a guide, location map, additional staff, time of mission, and logistics among others;

b) notify the PRCCD and MSD-Pharmacy Section and provide them with a copy of the approved Memorandum Order; and

c) arrange with GSD for transportation.

6.3.2. The MSD-Pharmacy Section shall appropriate the medicines and submit request for pre-inspection of the appropriated list of medicines by the ABD.

6.4. Conduct of the Mission

6.4.1. The Division Chief/Team Leader shall organize the Medical/Dental Team, conduct briefing, and clarify roles and responsibilities, itinerary of travel, and other related matters.

6.4.2. The following MSD personnel with the PRCCD Staff shall conduct the actual mission:

a) Medical Officers
b) Dentists
c) Nurses
d) Dental Hygienist
e) Pharmacist/s
f) Medical Technologist/s
g) Information Officer/s
h) Drivers/Paramedics
i) Aide/s

6.4.3. The Nursing Staff shall perform the following tasks during the mission:
a) take general data (name, age, vital signs);
b) note chief complaint/s;

c) instruct patient to proceed to Doctor's area;
d) refer patient to doctor for cases who need immediate medical attention (i.e. very high blood pressure, high fever, etc.); and
e) carry out Doctor's order and give health care advice, as needed.

6.4.4. The Dental Hygienist shall perform the following tasks during the mission:

a) issue patient's form for case history;
b) take blood pressure of adult patients;
c) endorse patient to the Dentist;
d) assist the Dentist;
e) refer the patients to the Pharmacist for available medicines;
f) will not allow the following to undergo Dental Services – medically compromised without clearance (i.e. menstruating patients, with elevated BP, cough, fever, etc.); and
g) attend to dental instruments.

6.4.5. The Medical Officers shall perform the following tasks during the mission:

a) validate patient's data;
b) take medical history;
c) conduct Physical Examination;
d) diagnose and treat patient;
e) refer to laboratory, specialist/s or health institution, if needed;
f) prescribe appropriate medicines;
g) issue Medical Certificate, if needed;
h) refer back to nurses to carry out immediate treatment/s, if needed; and
i) refer to Pharmacy for available medicines.

6.4.6. The Dentist shall perform the following tasks during the mission:

a) validate the data of the patient written in the patient's form;
b) conduct and perform routine dental examination;
c) assess and diagnose the chief complaint of the patient's form;
d) present treatment plan to the patient;
e) perform dental treatment, if the treatment plan is agreeable to the patient;
f) prescribe appropriate medicines;
g) refer patient to Dental Specialist/s, if needed;
h) conduct dental health teachings;
i) issue Dental Certificate, if needed; and
j) encode in the database all pertinent and relevant patient information, including but not limited to actual Dental Services.

6.4.7. The Dental Staff shall clean and check dental instruments before leaving the site and sterilize the same before safekeeping.

6.4.8. The Pharmacist shall perform the following tasks during the mission:

a) dispense and reiterate instructions on the dosage of the prescribed medicines;
b) prepare and submit letter request for pre- and post-inspection to Accounting and Budget Department; and
c) prepare and submit consumption report to Nursing Staff.

6.5. Submission of Report

6.5.1. The Nursing Staff and the Dental Hygienist shall submit their respective reports.

6.5.2. The Nursing Staff shall consolidate the reports and submit reports on a monthly, quarterly, and semestral basis.

6.5.3. The Division Chief shall review and certify the report. They will also submit the same to the Administrative Officer at the MSD Manager's Office.

6.6. Cancellation of the Mission

6.6.1. The MSD shall formally inform the requesting party of the cancellation of the mission due to force majeure or government office declaration. The mission shall be re-scheduled at a date agreed upon by the MSD and the requesting party.

6.6.2. The requesting party shall submit a new letter request if they initiated the cancellation of the mission and another date is requested.

Figure 3. Flowchart of Medical and Dental Mission Process

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	Start		
NURSING STAFF	Receive letter request and instruction from the higher management and/or Department Manager (DM)	• Assign reference code (Year/Month Series). • Review/verify previous request from database to ensure if previous assistance was served within six (6) months. • Log and encode details of request (name of requesting party, place and date of activity, and file reference code). • Communicate through phone with Requesting Party (RP) for added information and clarification, if necessary. • Endorse the request letter to the Division Chief.	• Letter of Request • Database of Medical and Dental Mission • Routing Slip • Logbook
DIVISION CHIEF	Assess and evaluate the recommendation of the nurse in-charge on the compliance of the RP	• For complete documents, review and evaluate request/documents and instruct nurse to prepare recommendation for the OGM's approval through OAGM-Charity Sector. • For incomplete documents, instruct the nurse to inform the RP of the requirements for compliance. • Instruct the nurse to call and/or prepare the Letter of Regret to requesting party as regards to the unavailability of medicines, late receipt of request, short notice, etc. for the appropriate actions of authorities.	• Medical and Dental Mission Guidelines **PCSO-F-MSD-SCD-013** • Checklist Medical and Dental Mission **PCSO-F-MSD-SCD-012** • Letter of Regret
	A		

	A		
NURSING STAFF	Prepare Memorandum Order with Budget Allocation for GM's approval / Regret Letter for OAGM-CS's signature	• Upon receipt of the approval of the recommendation letter, prepare the list of the Medical/Dental Team • Inform Pharmacy Division, Drivers, and Public Relations Corporate Communication Division (PRCCD) of CPD	• Memorandum Order • Letter of Request • Schedule of rotation **PCSO-F-MSD-SCD-014**
DIVISION CHIEF	Review Memorandum Order	• Review and affix initials on Memorandum Order. • Instruct a staff to forward to the Department Manager (DM) for signature.	• Memorandum Order
NURSING STAFF	Transmit documents to OAGM-CS through Technical Working Staff (TWS)	• Log and transmit documents to OAGM- CS through TWS.	• Memorandum Order • Logbook of outgoing documents
NURSING STAFF	Receive approved Recommendation/ Memorandum	• Inform the Division Chief and Department Manager of approval. • Inform requesting party of approved request. • Finalize plans re: Conduct of Mission with the RP. • Discuss guidelines (provision of guide, location map, additional staff, time of mission, and logistics, etc.). • Notify PRCCD and furnish copy of approved Memorandum Order. • Prepare Certificate of Appearance and Attendance. • Give copy of Approved Memorandum Order to	• Memorandum Order • Letter Request • Travel Order
	B		

	B		
DIVISION CHIEF		Pharmacist (Pharmacy Section). • In case of **cancellation** due to force majeure or government offices declaration of suspension, notify/call RP for possible rescheduling.	
NURSING STAFF	Coordinate with Pharmacy Section	• Coordinate with Pharmacy Section for preparation and appropriation of medicines.	• Memorandum Order
PHARMACY STAFF	Prepare Letter of Request for Inspection	• Receive list of appropriation of medicines from Pharmacy Section. • Prepare letter request for pre-inspection for submission to Accounting and Budget Department (ABD).	• Appropriation of medicines for Medical and Dental Mission **PCSO-F-MSD-PLD-007** • Letter Request
DIVISION CHIEF		• Sign letter request Pre-Activity Inventory Sheet.	• Pre-Activity Inventory Sheet **PCSO-F-MSD-SCD-016**
PHARMACY STAFF	Transmit document through TWS	• Transmit documents to ABD.	• Letter Request • Pre-Activity Inventory Sheet **PCSO-F-MSD-SCD-016**
PHARMACY STAFF	Inspection of medicines by ABD	• Receive call from ABD for schedule of inspection. • Receive medicines from Pharmacy Section. • Conduct actual inspection of medicines.	• Letter Request • Pre-Activity Inventory Sheet **PCSO-F-MSD-SCD-016** • Medicines
	C		

	C		
PHARMACY STAFF	Prepare list of medicines	• Prepare list of medicines to be used during Medical and Dental Mission.	• List of medicines **PCSO-F-MSD-SCD-017**
DIVISION CHIEF/ TEAM LEADER (MEDICAL OFFICER)	Conduct briefing of Medical/Dental Team	• Organize the Medical/Dental Team. • Clarify roles, responsibilities, itinerary, and other related matters with the team.	• Memorandum Order • Certificate of Appearance and Attendance • Itinerary • Schedule of rotation **PCSO-F-MSD-SCD-014**
MEDICAL OFFICERS DENTISTS NURSING STAFF DENTAL STAFF PHARMACY STAFF DRIVERS	Conduct of actual Medical/ Dental Mission	• Conduct of actual Medical and Dental Mission	
NURSING STAFF	Receive patient and conduct initial evaluation of patient's medical condition	**FOR MEDICAL SERVICES** • Take general data (name, age, vital signs). • Take chief complaint/s. • Instruct patient to proceed to Doctor's area. • Refer patient to doctor for cases who need immediate medical attention (increased BP, fever, etc.). • Carry out Doctor's order as needed.	• Patient's form **PCSO-F-MSD-SCD-001** • Available first aid kit and medicines
DENTAL STAFF	Receive patient and conduct initial evaluation of patient's dental condition	**FOR DENTAL SERVICES** • Issue patient's form for case history. • Take blood pressure of adult patients. • Endorse patient to Dentist. • Note: Medically-compro-mised patients will not be allowed to undergo	• Dental Form **PCSO-F-MSD-SCD-006** • Extraction Waiver **PCSO-F-MSD-SCD-007** • Dental Performance Form **PCSO-F-**
	D		

	D		
		dental procedures without clearance, namely, with menstrual period, high blood pressure, with cough, fever, etc.	**MSD-SCD-009**
MEDICAL OFFICERS	Receive patient from reception area and conduct consultation/ treatment	**FOR MEDICAL SERVICES** • Validate patient's data. • Take medical history. • Conduct Physical Examination. • Diagnose and treat patient. • Refer to Laboratory specialist/s or health facility/hospital of choice, if needed. • Prescribe appropriate Medicines. • Issue Medical Certificate, if needed. • Refer back to nurses to carry out immediate treatment, if needed. • Refer to Pharmacy for available medicines.	• Medical and Dental Mission Program Patient Form **PCSO-F-MSD-SCD-001** • Prescription **PCSO-F-MSD-SCD-003** • Medical Certificate **PCSO-F-MSD-SCD-008**
DENTISTS	Receive patient from reception area and conduct consultation/ treatment	**FOR DENTAL SERVICES** • Validate the data of the patient written in the patient's form. • Conduct and perform routine dental examination. • Assess and diagnose the chief complaint of the patient. • Present treatment plan to the patient. • Perform dental treatment, if the treatment plan is agreeable to the patient. • Prescribe appropriate medicines.	• Dental Form **PCSO-F-MSD-SCD-006** • Prescription **PCSO-F-MSD-SCD-003**
	E		

