

1. SERVICE NAME Service Information	AVAILING ANTI -TB DRUGS/ ANTI-LEPROSY DRUGS The CHO manages anti tuberculosis and Leprosy Control Program. The purpose is to identify and treat patients with tuberculosis (tb) and Leprosy. Drugs and medicine are provided free of charge
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OFFICE	CITY HEALTH OFFICE
CLASSIFICATION	: SIMPLE
TYPE OF TRANSACTION	: Government to Citizen
WHO MAY AVAIL	: Candonians

CHECKLIST REQUIREMENTS	WHERE TO SECURE
XRAY RESULT	
DOCTORS REFERRAL	
SPUTUM RESULT	CHO
PPD RESULT	

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PERSON RESPONSIBLE
Request services on TB/Leprosy Program of CHO	Provide instruction and requirements needed	NONE	Grace Ragandap
Submit requirements	Receive requirement and gives sputum cup to the client for admission at the laboratory	NONE	Grace Ragandap
Collect sputum/skin slit smear	Instruct patient on how to collect sputum	NONE	Grace Ragandap/ Michelle Bucalen
Enroll to DOTS/Leprosy program	Enroll or register the patient and issues treatment card	NONE	
Listen to the lectures	Give lectures about DOT program	NONE	Grace Ragandap
Receive initial medicines and other prescription	Issue initial drug/ monitoring supply and advise patient to come back	NONE	Grace Ragandap
	Advise to return for follow up with private doctors	NONE	Grace Ragandap

OFFICE:	CITY HEALTH OFFICE (OPD Section)
CLASSIFICATION:	SIMPLE AND COMPLEX
TYPE OF TRANSACTION:	GOVERNMENT TO CITIZEN
WHO MAY AVAIL:	INDIVIDUALS WHO WANTS TO SEEK CONSULTATION

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
None	

CLIENTS STEP/S	AGENCY ACTIONS	FEES TO BE PAID	PERSON/S RESPONSIBLE

1. Admission/ Consultation			
Proceed to admission section	Get patients profile and vital signs	None	Alicia Neri Gina Nitura
	Examination/consultation of patient	None	Dr. Narciso Ramos, Jr. Dr. Joy Villanueva Dr. Noreen Escobar Dr. Mylene Gamilde

2. Laboratory Examination when needed

Payment of Laboratory fees as requested	Verify payment	Stool Exam (fecalysis) 50.00 FBS 100.00	Lydia Pagaduan
Proceed to laboratory for submission/collection/examination of specimen	Examination of requested laboratory procedure	Hepa B 200.00 (optional)	Marites Cortez
Proceed to doctors room		Interpret laboratory result, advise patient and prescribe medication	CBC w/ platelet 80.00 (optional)
	Urinalysis 50.00 (optional)		
		None	
			Dr. Narciso Ramos, Jr. Dr. Joy Villanueva Dr. Noreen Escobar Dr. Mylene Gamilde

3. Medication

Proceed to Pharmacy section	Give medicines as prescribed	None	Nurse on duty
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4. Service/consultation conducted

SERVICE NAME: SECURING DRINKING SITE CLEARANCE

SERVICE INFORMATION:
Provision of safe and potable drinking water will prevent the community from different water-borne diseases and eventually promote/improve their quality of life. The City Health Office provides services for Site Inspection/Selection of drinking water supply sources and issuance of Drinking Site Clearance in order to protect water supply sources from possible contamination of harmful bacteria and chemicals that are injurious to health.

OFFICE:	CITY HEALTH OFFICE (Sanitation Section)		
CLASSIFICATION:	SIMPLE AND COMPLEX		
TYPE OF TRANSACTION:	GOVERNMENT TO CITIZEN		
WHO MAY AVAIL:	HOUSEHOLDS AND BUSINESS OWNERS		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Application		City Health Office (Sanitation Section)	
Water analysis of water (Bacteriological and Physical & Chemical test)		Any DOH Accredited Drinking Water Testing Laboratory	
CLIENTS STEP/S	AGENCY ACTIONS	FEES TO BE PAID	PERSON/S RESPONSIBLE
1. Application, Inspection			
	Receive the application form, and schedule the conduct of sanitary survey/inspection	None	

Submit application for Drinking Water Site Clearance	Conduct inspection/ sanitary survey	None	Angie Rubang Fe Ponce Rowena Chua Israel Martinez
2. Water Sample Collection			
Submit water sample to DOH accredited water testing laboratory	Collect Water Samples *BACTERIOLOGICAL/ PHYSICAL AND CHEMICAL TEST	Bacteriological test (450.00) Physical & Chemical test (2,300.00)	Angie Rubang Fe Ponce Rowena Chua Israel Martinez
3. Evaluation			
Submit result of water analysis	Issue Certificate of Potability of Drinking Water For FAILED Lab results: Re-inspection for possible contamination OR recommend for control measures and reschedule for a 2nd up to 3rd testing, failure of test result for three consecutive test means condemnation of water supply source.	None	Dr. Narciso Ramos Dr. Joy Villanueva Angie Rubang Fe Ponce Rowena Chua Israel Martinez
4. Issuance =Issue Drinking Site Clearance			

SERVICE NAME: SECURING HEALTH / MEDICAL CERTIFICATE			
SERVICE INFORMATION: Commercial, industrial, institutional establishments and government agencies requires their personnel to undergo medical and laboratory exam			
OFFICE:	CITY HEALTH OFFICE (Sanitation Section)		
CLASSIFICATION:	SIMPLE AND COMPLEX		
TYPE OF TRANSACTION:	GOVERNMENT TO CITIZEN		
WHO MAY AVAIL:	EMPLOYEES/BUSINESS OWNER		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Laboratory Results		CHO / HOSPITALS	
Official Receipt for Health/Medical Certificate		City Treasury Office	
CLIENTS STEP/S	AGENCY ACTIONS	FEES TO BE PAID	PERSON/S RESPONSIBLE
1. Application/Assessment			
Submit application and laboratory requirements	Assessment of health certificate and laboratory fees	Health Certificate 80.00 Stool Exam (fecalalysis) 50.00 Hepa A 500.00 (optional) Hepa B 200.00 (optional) CBC w/ platelet 80.00 (optional) Urinalysis 50.00 (optional) Drug test 200.00 (optional)	Angie Rubang Fe Ponce Rowena Chua Israel Martinez
2. Payment / Laboratory Examination			
Submit Official Receipt			Sanitation Inspectors/ Laboratory personnel

Proceed to laboratory for submission/collection/examination of specimen	Verify payment		Lydia Pagaduan Marites Cortez Michelle Bucalen
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3. Evaluation of Laboratory Results / Recommendations

Proceed to Sanitation section and submit laboratory results	Verify and record laboratory results	None	Angie Rubang Fe Ponce
	Prepare and recommend the issuance of health certificate	None	Rowena Chua Israel Martinez
	Approve and issue health certificate	None	Dr. Narciso Ramos Dr. Joy Villanueva Dr. Noreen Escobar Dr. Mylene Gamilde

4. Issuance= Health Certificate

SERVICE NAME: **SECURING SANITARY PERMIT**
 SERVICE INFORMATION:
 Sanitary Permit is one of the regulatory requirements for food, commercial, industrial and institutional establishment in compliance to existing laws and ordinances specifically the “Code on Sanitation of the Philippines” & Sanitation Code of Candon City

OFFICE:	CITY HEALTH OFFICE (Sanitation Section)
CLASSIFICATION:	SIMPLE AND COMPLEX
TYPE OF TRANSACTION:	GOVERNMENT TO CITIZEN
WHO MAY AVAIL:	BUSINESS OWNER/ REPRESENTATIVE