	E		
		• Refer patient to Dental Specialist/s, if needed. • Conduct dental health teachings. • Issue Post-Operative Instructions. • Issue Dental Certificate, if needed. • Refer to Pharmacy for available medicines.	• Dental Referral/Request Form **PCSO-F-MSD-SCD-017** • Post-Operative Instruction **PCSO-F-MSD-MDD-013** • Dental Certificate **PCSO-F-MSD-SCD-011**
DENTAL STAFF	Assisting	• Assist Dentists • Refer to Pharmacy for available medicines	
PHARMACY STAFF	Give prescribed medicines from the doctors/dentist	• Dispense medicines to medical and dental patients; reiterate instructions on dosage of medicines. • At the end of the day, check, count and list down undispensed medicines. • Prepare Certificate of Acceptance for donation of remaining medicines. • Turn over the medicines to RP.	• Medical and Dental Mission Program Patient Form **PCSO-F-MSD-SCD-001** • Prescription **PCSO-F-MSD-SCD-003** • Certificate of Acceptance **PCSO-F-MSD-SCD-022**
DENTAL STAFF	Clean instruments	• Clean and check dental instruments before leaving the site. • Sterilize instruments used in the mission before safekeeping (office).	• Dental Post Activity Inventory Sheet **PCSO-F-MSD-SCD-019**
PHARMACY STAFF	Submit Post-Activity Inventory Sheet to ABD	• Prepare Post-Activity Inventory Sheet for submission to ABD.	• Post-Activity Inventory Sheet **PCSO-F-MSD-SCD-018**
	F		

	F		
DIVISION CHIEF	Review and sign Post-Activity Inventory Sheet Report	• Sign Post-Activity Inventory Sheet prior to submission.	• Post-Activity Inventory Sheet **PCSO-F-MSD-SCD-018**
PHARMACY STAFF	Transmit document through Technical Working Staff (TWS)	• Transmit documents to ABD.	• Letter Request • Post-Activity Inventory Sheet **PCSO-F-MSD-SCD-018**
PHARMACY STAFF	Prepare and submit reports	• Prepare and submit reports to PLD through SCD-Division Chief (DC) for consolidation.	• Monthly and Quarterly Reports
DENTAL STAFF	Encode census/statistics	• Encode in Database all pertinent and relevant patients' information, including but not limited to actual Dental Services. • Encode number of patients served.	• Dental Form **PCSO-F-MSD-SCD-006** • Database of Medical and Dental Mission
DENTAL STAFF	Submit report of Dental Mission	• Prepare monthly report and submit to ODM.	• Medical and Dental Mission Accomplishment Report **PCSO-F-MSD-SCD-021**
NURSING STAFF	Collect census/statistics of patients served (Medical and Dental)	• Record and encode number of patients served in Logbook and Database. • Consolidate Medical and Dental Services Reports.	• Available statistics • Patient Form **PCSO-F-MSD-SCD-001** • Database • Medical and Dental Mission Accomplishment Report **PCSO-F-MSD-SCD-021**
DIVISION CHIEF	Check and certify reports	• Certify reports.	• Monthly and Quarterly Reports
	G		

	G		
NURSING STAFF	Submit and file signed reports	• Submit report to Administrative Officer (Office of the DM). • File copy of report.	• Monthly and Quarterly Reports
	End		

IN CASE OF TEMPORARY SUSPENSION AS IN A PANDEMIC

The program of Medical and Dental Mission may be temporarily suspended as with the COVID-19 pandemic due to the risk of spread of infection.

Resumption of the program will depend on the implementing guidelines of the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases and the Department of Health (DOH) with the minimum public health standards, like:

- Physical and Social Distancing;
- Proper Ventilation;
- Hand Sanitation;
- Use of face masks or coverings in public setting;
- Use of personal protective equipment of health personnel, as necessary; and
- Full vaccination of personnel.

It should be on condition that there is no objection from the Local Government Unit (LGU) of concern where the activity will take place, congruous with their allowed health policies with assurance of proper crowd control, assistance for the venue and conforming to the Medical Services Department (MSD) requirements.

OUTPATIENT SERVICES

1. Rationale

While the Philippine health indicators gradually increased over the years, the health status of majority of the population, especially the poor, shows serious gaps in the country's health system. Morbidity among the poor remains high and the costs of medicines and health professional fees are generally beyond the financial capability of the indigent individuals.

In response to the call of the President for everyone to work hand in hand towards a goal of providing public health care that is accessible even to our indigent countrymen, the Medical Services Department (MSD), being one vital arm of PCSO's charity programs, implements health services to those 'who have less in life' i.e. the disadvantaged sector of society, whom the Agency is mandated to serve. Directly under the Charity Sector, the MSD through its Outpatient Services (OPS) Program, has always been in the frontline, serving as the primary vehicle through which the PCSO's commitment towards public health service is fulfilled. It has consistently contributed in the realization of PCSO's mandate of providing for health programs, as well as medical assistance and services, which promote primary health care for the public. This program is being implemented by competent medical, dental, paramedical, and other allied medical personnel who provide full assessment to a patient seeking consultation for their health-related needs.

2. Program Description

The PCSO-Outpatient Services is one of the programs under the Medical and Dental Division (MDD) of the MSD, which includes provision of general medicine consultation, basic/minor surgical procedures, dental consultation and treatment, and medicines. The type of assistance under this program are as follows:

2.1. **Medical Services** – refers to the provision of comprehensive assessment through the conduct of physical examinations and draws appropriate management plans and treatment for patients seeking consultation for their medical needs.

2.2. **Dental Services** – refers to the provision of comprehensive assessment through the conduct of case history taking, physical examinations, referral to medical and dental specialists for further evaluations/recommendations and draws appropriate diagnoses, treatment plans, and management for patients seeking consultation for their dental needs.

3. Program Objective

The OPS aims to provide primary health services to the general public especially the indigents, free of charge.

4. Specific Policies

4.1. Scope of Assistance

4.1.1. Medical Service includes, but are not limited to, the following assistance:

a) General medicine consultation and management
b) Vaccination and Immunization
c) Ancillary Procedure (e.g. 12 lead ECG)

4.1.2. Dental Service includes, but are not limited to, the following assistance:

a) Oral consultations
b) Restoration
c) Oral Prophylaxis
d) Tooth extractions
e) Minor oral surgical procedures
(e.g. Odondectomy, Alveoctemy, Alveolotomy)
f) Dental periapical radiographic examinations

4.1.3. Provision of free medicines as prescribed by In-House Physicians (IHPs) and Dentists (IHDs)

4.2. Clinic Schedules

4.2.1. Outpatient Clinic (OPC) and the Pharmacy shall be opened from Monday to Sunday from 8:00 AM to 5:00 PM.

4.2.2. Dental Services shall be opened from Monday to Sunday and shall start at 8:00 AM. Extraction cases shall end at 3:00 PM to make way for any untoward complications of patients served on a particular day.

4.3. A Priority Lane shall be established for the elderly and persons with disabilities (PWDs). Otherwise, a 'first-come, first-served basis' will be observed.

4.4. The 'No-ID, No-Consult' policy shall be enforced on all patients/clients. A valid ID shall be presented by the patients prior to consultation. For new patients, a photocopy of the ID shall be required for attachment to their

medical record. Other requirements, as deemed necessary may be needed.

4.5. Proper attire shall be observed at all times. A work instruction shall be posted in the Registration Area.

4.6. The Officer of the Day (OD) shall review the completeness of the following documents for initial requests for medicine assistance (original and photocopy) submitted by the patients/clients:

a) Prescriptions which shall have a validity of six (6) months upon the date of issue.

b) Updated prescriptions, quantity of which shall be determined whether it shall cover for a certain period, but not to exceed six (6) months consumption based on the date of issuance. It is, however, understood that while the prescription covers a six (6)-month period, the issuance of medicines shall be given on a monthly or every two (2) months basis.

c) Recent laboratory/diagnostic results related to the illness presented and medicines being requested.

4.7. Pediatric patient/s should be accompanied by parent/s or siblings of legal age, particularly if these patients will require dental/surgical interventions.

4.7.1. In the event that the nearest kin of the patient is unable to accompany the patient, the accompanying adult shall present the following:

a) A duly-signed letter of authorization from parents or siblings of legal age

4.7.2. Additionally, in cases the authorizing entity (parent/legal-aged siblings) has a different name from that of patient, proof must be presented such as:

a) Birth certificate of both patient and authorizing entity to verify veracity of kinship and to show registry of same parents (for siblings).

b) A valid ID (list of government issued ID posted in the registration area) and that of the parent/sibling that indicates the same address of the patient and the authorizing entity.

4.7.3. For orphans, the guardian shall present a barangay certificate as a proof of legal custody.

4.7.4. The accompanying adult who is not a parent nor a sibling of legal age representing a particular pediatric patient shall sign a waiver accepting full responsibility of the person he/she is representing prior to medical and dental consultations and procedures.

4.8. Emergency cases shall be directed to the nearest hospital/emergency room.

4.9. Patients/Clients requesting medicines shall be required to present the original or certified true copy of their prescription and medical abstract/certificate supporting the same and duly signed by the attending physician with his/her license number.

4.10. In the event that the patient is unable to present him/herself, his/her representative shall present a valid ID (both of the bearer and patient), and photocopy of the same to be attached to the Medical Record. Representatives up to third (3rd) of consanguinity shall be allowed.

4.11. Representative/s shall also carry authorization letter from the patient, signature of which must coincide with the one indicated in the patient's ID.

4.12. The In-House Physician (IHP)/In-House Dentist (IHD) shall oversee the operation in each service area to include supervision of assigned staff, monitoring and evaluation, as follows:

4.12.1. The Nursing and Dental service shall come up with a report on the number of patients served to be submitted to the Office of the Department Manager on a monthly basis.

4.12.2. The Medical Records section shall maintain a Patients Electronic Data Backed up with a registration logbook of patients.

4.12.3. The Pharmacy Services shall conduct a monthly inventory of available medicines. The ODM, IHPs, IHD's, and the Nursing services shall be given a list of available medicines for their reference. Report on the monthly medicine consumption shall likewise be submitted to the Office of the Department Manager.

4.13. The Pharmacy Unit shall accommodate prescriptions exclusively from PCSO's IHPs and IHDs. Patients with prescriptions from other hospitals or other health centers/facilities can be accommodated only after he/she consults with the IHP who shall validate diagnosis and the prescribed medicines. The IHP then prescribes the medicines which are available in the pharmacy.

4.14. The Medical Certificate must be updated every six (6) months to ensure that the patient is seen regularly by his/her attending physician.

4.15. PCSO physicians (Pharmacy and Laboratory Division, Satellite Clinic Division, Charity Assistance Department, and OAGM Charity Sector)

other than those at Medical and Dental Division can attend to patients and issue prescriptions, provided they follow the Process Flow and hold their consultation in the Outpatient services room.

4.16. Only authorized personnel shall be allowed to retrieve a Medical Record of a patient (employee or outpatient) from the Medical Records Section.