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Unified Application Form	BPLO
Health Certificate of Employees	CHO
FDA Certificates (Optional)	FDA / DISTRIBUTORS
- License to Operate	
-Certificate of Product Registration	
-Certificate of Product Notification	
-Initial & Operational Permit of Water Refilling Stations	DOH
-Copy of recent Water Analysis (optional)	DOH Approved Water Testing Laboratories

CLIENTS STEP/S	AGENCY ACTIONS	FEES TO BE PAID	PERSON/S RESPONSIBLE
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1. Application for NEW BUSINESS and Renewal of Business (compliant)

Submit the Unified application form and other regulatory requirements depending on business type	Receive and verify the application and requirements	None	
	Record and print Sanitary permit	Sanitary Permit fee 50.00 (included in the one-time assessment and payment)	Angie Rubang Fe Ponce Rowena Chua Israel Martinez
	Recommend for the approval	None	
	Approve the issuance of Sanitary Permit	None	

Dr. Narciso Ramos, Jr.
 Dr. Joy Villanueva
 Dr. Noreen Escobar
 Dr. Mylene Gamilde

2. Issuance = Sanitary Permit

CLIENTS STEP/S	AGENCY ACTIONS	FEES TO BE PAID	PERSON/S RESPONSIBLE
1.Application for RENEWAL OF BUSINESS (Non-Compliant)			
Submit the Unified application form and other regulatory requirements depending on business type	Receive and verify the application -if non-compliant; advise the applicant to comply first the recommendations in compliance to existing laws and ordinances before the issuance of Sanitary Permit	None	Angie Rubang Fe Ponce Rowena Chua Israel Martinez
2. Recommendations, Compliance and Re-inspection			
Receive back the application and complied with the recommendations Assist the inspectors during inspection	-Carry out inspection, if the applicant complied with the recommendations; recommend the issuance of sanitary permit Record and print Sanitary permit Recommend for approval	Sanitary Permit fee 50.00 (included in the one-time assessment and payment)	Joint Inspection Team (JIT) Angie Rubang Fe Ponce Rowena Chua Israel Martinez
	Approve the issuance of Sanitary Permit	None	Dr. Narciso Ramos, Jr. Dr. Joy Villanueva Dr. Noreen Escobar Dr. Mylene Gamilde
3. Release = Sanitary Permit			

SERVICE NAME: FOGGING OPERATION TO DENGUE ENDEMIC SCHOOL AND BARANGAY

SERVICE INFORMATION:

Dengue remains to be one of the leading causes of morbidity. It is a serious public health problem in our country. Search and destroy operation of possible breeding sites is still the major prevention and control activity but if there are already clustering of cases, an integrated vector control has to be implemented, chemical control like fogging operation and/or residual spraying shall be conducted.

OFFICE:	CITY HEALTH OFFICE (Sanitation Section)
CLASSIFICATION:	SIMPLE AND COMPLEX
TYPE OF TRANSACTION:	GOVERNMENT TO CITIZEN
WHO MAY AVAIL:	BARANGAY/ SCHOOL OFFICIALS

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
REQUEST LETTER	BARANGAY/SCHOOL

CLIENTS STEP/S	AGENCY ACTIONS	FEES TO BE PAID	PERSON/S RESPONSIBLE
1. Request Fogging/ Misting Operation			
Submit Request Letter	Conduct epidemiological investigation and assess if search and destroy operation of breeding sites has been conducted	None	Angie Rubang Fe Ponce Rowena Chua Israel Martinez

2. Conduct Fogging/ Misting Operation			
Prepare logistics (diesel & gasoline) and manpower (Brgy. Officials, Tanod, BHW)	Schedule fogging /residual operation and prepare other supplies needed	None	Angie Rubang
Inform the community about the service	Instruct and supervise fogging/residual operation		Fe Ponce Rowena Chua Israel Martinez
			Barangay/ School Officials / Dengue Brigade/ Sanitation Inspectors
3. Service conducted			

SERVICE NAME: PROPER DISPOSAL OF DEAD PERSON			
SERVICE INFORMATION:			
The City Health Office recommends to the City Mayor the issuance of burial, transfer and exhumation permit of decease within their jurisdiction, to ensure that the burial, exhumation and transfer is in accordance to universal and standard precaution.			
OFFICE:	CITY HEALTH OFFICE (Sanitation Section)		
CLASSIFICATION:	SIMPLE AND COMPLEX		
TYPE OF TRANSACTION:	GOVERNMENT TO CITIZEN		
WHO MAY AVAIL:	IMMEDIATE FAMILY OF DECEASE		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
DEATH CERTIFICATE		LCR, HOSPITAL	
CLIENTS STEP/S	AGENCY ACTIONS	FEES TO BE PAID	PERSON/S RESPONSIBLE
1. Issuance of burial, transfer or exhumation permit			
Submit death certificate	Verify and record	None	Angie Rubang Fe Ponce
	Assess fees depending on the type of permit needed	Burial permit fee -100.00 Transfer permit fee-100.00 Exhumation permit fee – 100.00 Apartment-type niche rental- 1,500 indigent 3,500 non-indigent	Rowena Chua Israel Martinez
2. Payment			
Proceed to treasury office for payment of assessed fees	Receive payment and issue Official Receipt	as per assessed fees	Elvira Valdez Marissa Gabor
3. Verification and printing			
Submit Official Receipt	Verify and record	None	Angie Rubang Fe Ponce
	Print permit/ assign tomb number		Rowena Chua Israel Martinez
	Review and signature of death certificate/permit	None	Dr. Narciso Ramos, Jr. Dr. Joy Villanueva Dr. Noreen Escobar Dr. Mylene Gamilde
4. Issuance of permit/ tomb assignment given			

1. SERVICE NAME Service Information	AVAILING FAMILY PLANNING SERVICE
OFFICE	CITY HEALTH OFFICE

CLASSIFICATION	: SIMPLE
TYPE OF TRANSACTION	: Government to Citizen
WHO MAY AVAIL	: Candonians

CHECKLIST REQUIREMENTS	WHERE TO SECURE
Doctrs Referral	
Prenatal Records	
OB History	

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PERSON RESPONSIBLE
Request fr family planning services	Admit the client and register at the logbook	none	DONALYN LIQUETE AND MIDWIFE ON DUTY
Undergo family planning lecture & counselling	Provides Family Planning lecture and counselling	none	DONALYN LIQUETE AND MIDWIFE ON DUTY
Receive Cntraceptives such as pill, injectable, condom, etc. if requested & available	acceptors only. Then interview the past history of contraception and register at the logbok / Dnpa card		

1. SERVICE NAME Service Information	PROCEDURES IN DENTAL CONSULTATION AND AVAILING OTHER DENTAL SERVICES A consultation is basically an evaluation of the currentconditin of yur teeth. Anytime you visit a new office, yu'll be required t fill out some paperwork. We want t know basic things like your name and address, as well as your health and dental history. Nest, you'll be called back to an examination room for a dental exam. The dentist will then perform a more thorough examination, also making notes in yur file. It's important for your dentist to establish a baseline of your current dental health in order to make decisins about further treatment. Your dentist may prioritize needed work based on urgency.
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OFFICE	CITY HEALTH OFFICE - DENTAL SECTION
CLASSIFICATION	: SIMPLE AND COMPLEX
TYPE OF TRANSACTION	: Government to Citizen
WHO MAY AVAIL	WALK-IN PATIENT, REFERRED PATIENTS

CHECKLIST REQUIREMENTS	WHERE TO SECURE
PATIENT'S FORM	CHO (DENTAL SECTION)
HEALTH ASSESSMENT / DECLARATION FORM	
CONSENT FORM	
MEDICAL CERTIFICATE (WITH MEDICAL CONDITINS)	ATIENT'S DOCTOR (HOSPITAL)
VACCINATION CARD (IF VACCINATED)	CHO
PATYMENT SLIP	EASURY OFFICE - CANDON CITY