5. Procedural Guidelines

5.1. Registration and Queuing – The Officer of the Day (OD) stationed at the MSD outpatients waiting area shall issue a queuing number to the patient for every consult on a 'first-come, first-served basis', giving priority to PWDs and senior citizens.

5.1.1. The OD shall check/verify the government issued/PCSO-MSD Outpatient ID card presented by the patient or his/her representative.

5.1.2. The OD shall prepare the registration logbook for medical patients and update the same with the date that the patient/client consulted. For dental patients, electronic data is maintained.

5.2. Patient's Medical Record

5.2.1. For new patients/clients – The OD shall issue a patient's information slip labeled as Queue Number Form (QNF), prepare the PCSO-MSD Outpatient ID, and create the Patient's Medical Record using the alpha-numeric system.

5.2.2. For past/regular patients/clients – The OD shall collect client's PCSO-MSD Outpatient ID, register patient in the Electronic Outpatient Registration Process Database (EOPRPD), and encode sex disaggregated data for Gender and Development Focal Point System. The OD then tags patient's Medical Record together with his patient form and ID, and endorses it to Record Handler (RH) who then retrieves his/her medical records from the Medical Records Section (MRS).

5.2.3. The RH shall transmit the Patient's Medical Record and his other documents to the Nursing staff and Dental receptionist, respectively.

5.3. Medical Services

5.3.1. The Nursing Staff shall perform the initial assessment and evaluation process as follows:

a) Queue-in the patient's number for initial assessment/evaluation, attaching a photocopy of the valid ID in the medical record (New patients only)

b) Request the authorized representative of the minor patient/s not accompanied by parent/s to sign a waiver accepting full responsibility of the person he/she is representing prior to medical consultations and procedures is required.

c) Conduct initial assessment by checking vital signs and body weight, asking chief complaints and other relevant data which are necessary in the evaluation to be done by the In-House Physician (IHP), and record the initial findings in the Patient's Consultation Record.

d) Assess and check the completeness of documents for medicine assistance, which is attached in the patient's Medical Record (**"Annex B.16"**).

e) Fill-out the time before and after initial evaluation in the QNF and affix their signature over their printed name in the Patient's Consultation Record.

f) Instruct the patient to wait for their turn to be called at the designated waiting area. The Record Handler (RH) will direct the patient and endorse the Medical Record together with the tag number and QNF for the IHP's further evaluation and management.

5.3.2. The IHP shall perform the consultation and/or treatment process, as follows:

a) Validate the data gathered by the Nurse on Duty (NOD), take note of the history of present illness of the patient, conduct physical examination/assessment, and draw the management plan, including but not limited to the following when necessary:

- Referral for laboratory and or ancillary procedure, if needed
- Referral to other subspecialties for further evaluation and management, if needed
- Referral to hospital of choice, if necessary

b) Explain to the patient his/her diagnosis and the necessary treatment. Issue prescription of medicine/s.

c) Instruct the patient to proceed to the Pharmacy for the issuance of medicine/s, if available, and discharge the patient with the instruction to come back for follow-up, if necessary.

- The Record Handler (RH) shall collect the medical records from the IHP for stamping verification of issued documents and endorse the same to the Nursing staff to ensure proper and complete medical records for recording. Furthermore, RH shall forward tag numbers, QNF, and Medical Record with affixed signature (also by RH) on census logbook.

- The RH returns tag number and QNF to OD, logs received Medical Records at the filing logbook, and files the Medical Record affixing his signature on the Filing Logbook.

- The OD receives tag number and QNF for Medical daily tracking and performs File backup for Electronic Outpatient Registration Process Database (EOPRPD).

5.4. Dental Services

5.4.1. The Dental Hygienist (DH) shall perform the pre-assessment and evaluation activities, as follows:

a) conduct an intake interview, which include the following information, among others: personal information, medical and dental histories, and blood pressure examinations (on surgical cases, etc.) as a requisite for the management proper; and

b) endorse the patient to the In-house Dentist for oral examination and proper management as soon as fitness of patient to undergo the required dental procedure is determined.

5.4.2. The In-House Dentist (IHD) shall perform the following consultation/ treatment activities:

a) validate the medical data of the patients in reference to the patient's case history and perform the required dental procedure/s;

b) treat the patient based on the assessment of the patient's complaint and his/her sound and professional judgment, provided that the facilities, resources, and personnel are available;

c) request and/or refer the patient to medical/dental specialists or other health/laboratory facilities, if deemed necessary;

d) write down the procedure/treatment done in the patient's dental record and prescribe the appropriate medicines, if needed; and

e) refer to the PCSO Pharmacy for available medicines.

f) The IHD shall return the dental record to the DH for proper encoding. At the end of the day, the DH shall record all patients served for daily dental tracking

5.4.3. The Dental Aide shall gather, clean, and disinfect all used instruments; monitor functionality of equipment used; and conduct end-of-day inventory. He shall stamp verification on in-house prescriptions issued to dental patients.

Figure 4. Flowchart of Outpatient Medical and Dental Services Process

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	Start		
OFFICER OF THE DAY (OD)	Register patient/client	• Attend to patient/client on a 'first-come-first-served basis'. • Advise patients to wear proper dress code.	• Outpatient Services Visual Aid (Proper Dress Code)

		• Verify name of patients in the Patients Record Database.
		• Prioritize according to the following:
		  ○ Priority (senior citizens and persons with disability)
		  ○ Regular (adult and pedia)
		• For new patient/client:
			• Patients Record Database

		○ Require to present a valid ID card and submit a photocopy of the same.	• Outpatient Services Visual Aid (List of Government Issued Identification)
		○ Give Data Privacy Act Consent Form (PACF) to be filled up by the new patient.	• Data Privacy Act Consent Form **PCSO-F-MSD-MDD-035**
		○ Issue PCSO-OP ID, for reference.	• PCSO Outpatient (PCSO-OP) Identification
		• Register patients in the Electronic Outpatient Registration Process Database (EOPRDP).	• Electronic Outpatient Registration Process Database (EOPRPD)
		• Encode sex disaggregated data for Gender and Development focal points system.	• Sex Disaggregated Data Form **PCSO-F-MSD-MDD-036**
	A		

	A		
OFFICER OF THE DAY (OD)		• For old patient/client: ○ Require patient to present PCSO Outpatient (PCSO-OP) ID card. If unavailable, request patient to present a valid ID. • For Dental services, prepare Patient's Form and ask patients to accomplish the same. • For Medical services, endorse to Record Handler for record retrieval.	• PCSO Outpatient (PCSO-OP) Identification • Patient Form **PCSO-F-MSD-MDD-010**
RECORD HANDLER (RH)	Retrieve Medical Record	• Retrieve and transmit Medical Records to OD.	• Medical Record
OFFICER OF THE DAY (OD)	Prepare Medical Records	• For Medical services, prepare Medical Record and designate Medical Registration Code. • Tag the Medical Record and Patient Form with the same number together with the PCSO-OP ID.	• PCSO Outpatient (PCSO-OP) Identification • Medical Record • Tag Number • Patient Form **PCSO-F-MSD-MDD-010** • Medical Record Database • Electronic Medical Registration Process Database (EMRPD) • Filing Logbook
	Facilitate queue	• Call patient/client, issue Queue Number Form (QNF), and fill-out time of registration. • If patient/client is not physically present during initial call, see Work Instruction (**"Outpatient Figure 6"**).	• Queue Number **Form PCSO-F-MSD-MDD-002** • Registration Incident Logbook • Work Instruction **WI-MSD-01**
	B		

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OFFICER OF THE DAY (OD)		**Note:** Medical and Dental patients/clients will wait for their queue numbers at the designated waiting areas. *For emergency cases, advise the patient or companion to proceed to the nearest health facility.* • Forward Medical Records and Patient Forms to Nursing Staff and Dental Receptionist, respectively.	• Outpatient Services Visual Aid (Advisory for Emergency Cases) • Medical Record • Patient Form **PCSO-F-MSD-MDD-010** • PCSO Outpatient (PCSO-OP) ID • Tag Number
MEDICAL SERVICES: **NURSING STAFF**	Assess patient/client	• Call patient/client by queue number and ask for QNF. • Fill-out time of call on QNF. • Collect and check required photocopy/ies of identification, if needed. • If patient/client is not physically present after several calls, see Work Instruction (**"Outpatient Figure 6"**). • For Medical assistance: ○ Check the completeness of documents such as medical abstract or certificate, laboratory findings, and prescription provided by the attending medical doctor ○ If submitted documents are	• Queue Number **Form PCSO-F-MSD-MDD-002** • Tag Number • Photocopy/ies of valid ID (government issued) • Reception Incident Logbook • Work Instruction **WI-MSD-01** • Medical Record • PCSO Outpatient (PCSO-OP) ID • Patient's Consultation Record **PCSO-F-MSD-MDD-003** • Medicine Assistance Requirements Checklist **PCSO-F-MSD-MDD-022**
	C		

	C		
		incomplete, advise patient to comply with lacking requirement. • Fill-out time ended on QNF. • If patient is unable to be physically present due to impaired mobility, request for an authorization letter and valid ID of both patient and the representative. • Interview and record the following on Patient's Consultation Record (PCR): ○ patient's vital signs, ○ chief complaints, ○ medical history, and ○ laboratory results. • Endorse Medical Record to the In-House Physician (IHP).	• Queue Number Form **PCSO-F-MSD-MDD-002** • PCSO Outpatient (PCSO-OP) ID • Patient's Consultation Record **PCSO-F-MSD-MDD-003** • Medical Record
IN-HOUSE PHYSICIAN (IHP)	Provide Medical Management	• Fill-out the time of call on QNF. **For Medical Consultation:** • Assess and manage the patient according to pertinent history, diagnostic results, and physical examination. • If for further or immediate management, as Nursing Staff to carry out order (e.g. ECG, Oxygen Inhalation, etc.) • For patients needing further evaluation and management, refer accordingly. • Instruct patient to proceed to stamping	• Medical Record • Patient's Consultation Record **PCSO-F-MSD-MDD-003** • Diagnostic Request Form **PCSO-F-MSD-MDD-006** • Referral Form **PCSO-F-MSD-MDD-007** • List of Medicines **PCSO-F-MSD-**
	D		

	D		
		verification of received documents and accomplish Customer Satisfaction Survey. • Advise patient to proceed to PCSO Pharmacy for available medicines.	**PLD-002** • Medical Certificate **PCSO-F-MSD-MDD-008** • Prescription (In-House) **PCSO-F-MSD-MDD-004** • Prescription (Outside) **PCSO-F-MSD-MDD-005** • Dispensing of Medicine **OP-MSD-03**
NURSING STAFF	Carry out doctor's order/ Log patient census	• Carry out doctor's order, when necessary. • Collect Medical Records from IHP. • Log cases served for the day in the Census Logbook and ensure Medical Records are properly signed and complete. • Forward tag numbers, QNF, and Medical Record. Have RH affix his/her signature on Census Logbook.	• Medical Records • Census Logbook • Tag Number • Queue Number Form **PCSO-F-MSD-MDD-002**
RECORD HANDLER (RH)	Stamp verification and accomplishment of Customer Satisfaction Survey (CSS)	• Recieve medical documents from patient for stamping verification.	• Diagnostic Request Form **PCSO-F-MSD-MDD-006** • Referral Form **PCSO-F-MSD-MDD-007** • Medical Certificate **PCSO-F-MSD-MDD-008** • Prescription (Outside) **PCSO-F-MSD-MDD-005** • Stamp Verification Logbook • Monitoring Form
	E		

	E		
		• Ask patient to accomplish the Customer Satisfaction Survey (CSS). • Instruct patient/client to proceed to PCSO Pharmacy to claim available medicine/s.	for Released Documents **PCSO-F-MSD-MDD-037** • CSS Form/QR Code
RECORD HANDLER (RH)	Collect and file Medical Records	• Log and file received Medical Records. • Return tag number and QNF to Office of the Day (OD).	• Medical Records • Filing Logbook • Tag Number • Queue Number Form **PCSO-F-MSD-MDD-002**
OFFICER OF THE DAY (OD)	Medical daily tracking	• Receive tag number and QNF for medical daily tracking. • Perform file back-up for Electronic Outpatient Registration Process Database (EOPRPD).	• Tag Number • Queue Number Form **PCSO-F-MSD-MDD-002** • Tracker **PCSO-F-MSD-MDD-020** • Electronic Outpatient Registration Process Database (EOPRPD) • USB Back-Up
DENTAL SERVICES: **DENTAL RECEPTIONIST**	Assess patient/client	*Once the dental patient's queue number is called by the Officer of the Day (OD), next in queue patient will proceed to the Outpatient Dental Services treatment room* • Receive Patient Form with Tag Number.	• Patient Form **PCSO-F-MSD-MDD-010** • Tag Number
	F		

	F		
		• If patient does not show up when queue number has been called thrice (3x), see Work Instruction (**"Outpatient Figure 6"**).	• Dental Incident Logbook • Work Instruction **WI-MSD-01**
		• Fill-out time on Queue Number Form (QNF).	• Queue Number Form **PCSO-F-MSD-MDD-002**
		• For new patient, validate ID and attach photocopy to the Patient Form.	• Valid (government issued) ID with photocopy
		• For old patient, check PCSO-OP ID.	• PCSO Outpatient (PCSO-OP) Identification
		• Interview patient and record the following: o chief complaints; o blood pressure, if necessary; o dental/medical history; and o intended treatment.	• Patient Form **PCSO-F-MSD-MDD-010**
		• Instruct patient to wait in the reception waiting area according to queue number, if applicable.	
		• Fill-out time on QNF.	• Queue Number Form **PCSO-F-MSD-MDD-002**
		• Endorse the next in queue patient to the In-House Dentist (IHD).	
IN-HOUSE DENTIST (IHD)	Perform Dental Management	• Receive next in queue patient to be served.	• Patient Form **PCSO-F-MSD-MDD-010** • Queue Number Form **PCSO-F-MSD-MDD-002**
		• Perform pre-treatment and oral examination.	
		• If patient needs further management, refer to medical/dental	• Dental Referral/Request Form **PCSO-F-**
	G		

	G		
		specialists and/or issue referrals and request (e.g. X-ray) if needed.	**MSD-MDD-017**
		• Inform patient and secure waiver for the services to be done.	• Service Waiver Form **PCSO-F-MSD-MDD-012** • Treatment Plan Form **PCSO-F-MSD-MDD-016**
		• Perform actual dental treatment and management.	
		• Perform post-treatment by conducting dental health teachings, issuance of individual prescriptions for available medicines in the pharmacy and/or another prescriptions for outside purchase, if any.	• Post Operative Instruction **PCSO-F-MSD-MDD-013** • List of Medicines **PCSO-F-MSD-PLD-002** • Prescription (In-House) **PCSO-F-MSD-MDD-004** • Prescription (Outside) **PCSO-F-MSD-MDD-005**
		• Advise patient to proceed to PCSO Pharmacy for available medicines.	• Dispensing of Medicine **OP-MSD-03**
		• Issue Dental Certificates for procedures done upon request.	• Dental Certificate **PCSO-F-MSD-MDD-014**
		• Fill-out time after treatment by IHD on QNF and submit accomplished Patient Form with attached QNF to the Dental Receptionist for encoding.	• Patient Form **PCSO-F-MSD-MDD-010** • Queue Number Form **PCSO-F-MSD-MDD-002**
DENTAL RECEPTIONIST	Encode and file Dental Record	• Collect Patient Form and QNF for dental daily tracking.	• Patient Form **PCSO-F-MSD-MDD-010** • Queue Number Form **PCSO-F-MSD-MDD-002**
	H		

	H		
		• Encode data of services rendered for the day to Dental Electronic Patient Record Database. • Perform file back-up of Dental Electronic Patient Record Database.	• Dental Services Daily Tracker **PCSO-F-MSD-MDD-025** • Dental Electronic Patient Record Database • USB Back-up
DENTAL AIDE	Stamping verification of issued dental documents	• Secure document/s issued to dental patient for stamping verification.	• Prescription (In-House) **PCSO-F-MSD-MDD-004** • Prescription (Outside) **PCSO-F-MSD-MDD-005** • Dental Certificate **PCSO-F-MSD-MDD-014** • Dental Referral/Request Form **PCSO-F-MSD-MDD-017**
	End		

Figure 5. Flowchart of Multi-Specialty Care to Outpatients

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	Start		
SPECIALTY NURSE-ON-DUTY (SNOD)	Schedule of patient	• Receive the Medical Record with referral from the In-House Physician (IHP) to Specialty Clinic of scheduling of patient.	• Multi-Specialty Clinic Appointment Schedule **PCSO-F-MSD-MDD-040** • Appointment Slip **PCSO-F-MSD-MDD-039**
OFFICER OF THE DAY (OD)	Register patient	*Follow the usual process/procedure indicated for registration of patient in the provision of Outpatient Medical Services.* • Receive Appointment Slip for consultation. • The sequence if activities shall be as follows: o Issue queue number. o Endorse Medical Record together with tag number and Appointment Slip to SNOD.	• Provision of Outpatient Medical and Dental Services **OP-MSD-01** (**"Outpatient Figure 4"**) • PCSO Outpatient (PCSO-OP) Identification • Queue Number Form **PCSO-F-MSD-MDD-002** • Tag Number • Application Slip **PCSO-F-MSD-MDD-039** • Medical Record
SPECIALTY NURSE-ON-DUTY (SNOD)	Reception, Endorsement, and Schedule of patient	• Call patient by queue number. • In case of non-appearance of patient when called, see Work Instruction (**"Outpatient Figure 6"**)	• Queue Number Form **PCSO-F-MSD-MDD-002** • Multi-Specialty Clinic (MSC) Incident Logbook • Work Instruction **WI-MSD-01**
	A		

	A		

		• Record the following on Patient's Consultation Record:
		  ○ patient's vital signs
		  ○ laboratory results
		• Endorse Medical Record to the Visiting Medical Specialist (VMS) for consultation.
			• Patient's Consultation Record **PCSO-F-MSD-MDD-003**
			• Multi-Specialty Clinic Appointment Schedule **PCSO-F-MSD-MDD-040**
			• Medical Record

VISITING MEDICAL SPECIALIST (VMS)	Provide Specialty Management	• Assess and manage the patient according to pertinent history, diagnostic results, and physical examination. • If for further or immediate management, ask Nursing Staff to carry out order (e.g. ECG, Oxygen Inhalation, etc.) • Issue prescription, medical certificate, laboratory request, and referral, as needed.	• Medical Record • Patient's Consultation Record **PCSO-F-MSD-MDD-003** • Diagnostic Request Form **PCSO-F-MSD-MDD-006** • Referral Form **PCSO-F-MSD-MDD-007** • List of Medicines **PCSO-F-MSD-PLD-002** • Medical Certificate **PCSO-F-MSD-MDD-008** • Prescription (In-House) **PCSO-F-MSD-MDD-004** • Prescription (Outside) **PCSO-F-MSD-MDD-005**
SPECIALTY NURSE-ON-DUTY (SNOD)	Schedule follow-up and log patient census	• Collect medical record from VMS. • Issue of re-appointment slip, if needed.	• Medical Record • Multi-Specialty Clinic Appointment Schedule **PCSO-F-MSD-MDD-040**
	B		

	B		
		• Assist VMS during the conduct of examination and management, if needed. • Log cases served for the day in the Census Logbook. • Forward QNF, tag number, and Medical Record to Record Handler for filing.	• Appointment Slip **PCSO-F-MSD-MDD-039** • Census Logbook • Queue Number Form **PCSO-F-MSD-MDD-002**
RECORD HANDLER (RH)	Stamp verification and accomplishment of Customer Satisfaction Survey (CSS)	• Receive medical documents from patient for stamping verification. • Ask patient to accomplish the CSS. • Instruct patient/client to proceed to PCSO Pharmacy to claim available medicine/s. • Receive Medical Record with QNF from the SNOD.	• CSS Form/QR Code • Prescription (In-House) **PCSO-F-MSD-MDD-004** • Medical Record
	Log and file Medical Records	• Log received Medical Records at the Filing Logbook. • Affix signature in the Filing Logbook. • Forward QNF to OD for medical daily tracking.	• Medical Record • Filing Logbook
PHARMACY SERVICE	Dispense medicine	• Follow the usual process/procedure indicated for Pharmacy Service in the provision of Outpatient Medical Services.	• Dispensing of Medicines **OP-MSD-03**
	End		

Figure 6. Flowchart of Work Instruction for Patients Not Present at the time of Queueing

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	Start		
OFFICER OF THE DAY (OD)	Initial call of patient	• Call patient/client by name and queue number. Then, ask for QNF. • Repeat the call at least thrice (3x).	• Queue Number Form **PCSO-F-MSD-MDD-002** • Tag Number • Medical Record • Patient Form **PCSO-F-MSD-MDD-010** • PCSO Out-Patient (PCSO-OP) Identification
NURSING STAFF/ DENTAL RECEPTIONIST	Skip and call the next patient/client	**If patient does not show up:** • Skip. • Log the time of call and reflect it on the Registration Incident Logbook. • Call the next patient/client. • Allocate approximately one (1) hour of waiting.	• Registration Incident Logbook
	Register if patient/client shows up	**If patient shows up within one (1) hour of waiting:** • Register and queue the patient/client next to the preceding patient/client. • Log time of call and reflect on how many times the patient was called and when they showed up. **If patient shows up for more than one (1) hour of waiting:** • Register and queue the patient after the last QNF entry/end of waiting line.	
	End		

PATIENT TRANSPORT SERVICE

1. Program Description

The Patient Transport Service is a service provided by the Medical Services Department (MSD) which is free of charge for patients requiring transport to and from health facilities.