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PERSON RESPONSIBLE
PATIENTS REGISTRATION	Admit patient, interview patient's complete information	None	Agnes Sagun
VITAL SIGNS MONITORING	Get vital signs	None	Agnes Sagun
PRESENT VACCINATION CARD	Check status	None	Agnes Sagun

FILL -UP HEALTH ASSESSMENT & CONSENT FORMS	Check forms/status	None	Agnes Sagun
PATIENTLY WAITS THEIR NAME/NUMBER TO BE CALLED	Call patient/Patients number	None	Agnes Sagun
UNDERGO MONTH EXAMINATION	Thorough mouth examination	None	Dr. Elizabeth Manzano
UNDERGO TOOTH EXTRACTION/ CLAIM DENTAL CERTIFICATE/OTHER DENTAL SERVICES	Do procedures, Issuance of dental certificate	None	Dr. Elizabeth Manzano
PAY DENTAL FEE AT THE TREASURY OFFICE	Cleaning and Sterilizing the instruments	60.00	Treasury Staff
PRESENT OFFICIAL RECEIPT	Copy OR number	None	Agnes Sagun
PATIENTS' POST OPERATION HOMECARE. INSTRUCTIONS AND PRESCRIPTION F MEDICINES	After instructions, disinfection of dental room	None	Dr. Elizabeth Manzano

INFORMATION EDUCATION CAMPAIGN, TOOTH BRUSHING ACTIVITY, FLOURIDE APPLICATION (IF AVAILABLE) -BARANG

SERVICE INFORMATION: Patients' educatin and well-infrmed are ways fr a better dessemination of dental concerns through early learners with their parent or guardian. Early tooth awareness and early prevention of dental econcerns must be delivered. Toth brushing activity for the young ones is a way of reducing and preventing dental caries likewise the flouride application are necessary for their teeth to be strong and free of caries.

OFFICE : CITY HEALTH OFFICE - DENTAL SECTION
 CLASSIFICATION : SIMPLE AND COMPLEX
 TYPE OF TRANSACTION : Government to Citizen
 WHO MAY AVAIL : DAY CARE PUPILS (WITH PARENT /GUARDIAN)
 9-11 MONTHS

CHECKLIST REQUIREMENTS	WHERE TO SECURE
PATIENT FORM	CHO- DENTAL SECTION

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PERSON RESPONSIBLE
PATIENT'S REGISTRATION	Admit patient, interview patient's complete information	None	Agnes Sagun
SIT AND LISTEN	Information Education Campaign	None	Dr. Elizabeth Manzano
PATIENTLY WAIST THEIR NAME/NUMBER TO BE CALLED	Prepare instruments call patient /patient's number	None	Agnes Sagun
UNDERGO MONTH EXAMINATION	Thorough mouth examination	None	Dr. Elizabeth Manzano
TOOTH BRUSHING ACTIVITY	Supervise brushing activity	None	Dr. Elizabeth Manzano
UNDERGO FLURIDE APPLICATION	Fluoride application procedure	None	Dr. Elizabeth Manzano
PATIENTS' HOMECARE INSTRUCTIONS	Instruct patient pack dental instruments/materials	None	Dr. Elizabeth Manzano/ Agnes Sagun

1. SERVICE NAME : **PRE-MARRIAGE COUNSELING**
 Service Information : Provide information regarding Family Planning and Responsible Parenthood

OFFICE : CITY HEALTH OFFICE
 CLASSIFICATION : SIMPLE
 TYPE OF TRANSACTION : Government to Citizen
 WHO MAY AVAIL : Any couple wh are applying for their Family Planning Parenthood

CHECKLIST REQUIREMENTS	WHERE TO SECURE
Application for Pre-marriage counseling	Local Registrar fffice
Pre Marriage cunseling-responsible parenthood	CSWDO
Pre-marriage counseling -Family Planning	City Health Office

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PERSON RESPONSIBLE
Submit Application Requirements	Conduct preliminary interview and check requirements	None	LCR Officer
Attend Pre-marriage counseling - R-responsible Parenthood	Conduct Pre-marriage counseling - R-responsible Parenthood	None	Erlito Cacayorin
Attend Pre -marriage counseling - Family Planning	Conduct Pre -marriage cunseling - Responsible Parenthood	None	Carmelita Sliven
Release of Cetificate	Completion of the ceetificate of Pre-marriage counseling	None	Erlito Cacayorin Carmelita Soliven
Requirements review	Checking of requirements	None	LCR Officer

1. SERVICE NAME : **NUTRITION**
 Service Information : The City Health Office through the Nutrition Office extends services on nutrition cunselling to Candonians who are in need of nutrition advice guidance especially on nutritional status f their children and to identify undernourish pre-schooler through monthly eOPT Plus for supplemental feeding program.

OFFICE : CITY HEALTH OFFICE
 CLASSIFICATION : SIMPLE
 TYPE OF TRANSACTION : NUTRITION ASSESSMENT, COUSENLING AND DIETARY SUPPLEMENTAL FEEDING
 WHO MAY AVAIL : PRE-SCHOOLER AT RISK AND UNDERNOURISHED

CHECKLIST REQUIREMENTS	WHERE TO SECURE
WEIGHING SCALE AND HEIGHT BOARD MEASUREMENT	BHS

SUPPLEMENTAL FEEDING			CHO- NUTRITION OFFICE
NUTRITIN ASSESSMENT FORM			CHO- NUTRITION OFFICE
LABORATORY REQUEST (CBC, U/A)			CHO-LABORATORY DEPT.
DENTAL			CHO - DENTAL DEPT.
CLIENTS STEPS	AGENCY ACTION	FEEES TO BE PAID	PERSON RESPONSIBLE
Nutrition Assessment through eOPT	Mnthly weight and height measurement	None	BNS/BHWs
Approach the Nutrition Officer for assessment and counseling	Nutrition interview and assess the client and refer	None	Brando Castro
	Laboratory for CBC and Urinalysis	130	Lydia Pagaduan
	Dental Office for dental check up	None	Dr. Elizabeth Manzano
	Refer to the Medical Doctor for medical check up	None	Narciso S. Ramos jr., MD.
	Counsel the client and prepare diet guide	None	Brando Castro
	Dgive assistance to those identified undernourished for supplemental feeding prgram	None	Brando Castro
	Schedule fr the next visit of the client	None	
Sign the logbook	Let the client sign the logbook for documentation	None	Brando Castro

1. SERVICE NAME		WIRELESS ACCESS FOR HEALTH	
Service Information			
OFFICE	CITY HEALTH OFFICE		
CLASSIFICATION	: SIMPLE		
TYPE OF TRANSACTION	Government to citizens		
WHO MAY AVAIL			
CHECKLIST REQUIREMENTS			WHERE TO SECURE
CLIENTS STEPS	AGENCY ACTION	FEEES TO BE PAID	PERSON RESPONSIBLE
Request medical consultation thru WAH	Admit and register the client using WAH (Wireless Access for Health)	None	Alicia Neri Gina Paulina Nitura
Enter the Physician's room when the name is called	Examine the patient and provide prescriptin nite using WAH	None	Dr. Narciso Ramos Dra. Joy P. Villanueva Dra. Noreen Escobar Dra. Mylene Gamilde
Proceed t the pharmacy and wait for the name to be called	Read prescription note using WAH and provide the needed medicines (if available) and institute	None	Grace Ragandap Fe Diasen Jo anne April Castillo Donalyn Liqueute Earl Kristian Martinez Caterina Cabillan Kazeleen Kaye Racela
	Intervention/s as the physician may require an suturing, dressing and administration of injectible medicine		
	send clients to BHs thugh CHM for fllow -up		