2. Type and Scope of Assistance

The Patient Transport Service shall cover transport:

a) from one hospital to another (should be properly coordinated by the requesting party and attending physician to the receiving hospital);
b) from health facility to patient's residence or vice versa; and
c) from PCSO offices to health facility.

3. Eligibility

a) Patient seen at the MSD Outpatient Services or Employees Clinic requiring emergency consult or admission.
b) Patients admitted in hospitals for transport to their residence or to another hospital (properly coordinated by the requesting party and attending medical doctor).
c) Referred patients are subjected to compliance to all requirements and availability of services.

4. Exclusion Criteria

a) Deceased patients.
b) High risk patients (on mechanical ventilation or continuous ambu-bagging/manual ventilation, with unstable vital signs), except for emergency cases seen at the MSD Outpatient Services or Employees Clinic (hypertensive crisis, respiratory distress, impending heart attack, or stroke in-progress, etc.)
c) Patient with highly contagious infections

5. General Policies

5.1. Patient transport is limited to the National Capital Region (NCR) and contiguous provinces within the Luzon mainland.

5.2. Conveyances outside of Metro Manila shall be subject to proper scheduling to ensure availability of medical team and complete documentation.

5.3. Patients are required to have one (1) companion during transport.

5.4. Only one (1) carry-on bag or luggage is allowed on the Medical Transport Vehicle with the patient during transport.

5.5. Documentary requirements shall be waived for emergency cases seen at the MSD Outpatient Services, Employees Clinic, or within or around the PCSO office premises. The MSD Physician shall issue the necessary Referral Slip to serve as documentation of the cases.

5.6. All patients to be conducted for purposes of admission or transfer of health facility should be properly coordinated by their relatives and/or attending physicians to the hospital where they shall be transported.

5.7. In case of multiple requests for patient transport, priority shall be on a 'first-come, first-served basis'. However, the urgency of the case shall be considered and may take precedence over sequential order of the application, if necessary. Likewise, PCSO officials, employees, and their qualified dependents shall be given due preference.

6. Procedure/Process

6.1. Application

Applicants or requesting parties shall file their request for transport with the Office of the Assistant General Manager (AGM) for Charity Sector or MSD Department Manager which shall be routed to the Satellite Clinic Division (SCD)

6.2. Assessment

Upon submission of complete documents, the Division Chief shall evaluate and assess the condition of the patient and urgency of the need. The Nursing staff shall establish the availability of the medical transport vehicle and personnel.

6.3. Approval and Implementation

6.3.1. The SCD Division Chief shall submit the recommendation for approval of the Department Manager. For patient transfer outside of Metro Manila, the recommendation shall be approved by the AGM for Charity Sector.

6.3.2. The Nursing staff shall prepare and submit the corresponding Memorandum Order or Travel Order to the Department Manager for endorsement to the Office of the AGM for Charity Sector.

6.3.3. For emergency conductions during weekends, holidays, and beyond prescribed office hours, the processing or issuance of the Memorandum Order may be waived prior to transport,

provided that the signing of the Memorandum Order shall be facilitated immediately during the subsequent working day.

6.3.4. A special order shall be required for conveyances outside of Metro Manila, beyond office hours, and during weekends and holidays to be signed by the AGM for Charity Sector.

6.3.5. The patient transport vehicle shall be manned by one (1) or two (2) nurses, one (1) driver, and one (1) paramedic, depending on the requirements of the case. For emergency cases occurring within the PCSO premises, one (1) medical doctor shall join the medical team during transport. The MSD reserves the right to amend the composition of the team based on the needs of the case.

6.3.6. The Nursing staff shall properly inform the requesting party of the stipulations of the Patient Transport Service Waiver of Liability to be signed prior to the transport of the patient.

6.4. Monitoring/Recording

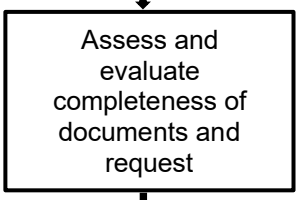
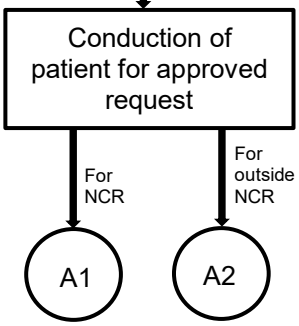
The Nursing staff shall maintain a Nurse's Noted and file records of the monthly patient transport services rendered for reference and data banking.

7. Funding Requirements

The expenses for the Patient Transport Service shall be charged to the approved MSD Corporate Operating Budget subject to the usual audit and accounting rules and regulations.

Figure 7. Flowchart of Patient Transport Service

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	Start		
REQUESTING PARTY	Submit letter request with relevant documents		• Letter Request • Routing Slip
OFFICE OF CHAIRMAN/ GENERAL MANAGER (GM)	Accept and transmits letter request with relevant documents		• Letter Request • Routing Slip
OFFICE OF THE ASSISTANT GENERAL MANAGER FOR CHARITY SECTOR (OAGM-CS)	Receive, encode, and route request transmitted from Office of the Chairman/GM	• AGM gives instructions and annotations. • Staff transmits documents to Medical Services Department.	• Letter Request • Routing Slip
TECHINICAL WORKING STAFF (TWS)	Receive transmitted documents from OAGM	• Receive and log in documents.	• Logbook/Transmittal Record of incoming documents
DEPARTMENT MANAGER	Conduct initial review of request	• Give instruction as marginal notes. • Forward to Satellite Clinic Division.	• Letter of Request
NURSE	Process request and evaluate completeness of documents and instructions from higher management	• Enter relevant information in Logbook.	• Letter of Request • Checklist of requirements: Discharge slip/clearance • Medical Abstract/Certificate
	A		

			
DIVISION CHIEF		• In case of incomplete documents, inform Requesting Party (RP). • If patient is high-risk (e.g. in mechanical ventilator, on continuous ambu-bagging, and/or highly contagious diseases cannot be served), explain to RP. • Defer or recommend for approval.	• Guidelines and policies
NURSES **PATIENT TRANSPORT SERVICE (PTS) DRIVERS**			

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	A1 NCR CONDUCTION		
NURSE **DIVISION CHIEF** **DEPARTMENT MANAGER (DM)**	Fill-out and sign forms of Patient Transport Service (PTS) request and Waiver of Liability	• Prepare forms and have them filled out and signed by relative. • Identify and organize the Medical Team. • Prepare form of Request for Ambulance Service and inform Ambulance unit. • Prepare, check, and replenish supplies of conduction bag. • Review PTS request form and other documents. • Sign and approve PTS Request.	• Ambulance Service Request • Waiver of Liability • Schedule of Rotation of Staff • Conduction Bag
PTS DRIVERS **NURSE**	Actual conduct of patient with one (1) or two (2) companion Endorse to receiving hospital/relative	• Prepare, fill-out, and sign trip ticket. • Submit a copy to the guard on duty upon departure. • Nursing care during conduction of patient.	• Trip Ticket
NURSE	Submit reports	• Submit Nurse's report and Weekly/Monthly report.	• Filing folder • Logbook
	End		

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	A2 OUTSIDE NCR CONDUCTION		
NURSE **DIVISION CHIEF** **DEPARTMENT MANAGER (DM)**	Prepare and sign Memorandum Order and other documents	• Prepare Memorandum Order, Budget Allocation, and Ambulance Request form. • Identify and organize the Medical Team. • Prepare PTS unit. • Review Memorandum Order and other documents. • Sign Memorandum Order and other documents.	• Memorandum Order • Letter of Request • Checklist of Requirements • Ambulance Service Request • Waiver of Liability • Schedule of Staff Rotation
TECHNICAL WORKING STAFF (TWS)	Transmit documents to Office of the Assistant General Manager-Charity Sector (OAGM-CS)	• Route documents to OAGM-CS.	• Memorandum Order and other documents • Logbook of outgoing documents
ASSISTANT GENERAL MANAGER (AGM)	Approval of request	• Sign Memorandum Order and other documents if approved. • If not, refer back to MSD. • Staff transmits approved Memorandum Order back to MSD.	• Memorandum Order
TWS	Approval of request	• Receive approved requests and documents. • Forward to Satellite Clinic Division and inform DM.	• Memorandum Order and other documents
	A		

RESPONSIBLE PERSON(S)	PROCESS/ACTIVITY	ACTIVITY DETAILS	REFERENCES
	A		
NURSE	Receive documents and make final coordination with relative	• Relative fills-out and signs Waiver of Liability form. • Prepare, check, and replenish supplies of Conduction Bag.	• Waiver of Liability • Conduction Bag
PTS DRIVERS **NURSE**	Actual conduct of patient Endorse to receiving hospital/relative	• Prepare, fill-out, and sign trip ticket. • Submit a copy to the guard on duty upon departure. • Nursing care during conduction of patient.	• Trip Ticket
NURSE	Submit reports	• Submit Nurse's report and Weekly/Monthly report. • Liquidation of travel expenses.	• Filing folder • Logbook • Memorandum Order • Travel Order • Certificate of Appearance • Itinerary • Payroll
	End		

ANNEXES

A. DOCUMENTARY REQUIREMENTS

1. Medicine Donation Program (MDP)
2. Medical and Dental Mission Program (MDMP)
3. Patient Transport Service (PTS)

Medicine Donation Program

A. For Filing of Applications

1. Letter of Request addressed to the PCSO Chairman/General Manager with Comprehensive Project Proposal stating the following information:

    - organizational profile;
    - name of project/activity, if applicable;
    - description of project/activity;
    - schedule of project/activity;
    - rationale to include statement on availability of resources or lack of access to health service;
    - objectives of the project/activity;
    - target number of recipients;
    - target outcome; and
    - contact person/contact number/s.

2. Copy of SEC Registration for NGOs
3. For financial assistance, canvass/quotation of medicines from the supplier

B. For Liquidation of Assistance

1. Accomplished Consumption Report Form
2. Acknowledgement Letter from the Local Executive/ Officer-in-Charge of venue of activity
3. Documentation/pictures during the mission
4. Photocopy of the PRC license of the Team Leader (Medical Doctor in-charge)

Medical and Dental Mission Program

A. Letter of Request addressed to the PCSO Chairman or General Manager

B. Project Proposal with the following information:

- name of project, location, and schedule of activity;
- rationale to include statement on availability of resources or lack of access to health services;
- objectives;
- projected number of recipients; and
- contact person/contact numbers.

Patient Transport Service

A. **Letter of Request** – addressed to the PCSO Assistant General Manager (AGM) for Charity Sector or the Medical Services Department (MSD) Manager.

B. **Medical Certificate** – signed by the attending physician clearly stating that the patient is stable and NOT classified as high risk (e.g. on mechanical ventilator or needing continuous ambu-bagging and/or manual resuscitation) or with a highly contagious or infectious disease.