1. SERVICE NAME		AVAILING OF IMMUNIZATION SERVICES	
Service Information			
OFFICE	CITY HEALTH OFFICE		
CLASSIFICATION	: SIMPLE		
TYPE OF TRANSACTION			
WHO MAY AVAIL	: NEW BRN BABIES		

CHECKLIST REQUIREMENTS			WHERE TO SECURE
VACCINATION CARD			CHO - MIDWIFE
CLIENTS STEPS	AGENCY ACTION	FEEES TO BE PAID	PERSON RESPONSIBLE
Request immunization	Register the client and provide vaccination card	None	Midwife on duty nurse on duty
Avail vaccination procedure	Provide vaccination procedure	None	Midwife on duty nurse on duty
Undergo orientation after the vaccination procedure	Orient the mothers about the side effect of the vaccines and provide next schedule of the next immunization	None	Jo anne April Castillo and Midwife on duty

1. SERVICE NAME Service Information	AVAILING OF MATERNAL HEALTH SERVICES The CHO provides a comprehensive maternal care program for pregnant and lactating mothers.
OFFICE	CITY HEALTH OFFICE
CLASSIFICATION	: SIMPLE
TYPE OF TRANSACTION	: Government to Citizen
WHO MAY AVAIL	

CHECKLIST REQUIREMENTS			WHERE TO SECURE
HBMR			
CLIENTS STEPS	AGENCY ACTION	FEEES TO BE PAID	PERSON RESPONSIBLE
Request Maternal Health Services	Admit client and accomplish the Home Based Maternity Record Card of the mother	None	Midwife on duty
Enter the Pre -Natal Room	Accompany the client to the Pre-Natal Room and examines the client	None	Midwife on duty
	Examination of the pregnant mother		
Receive medicines	Provide medicines, vitamins and Tetatus Toxoid if due (if Available)	None	Midwife on duty
Listen to advices and Instruction	Give health education on proper nutritin, maternity care, breatfeeding and immunization. Emphasize the importance of pre-natal check up	None	Fe Diasen

SERVICE NAME: Laboratory Health Services			
SERVICE INFORMATION: City Health Office provides health services for individuals seeking employment, students, food handlers availing sanitary health certificate, suspected high risk individuals with STI, TB patients, maternal and neonatal care (prenatal and postpartum services), and other patients. Laboratory services include: Complete Blood Count (CBC), Urinalysis, Fecalalysis, Blood Typing, Hepatitis B, Hepatitis A, FBS, Gram Stain, Skin Smear, Gene Xpert, Drug Testing, Syphilis, HIV, Rapid Antigen Testing, Swab collection and other laboratory examinations. CBC, Urinalysis, FBS and Fecalalysis examinations are available for free for patients who are NHTS and Senior Citizen members. RDT kits such as Dengue NS1, HIV, Sypihilis, Gene Xpert kits provided by DOH are free of charge.			
OFFICE: CHO			
CLASSIFICATION: Simple			
TYPE OF TRANSACTION: Government to citizen			
WHO MAY AVAIL: Patients, workers in food establishments, applicants for employment, students, high-risk individuals, TB patients, pregn			
CHECKLIST REQUIREMENTS			WHERE TO SECURE
Doctor's Request Form			CHO / private hospitals and clinics
Assessment Form			CHO/ other RHU
Official Receipt			Treasury
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCESSING TIME
Submit doctor's request/assessment form	Extract/ collect specimen and perform labora	None	15 – 60 minutes
		CBC – 80 Blood Typing – 60 Fecalalysis – 50 Urinalysis – 50	

Pay laboratory fees	Accept payment and issue receipt	Hepatitis B – 200 Hepatitis A – 500 Drug Test – 200 FBS – 100 Skin Smear – Free Gene Xpert – Free Syphilis – Free HIV – Free RAT – Free	10 minutes
Receive result	Records and releases laboratory result	None	5- 15 minutes