C. **Discharge Slip** – cleared by the hospital billing section for transfer from hospital to residence or to another hospital. This must be readily presented to the MSD medical team upon pick-up at the health facility.

B. OFFICIAL FORMS

1. Queue Number Form
2. Patient's Consultation Record
3. Prescription Form (Medical and Dental)
4. Diagnostic Request Form
5. Referral Form
6. Medical Certificate
7. Dental Form
8. Treatment Plan Form
9. Dental Referral/Request Form
10. Extraction Waiver Form
11. Service Waiver Form
12. Post-Operative Instruction (Dental)
13. Dental Performance Record
14. Dental Certificate
15. Sex Disaggregated Data of PCSO Clients
16. Checklist (Medicine Donation Program)
    (Medical and Dental Mission Program)
17. Patient Form – Medical and Dental Mission Program
18. Customer Satisfaction Survey (CSS) Form and QR
19. Medical and Dental Mission Accomplishment Report
20. Multi-Specialty Clinic Appointment Schedule
21. Multi-Specialty Clinic Appointment Slip

1. Queue Number Form

Philippine Charity Sweepstakes Office | Queue Number Form | PCSO-F-MSD-MDD-002

DATE(PETSA): _____

NAME: _____, _____

Last Name (Apelyido) | First Name (Pangalan) | Middle Initial

Time Registered: _____ Time seen at the Reception: _____ Time Seen by Physician or Dentist: _____

CATEGORY:

- ☐ New Patient (Bagong Pasyente)
- ☐ Old Patient (Dating Pasyente)
- ☐ Multi Specialty Clinic

CLASSIFICATION

- ☐ Priority (PWD / Senior Citizen)
- ☐ Regular (Pedia / Adult)

SERVICE OPTION:

- ☐ Medicine Assistance (Hingi ng gamot)
- ☐ Medical Consultation
- ☐ Dental Consultation/Treatment
- ☐ Dental IMAP

QUEUE NUMBER

Room #: _____

Rev1/Jan152020

2. Patient's Consultation Record (Front)

Philippine Charity Sweepstakes Office	Patient's Consultation Record	PCSO-F-MSD-MDD-003

☐ EMPLOYEE — Dept:

☐ DEPENDENT: ☐ Adult ☐ Pedia — C/o Employee Name: _____

☐ OPD: ☐ Adult: ☐ Pedia — I.D. Number: _____

Name: _____ (Last Name / First Name / M.I) B-Date: _____ Age/Sex: _____ Status: _____

Address: _____ Educational Attainment: _____ Employment Status: _____ Contact Number: _____

DATE and TIME/ VITAL SIGNS	HISTORY of the PRESENT ILLNESS	PERTINENT PHYSICAL EXAM and DIAGNOSIS	TREATMENT / MANAGEMENT

Rev1/Oct072022

2. Patient's Consultation Record (Back)

DATE and TIME/ VITAL SIGNS	HISTORY of the PRESENT ILLNESS	PERTINENT PHYSICAL EXAM and DIAGNOSIS	TREATMENT / MANAGEMENT

3. Prescription Form (Medical and Dental)

Philippine Charity Sweepstakes Office | Prescription (In-House) | PCSO-F-MSD-MDD-004

DATE: _____

NAME OF PATIENT: _____

I.D. Number: _____ AGE/SEX: _____

℞

_____
Signature Over Printed Name of Physician/Dentist
License No.

Rev0 Mar082018

Philippine Charity Sweepstakes Office | Prescription (Outside) | PCSO-F-MSD-MDD-005

DATE: _____

NAME OF PATIENT: _____

AGE/SEX: _____

℞

_____
Signature Over Printed Name of Physician/Dentist
License No.

Rev0 Mar082018

4. Diagnostic Request Form

Philippine Charity Sweepstakes Office	Diagnostic Request Form	PCSO-F-MSD-MDD-006

DATE: _____

NAME OF PATIENT: _____

AGE: _____ **SEX:** _____

ADDRESS: _____

_____

Request For:

- ☐ CBC
- ☐ ECG
- ☐ Platelet Count
- ☐ Chest X-ray
- ☐ Urinalysis _____ (view)
- ☐ Fecalysis

Blood Chemistry:

- ☐ BUN
- ☐ Creatinine
- ☐ FBS
- ☐ 2HPPBS
- ☐ OGTT
- ☐ Blood Uric Acid
- ☐ Total Cholesterol
- ☐ Triglycerides
- ☐ HDL
- ☐ LDL
- ☐ VLDL
- ☐ SGPT
- ☐ SGOT
- ☐ Alkaline Phosphatase

Others: _____

Diagnosis:

_____
Signature Over Printed Name of Physician
License No. _____

Rev0/Mar082018

5. Referral Form

Philippine Charity Sweepstakes Office	Referral Form	PCSO-F-MSD-MDD-007

DATE: _____

NAME OF PATIENT: _____ AGE/SEX: _____

ADDRESS: _____

Referral to:

Reason of referral:

Diagnosis:

_____
Signature Over Printed Name of Physician
License No.

Rev0/Mar082018

6. Medical Certificate

Philippine Charity Sweepstakes Office	**Medical Certificate**	PCSO-F-MSD-MDD-008

Date : _____

TO WHOM IT MAY CONCERN:

This is to certify that Mr./Ms. _____

consulted at the PCSO Clinic on _____ because of _____

_____

Impression/Diagnosis:

_____

Remarks: _____

_____

_____

_____

_____

_____ M.D.

Lic. No. _____

PTR No. _____

S2 No. _____

Rev0/Mar082018

7. Dental Form

Philippine Charity Sweepstakes Office	**Dental Form**	PCSO-F-MSD-SCD-006

QUEUE NO: _____ Petsa: _____

Lugar: _____

Pangalan: _____

Edad: _____ Kasarian: _____

BP: _____/_____mmHg
(To be filled by the MSD Personnel)

MEDICAL HISTORY:

_____

_____

_____

DENTAL HISTORY:

1. MAHIRAP BA KAYONG BUNUTAN NG NGIPIN? **OO/HINDI**
2. KAYO BA'Y MADUGUIN KAPAG BINUBUNUTAN? **OO/HINDI**
3. ANONG ORAS HULING KUMAIN? _____ **AM/PM**
4. KAILAN HULING UMINOM NG ALAK? _____
5. ANONG ORAS NATULOG KAGABI? _____
6. KAYO BA AY MAYROONG MENSTRUATION? **MERON/WALA**
7. PETSA NG HULING ARAW NG MENSTRUATION? _____
8. KAYO BA AY BUNTIS? **OO/HINDI**
9. BREASTFEEDING BA KAYO NGAYON? **OO/HINDI**

Ipinapatunayan ng aking lagda na pawang katotohanan ang mga naging sagot ko sa mga katanungang nabanggit.

_____
Pangalan at Lagda ng Pasyente / Magulang ng Menor de Edad / Awtorisadong Kinatawan

"PCSO ensures compliance with the Data Protection Act of 2012 (RA No. 10173) and Its Implementing Rules and Regulations to safeguard the privacy rights of individuals in relation to their personal information."

Rev0/Mar082018

8. Treatment Plan Form

Philippine Charity Sweepstakes Office	Treatment Plan Form	PCSO-F-MSD-MDD-016

Dental Section

_____
DATE

An oral examination conducted on

_____ **AGE:** _____

DEPT.: _____

☐ **oral prophylaxis (cleaning)**
☐ **restoration/s (fillings)** _____
☐ **tooth extraction** _____
☐ **odontectomy (wisdom tooth removal)**
☐ **prostheses(dentures)**
  ☐ **fixed** _____
  ☐ **removable** _____
☐ **radiographic examination (x-ray)**
  ☐ **periapical** _____
  ☐ **panoramic**
☐ **OTHERS** _____

It is recommended that you attend to these findings to safeguard your general health. Should you wish to get more information about these, you may contact the dentist who conducted this examination at 441-2065 or consult your private dentist.

PATIENT'S COPY

_____ **DDM**
License No.: _____

Rev0/Mar082018

9. Dental Referral/Request Form

Philippine Charity Sweepstakes Office	Dental Referral/ Request Form	PCSO-F-MSD-MDD-017

Date: _____

TO WHOM IT MAY CONCERN:

Respectfully referring patient, _____,

_____ **Age:** _____ **Sex:** ____ **for;**

☐ **Medical clearance in regards to intended dental treatment due to** _____

_____

☐ **Radiographic examination;**

☐ **Periapical x-ray involving tooth number/s** _____

☐ **Panoramic x-ray**

☐ **Others :** _____

☐ **Other request/referral :** _____

_____

Very Sincerely Yours,

_____ **DMD**

License No.: _____

Rev0/Mar082018

10. Extraction Waiver Form

Philippine Charity Sweepstakes Office | **Extraction Waiver** | PCSO-F-MSD-SCD-007

DATE : ______________

PARA SA MAGPAPABUNOT LANG PO ITO !

Ipinapatunay ng aking pirma na ako'y walang karamdaman o iniinom na mga gamot na nagbabawal sa anumang paglalapat ng karampatang lunas ng mga kawani ng Dental Section (PCSO Medical and Dental Division).

Sa ganang ito, ibinibigay ko ang pahintulot sa kanila na gumamit ng mga kinakailangan at kaukulang paraan at magreseta ng mga gamot na nauukol sa aking idinaraing.

Ipinawawalang sala ko rin ang PCSO sampu ng kanilang mga kawani, sa anumang maaring mangyari sa akin, bunga ng nabanggit na pagpapapagamot nila.

BUONG PANGALAN NG PASYENTE	PIRMA NG PASYENTE O PIRMA NG KAMAG-ANAK	RELASYON NG PUMIRMA PARA SA PASYENTE

Rev0/Mar082018

11. Service Waiver Form

Philippine Charity Sweepstakes Office | **Service Waiver Form** | PCSO-F-MSD-MDD-012

Ipinapatunay ng aking pirma na naiintindihan ko, sumasang-ayon ako at ibinibigay ko ang aking pahintulot sa Dental Services na gamutin ako sa anumang kinakailangan at kaukulang paraan hinggil sa aking idinaraing. Kasama sa pagpapatunay na ito ang pagtanggap ko ng mga kaukulang dokumento gaya ng reseta, referral, request, dental certificate at iba pa na may kaugnayan sa naturang gamutan. Ipinawawalang sala ko rin ang PCSO, sampu ng kanilang mga kawani sa anumang kahihinatnan ng nabanggit na gamutan.

Date	Name of Patient	Service Rendered	Prescribed Medication	Conforme	Received Documents	Signature of Patient	DMD

Rev0/Mar082018

12. Post-Operative Instruction (Dental)

Philippine Charity Sweepstakes Office	Post-Operative Instruction	PCSO-F-MSD-MDD-013

PANGANGALAGA PAGKATAPOS MABUNUTAN

1. Huwag kalikutin ang sugat sa pamamagitan ng dila o daliri.
2. Huwag magmumog nang madalas.
3. Huwag magbuhat ng mabigat o gumawa ng gawaing mabigat.
4. Huwag magbabad sa araw.
5. Huwag kumain ng malalansang pagkain.
6. Ipagpaliban ng isang araw ang pag-inom ng mainit na inumin o paninigarilyo.
7. Iwasang kumagat o ngumuya sa bahagi ng binunutan. Sa halip, ay gawin ito sa kabilang bahagi.
8. Inumin ang mga gamot na ibinigay, tulad ng :
   a. **ANALGESIC** *(para sa sakit)*
      Kung makaramdam ng sakit pagkaraang mawala ang pamamanhid, inumin ang _____ (tableta, kapsula o kutsaritang syrup) _____(beses o oras).
   b. **ANTIBIOTIC** *(para sa impeksyon)*
      Inumin ang ___ (kapsula o kutsaritang suspension) _____ (beses o oras).
   c. **ANTIHEMORRHAGIC** *(para sa pagdurugo)*
      Inumin ang 1 kapsula tuwing ika 4 na oras sa isang araw.

Rev0/Mar082018

_____
Dentist

13. Dental Performance Record

Philippine Charity Sweepstakes Office | Dental Performance Record | PCSO-F-MSD-SCD-009

Date: _____

Location: _____

#	DMD	Patient's Names	M/F	AGE	BP	Services Rendered	Medication/s
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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45							
46							
47							
48							
49							
50							

Rev0/Mar082018

14. Dental Certificate

Philippine Charity Sweepstakes Office	Dental Certificate	PCSO-F-MSD-MDD-014

CERTIFICATE

Date: _____

TO WHOM IT MAY CONCERN:

This is to certify that MR. /MS._____
Sought dental consultations and/or treatment under the service of the undersigned at the PCSO Medical Services Department (Dental Section) last _____

Clinical examinations revealed that the patient requires the following services/treatment:

[ ] For oral prophylaxis
[ ] For restoration/s: _____
[ ] For extraction/s: _____
[ ] For other minor surgical procedure/s: _____
[ ] OTHERS: _____

He / She has been examined/scheduled/treated for the above mentioned dental findings.
This certification is issued upon the request of the patient for whatever purpose it may serve.

Thank you very much.

Very truly yours,

_____ D.M.D.
License No. _____

Rev0/Mar082018

15. Sex Disaggregated Data of PCSO Clients

Philippine Charity Sweepstakes Office | **Sex Disaggregated Data Form** | **PCSO-F-MSD-MDD-036**

DATE: ____________

Page ____ of ____

CLINIC STATION: ____________

No.	NAME (Surname, First Name, Middle Initial)	PROGRAM		GENDER		AGE					CIVIL STATUS				EDUCATIONAL ATTAINMENT						EMPLOYMENT STATUS								REMARKS
		OPD	EMP	MALE	FEMALE	0-18	19-29	30-39	40-59	60+	SINGLE	MARRIED	LEGALLY SEPARATED	WIDOW/ WIDOWER	ELEM. GRAD	HIGH SCH. GRAD	VOC.	COLLEGE	POST GRAD	OTHERS	WORKING FULLTIME	WORKING PART-TIME	UN-EMPLOYED	PERMANENTLY UNEMPLOYED	SELF-EMPLOYED	STUDENT FULL-TIME	RE-TIRED	OTHERS	
	TOTAL																												
	GRAND TOTAL																												

Prepared by: ____________

Adult :
Male : ________
Female: ________

Pedia :
Male : ________
Female: ________

Noted by: ____________

Rev0/Oct072022

16. Checklists for Medicine Donation Program/ Medical and Dental Mission Program

Philippine Charity Sweepstakes Office	**Checklist** Medicine Donation program	PCSO-F-MSD-SCD-022

Criteria Checklist for Medicine Donation Program.
Date received: _____ Time: _____

☐ Letter Request

☐ Complete Documentary Requirements

Date of Activity: _____

Venue of Activity: _____

☐ Contact Person/Contact Number

_____

☐ Memorandum Order / Recommendation Order

☐ Certificate of Acceptance

For Previous Request:

☐ Consumption Report (if any)

Date of last Request Served: _____

Demographic Profile:

LGU Classification: Barangay (GIDA/ NON-GIDA) Municipality: _____ Class
Population: _____
Rationale/Objective: _____

Prepared by: _____

_____

Conforme:

ROUEL C. APARATO, MD
Division Chief

Rev1/Oct072022

Philippine Charity Sweepstakes Office	**Checklist** Medical and Dental Mission Program	PCSO-F-MSD-SCD-012

Criteria Checklist for Medical and Dental Mission request.
Date received: _____ Time: _____

☐ Letter Request

☐ Complete Documentary Requirements

Date of Activity: _____

Venue of Activity: _____

☐ Contact Person/Contact Number

_____

With previous request served ?

☐ Yes ☐ No

Date of last Request Served: _____

Remarks:

Prepared by: _____

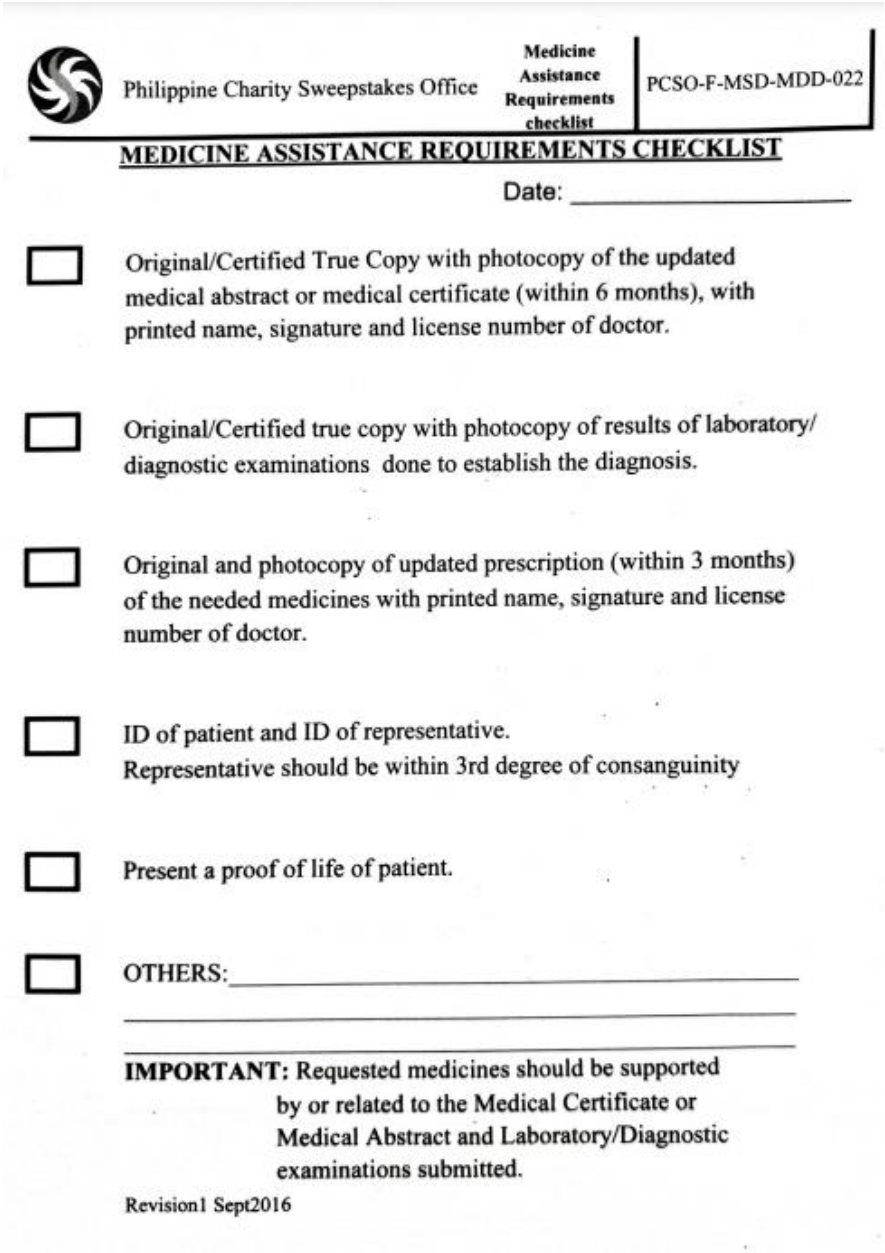
_____

Conforme:

ROUEL C. APARATO, MD
Division Chief

Rev1/Oct72022

16. Checklist for Medicine Assistance Requirements



Philippine Charity Sweepstakes Office | Medicine Assistance Requirements checklist | PCSO-F-MSD-MDD-022

MEDICINE ASSISTANCE REQUIREMENTS CHECKLIST

Date: _____

☐ Original/Certified True Copy with photocopy of the updated medical abstract or medical certificate (within 6 months), with printed name, signature and license number of doctor.

☐ Original/Certified true copy with photocopy of results of laboratory/ diagnostic examinations done to establish the diagnosis.

☐ Original and photocopy of updated prescription (within 3 months) of the needed medicines with printed name, signature and license number of doctor.

☐ ID of patient and ID of representative.
Representative should be within 3rd degree of consanguinity

☐ Present a proof of life of patient.

☐ OTHERS:_____

_____

_____

IMPORTANT: Requested medicines should be supported by or related to the Medical Certificate or Medical Abstract and Laboratory/Diagnostic examinations submitted.

Revision1 Sept2016

17. Patient Form – Medical and Dental Mission Program

Philippine Charity Sweepstakes Office	Medical and Dental Mission Program Patient Form	PCSO-F-MSD-SCD-001

Name: _____ **Age:** _____ **A/P**

Place: _____ **Date:** _____

Complaints:

- ☐ *Cough & colds*
- ☐ *Headache & Dizziness*
- ☐ *Chest/Back pain*
- ☐ *Fever*
- ☐ *Muscle/Joint pain*
- ☐ *Others:*

Hx:

- ☐ *HPN*
- ☐ *DM*
- ☐ *HD*
- ☐ *PUD*

V/S:

B/P-

T-

_____
Nurse

Dx/Tr/Rx:

_____
M.D.

Rev0/Oct72022

17. Patient Form – Outpatient

Philippine Charity Sweepstakes Office	Patient Form	PCSO-F-MSD-MDD-010

QUEUE NO: _____ Petsa: _____

Lugar: _____

Pangalan: _____

Edad: _____ Kasarian: _____

BP: _____ / _____ mmHg
(To be filled by MSD Personnel)

MEDICAL HISTORY: ☐ ***NO SIGNIFICANT MEDICAL HISTORY***

_____

_____

DENTAL HISTORY:

1. MAHIRAP BA KAYONG BUNUTAN NG NGIPIN? **OO/HINDI/N.A.**
2. KAYO BA'Y MADUGUIN NOONG BINUNUTAN? **OO/HINDI/N.A.**
3. ANONG ORAS HULING KUMAIN? _____ **AM/PM**
4. KAILAN ANG HULING TIKIM/INOM NG ALCOHOL? _____
5. ANUNG ORAS NATULOG KAGABI? _____ PM
6. KAYO BA'Y MAYROONG MENSTRUATION? **MERON / WALA / N.A.**
7. PETSA NG LAST DAY NG MENSTRUATION? _____
8. KAYO BA AY BUNTIS? **OO / HINDI / N.A.**
9. BREASTFEEDING BA KAYO NGAYON? **OO / HINDI / N.A.**

Ipinapatunayan ng aking lagda na pawang katotohanan ang mga naging sagot ko sa mga katanungang nabanggit.

_____
Pangalan at Lagda ng Pasyente / Magulang ng Menor de Edad / Awtorisadong Kinatawan

"PCSO ensures compliance with the Data Protection Act of 2021 (RA No.. 10173) and its Implementing Rules and Regulations to safeguard the privacy rights of individuals in relation to their personal information."

Service/s Rendered:

_____

_____

_____

_____

_____

Prescribed Med/s:

_____

_____

_____

_____

_____

DMD_____

Rev0/Mar082018

18. Customer Satisfaction Survey (CSS) Form (Front)

Control No:_____
(Bersyon para sa On-site Sarbey)

PHILIPPINE CHARITY SWEEPSTAKES OFFICE
TULUNGAN MO KAMI MAS MAPABUTI ANG AMING MGA PROSESO AT SERBISYO!

Ang Client Satisfaction Measurement (CSM) ay naglalayong masubaybayan ang karanasan ng taumbayan hinggil sa kanilang pakikitransaksyon sa mga tanggapan ng gobyerno. Makatutulong ang inyong kasagutan ukol sa inyong naging karanasan sa kakatapos lamang na transaksyon, upang mas mapabuti at lalong mapahusay ang aming serbisyo publiko. Ang personal na impormasyon na iyong ibabahagi ay mananatiling kumpidensyal. Maaari ring piliin na hindi sagutan ang sarbey na ito.

Uri ng Kliyente: ☐ Mamamayan ☐ Negosyo ☐ Gobyerno (Empleyado o Ahensya)
Petsa: _____ Pangalan: _____ Contact Number: _____
Edad: _____ Kasarian: ☐ Lalaki ☐ Babae Rehiyon: _____
Uri ng transaksyon o serbisyo: _____

PANUTO: Lagyan ng **tsek (✓)** ang iyong sagot sa mga sumusunod na katanungan tungkol sa Citizen's Charter (CC). Ito ay isang opisyal na dokumento na naglalaman ng mga serbisyo sa isang ahensya/opisina ng gobyerno, makikita rito ang mga kinakailangan na dokumento, kaukulang bayarin, at pangkabuuang oras ng pagproseso.

CC1 Alin sa mga sumusunod ang naglalarawan sa iyong kaalaman sa CC?
☐ 1. Alam ko ang CC at nakita ko ito sa napuntahang opisina
☐ 2. Alam ko ang CC pero hindi ko ito nakita sa napuntahang opisina
☐ 3. Nalaman ko ang CC nang makita ko ito sa napuntahang opisina
☐ 4. Hindi ko alam kung ano ang CC at wala akong nakita sa napuntahang opisina (Lagyan ng tsek ang 'N/A' sa CC2 at CC3 kapag ito ang iyong sagot)

CC2 Kung alam ang CC (Nag-tsek sa opsyon 1-3 sa CC1), masasabi mo ba na ang CC nang napuntahang opisina ay...
☐ 1. Madaling makita ☐ 4. Hindi makita
☐ 2. Medyo madaling makita ☐ 5. N/A
☐ 3. Mahirap makita

CC3 Kung alam ang CC (nag-tsek sa opsyon 1-3 sa CC1), gaano nakatulong ang CC sa transaksyon mo?
☐ 1. Sobrang nakatulong ☐ 3. Hindi nakatulong
☐ 2. Nakatulong naman ☐ 4. N/A

PANUTO: Para sa SQD 0-8, **lagyan ng tsek (✓)** ang hanay na pinakaangkop sa iyong sagot.

	Lubos na sumasangayon	Sumasangayon	Walang kinikilingan	Hindi sumasangayon	Labis na hindi sumasangayon	N/A Not Applicable
SQD0. Nasiyahan ako sa serbisyo na aking natanggap sa napuntahan na tanggapan.						
SQD1. Makatwiran ang oras na aking ginugol para sa pagproseso ng aking transaksyon.						

18. Customer Satisfaction Survey (CSS) Form (Back)

	 Lubos na sumasangayon	 Sumasangayon	 Walang kinikilingan	 Hindi sumasangayon	 Labis na hindi sumasangayon	N/A Not Applicable
SQD2. Ang opisina ay sumusunod sa mga kinakailangang dokumento at mga hakbang batay sa impormasyong ibinigay.						
SQD3. Ang mga hakbang sa pagproseso, kasama na ang pagbayad ay madali at simple lamang.						
SQD4. Mabilis at madali akong nakahanap ng impormasyon tungkol sa aking transaksyon mula sa opisina o sa website nito.						
SQD5. Nagbayad ako ng makatwirang halaga para sa aking transaksyon. *(Kung ang sebisyo ay ibinigay ng libre, maglagay ng tsek sa hanay ng N/A.)*						
SQD6. Pakiramdam ko ay patas ang opisina sa lahat, o "walang palakasan", sa aking transaksyon.						
SQD7. Magalang akong trinato ng mga tauhan, at (kung sakali ako ay humingi ng tulong) alam ko na sila ay handang tumulong sa akin.						
SQD8. Nakuha ko ang kinakailangan ko mula sa tanggapan ng gobyerno, kung tinanggihan man, ito ay sapat na ipinaliwanag sa akin.						

Mga suhestiyon kung paano pa mapapabuti pa ang aming mga serbisyo (opsyonal):

_____

_____

Email address (opsyonal): _____

☐ **PAGPAYAG SA DATA PRIVACY**: Ang pagsagot sa sarbey na ito ay nangangahulugan ng pagpayag na kolektahin ng ahensyang ito ang lahat ng impormasyong nakapaloob sa sarbey na ito. Lahat ng personal na impormasyon na nakalap ay mananatiling kumpidensyal. Ang impormasyong makokolekta dito ay pagsasamahin upang mapag-aralan at patuloy na mapabuti ang mga serbisyo ng ahensya. Ang personal na impormasyon ng mga kliyente ay isisiwalat lang alinsunod sa naaangkop na batas, alituntunin, at regulasyon.

MARAMING SALAMAT!

18. Customer Satisfaction Survey (CSS) QR

19. Medical and Dental Accomplishment Report

Philippine Charity Sweepstakes Office	Medical and Dental Mission Accomplishment Report	PCSO-F-MSD-SCD-021

PLACE: _____

DATE: _____

Time of Departure: _____
(From PCSO)
Time of Arrival: _____
(To PCSO)

Total Number of Medical and Dental Patients: _____

Medical Patients:

Adult: _____

Male _____
Female _____

Pedia: _____

Male _____
Female _____

_____ _____

Dental Patients:

Adult: _____

Male _____
Female _____

Pedia: _____

Male _____
Female _____

Dental Cases:

Adult: _____

Male _____
Female _____

Pedia: _____

Male _____
Female _____

Prepared by:

_____

Certified Correct:

_____
Team Leader

Rev0/Mar082018

20. Multi-Specialty Clinic Appointment Schedule

PHILIPPINE CHARITY SWEEPSTAKES OFFICE

Multi-Specialty Clinic
APPOINTMENT SCHEDULE

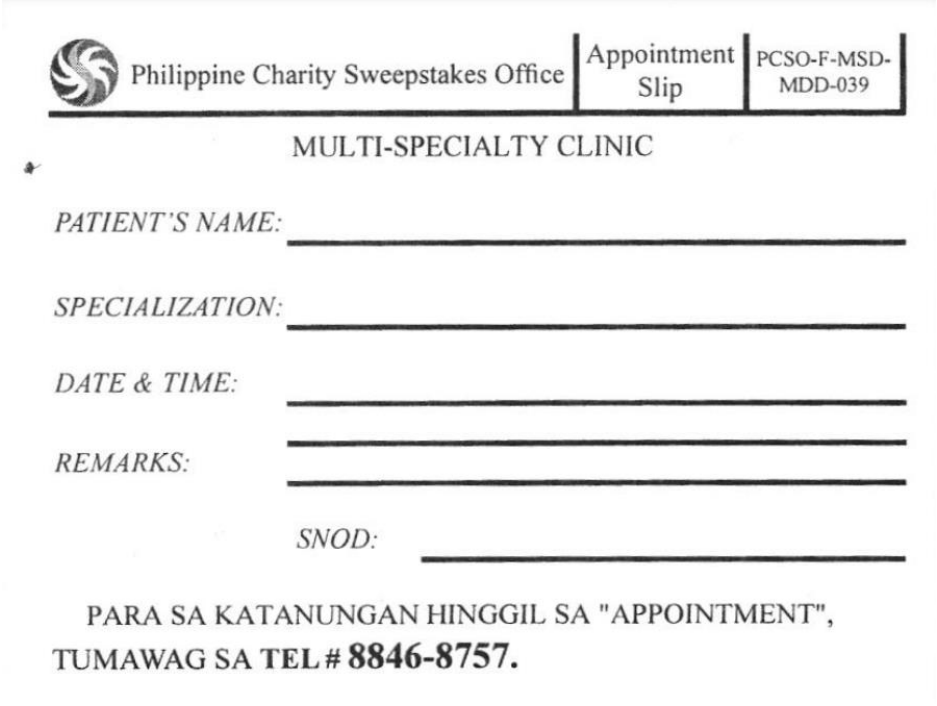
PCSO-F-MSD-MDD-040

SPECIALIZATION: ____________

MONTH/YEAR : ____________

DATE	TIME: / DAY:	DATE	TIME: / DAY:	DATE	TIME: / DAY:
NAME OF PATIENT	CONTACT #	NAME OF PATIENT	CONTACT #	NAME OF PATIENT	CONTACT #

21. Multi-Specialty Clinic Appointment Slip



Philippine Charity Sweepstakes Office | Appointment Slip | PCSO-F-MSD-MDD-039

MULTI-SPECIALTY CLINIC

PATIENT'S NAME: _____

SPECIALIZATION: _____

DATE & TIME: _____

REMARKS: _____

_____

SNOD: _____

PARA SA KATANUNGAN HINGGIL SA "APPOINTMENT",
TUMAWAG SA **TEL # 8846-8757.**