

CITY HEALTH OFICE



CITY HEALTH OFFICE

Administrative Division



ADMINISTRATIVE SERVICES

The Administrative Division offers the following services: Preparation of Medical and Death Certificate, Transfer Permit and Schedule of Activities.

Issuance of Medical Certificate						
Office or Division:	ADMINISTRATI	ADMINISTRATIVE DIVISION				
Classification:	Simple					
Type of	G2C					
Transaction:						
Who may avail:	General Public					
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE				
For Enrollment/Scho	olarship					
- Chest X-Ray		Laboratory Section				
Complete Blood Co	unt (CBC)	Laboratory Section				
Urinalysis	, , ,	Laboratory Section				
For Private Employ	nent:					
- Complete Blood Cor		Laboratory Section				
- Urinalysis	, , , , , , , , , , , , , , , , ,	Laboratory Section				
- Fecalysis		Laboratory Section				
- Chest X-Ray		Laboratory Section				
- ECG		Laboratory Section				
-Recent Drug Test		Laboratory Section				
For Government Em	ployment:					
- Complete Blood Cou		Laboratory Section				
- Urinalysis		Laboratory Section				
- Chest X-Ray		X-Ray Unit				
- Neuropsychiatric Ex	am					
For Fit to Work						
- Record of Consultat	ion / Recent					
Check-up Record fror	n Legazpi City					
Health Office						
For Training of Emp	loyee (Private) / M	en in Uniform (PNP/BFP)				
- Complete Blood Cou	unt (CBC)	Laboratory Section				
- Urinalysis		Laboratory Section				
- Fecalysis		X-Ray Unit				
- Chest X-Ray						
- ECG						
-Recent Drug Test						
Teacher For Annual	Check-up / Reinst	atement				
X-Ray		X-Ray Unit				
Urinalysis						
- Birth Certificate of ba	aby if from	Local Civil Registrar's Office				
Maternity Leave						
For Security Guard						
- Complete Blood Cou	unt (CBC)					



- Urinalysis				
	- Urinalysis			
- Chest X-Ray				
-Recent Drug Test				
- Neuropsychiatric Test				
For On the Job Train	<u>ning (OJT)</u>			
- Complete Blood Co	unt (CBC)			
- Urinalysis				
- Fecalysis				
- Chest X-Ray				
For Reference : Mec				
- Certification of Indig barangay	ency from the	Barangay	Captain	
<u>For Travel</u>				
-Certification of Non-F	PUI/PUM	Barangay		
Result of Laboratory COVID - 19 Positive (ICR or any	DOH Accedited	Laboratory
Certification of Monito		Barangay	Captain/ICR	
- Officical Receipt (Of	ج)		urer"s Office (CTC))
For Bond				
- Official Receipt (OF	()			
	/			
		FEES	DDOOFCOING	DEDCON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	AGENCY ACTIONS 1 .Client is given list of required laboratory examinations to	TO BE		



				CIAL S		
3. Client proceeds to Medical Division.	3. Preparation of Medical Certificate	None	11 mins	Administrative. Aide I		
				Administrative Officer I		
4.Client submits/ presents needed requirement/s at the receiving	4. Recording of the Official Receipt (OR)	None	5 mins.	Administrative. Aide I		
desk	number and amount in the logbook.			Administrative Officer I		
5. Client fills up the information sheet.	5.1 Assessment of presented documents and conduct of the physical examination.	None		c/o Medical Division		
	5.2 Signing of Medical Certificate (if with incidental findings, prescribes medicines and recommends appropriate laboratory tests, etc.).	None		c/o Medical Division		
	Total:		15 Minutes			
Queeing /Waiting time presented documents		d time varies		nversation and		
For any inquiries/com	ments/complaints,	please conta	act: Fatima F. Int	ia – 09175613873		
Issuance of Dea	ath Certificate					
Office or Division:	ADMINISTRATIV		N			
Classification:	Simple					
Type of Transaction:	G2C					
Who may avail:						
CHECKLIST OF RI			WHERE TO SE	,		
For Death at Home		For Death	at Home or Con			
- Certification from I				ay Captain stating		
Captain stating the information:	following	the followi	ing information:			



1. Full Name of DE including name external		5			
For Death at Home	or Community:	For Death at Home or Community:			
2. Exact location or					
deceased					
For Death Conside	ered as DEAD O		(DOA):		
<u></u>					
- Certification of DC	DA	Hospital (w	here the DECE	ASED was taken)	
For Death Due to				,	
- Autopsy Report		Scene of C	crime Office (SO	CO)	
For Death in Hosp	oital:				
- Concerned Hospit		- Concerne	ed Hospital issue	s the Death	
Death Certificate		Certificate	1		
Review to be done	by the Citv		be done by the	City Health	
Health Officer or M			Medical Officer		
Concerned Hospita			ed Hospital issue	s the Death	
Death Certificate		Certificate			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1 .Client submits	1.Admin.Staff	P60.00	1 min.		
request at the	assist and			Administrative	
receiving desk.	instruct the			Aide I	
	client to pay			Administrative	
	fee at City Treasurer's			Administrative Aide I	
	Office (CTO).			AIGET	
2. Client pays fee	2Admin.Staff	None	1 min		
at the City	re-view the			Administrative	
Treasurer's	sub-mitted			Aide I	
Office (CTO).	documents.				
				Administrative	
				Aide I	
2 Client cubmite/	2 Admin Ctaff	None	2 mino		
3.Client submits/	3. Admin. Staff instructs the	None	3 mins		
presents needed	client to fill-up			Administrative	
requirement/s at	the information			Administrative Aide I	
the receiving	sheet.				
desk.					
4.Client submits/	4. Admin. Staff	None	3 mins		
presents	instructs the				
needed	client to fill-up			Administrative	
requirement/s at	the			Aide I	
the receiving information					
desk.	sheet.	Nov -	4		
5. Client fills up the	sheet. 5 .Admin. Staff	None	1 min	Administrativo	
	sheet.	None	1 min	Administrative Aide I	



6. Client reviews the prepared Death Certificate. 6. Admin. Staff prepares the Death Certificate. None 5 mins Administrative Aide I 7. Client proceeds 7. Admin. Staff for-wards the Division for signature. None 1 min Administrative Aide I 7. Client proceeds 7. Admin. Staff for-wards the Division for signature. Death Certificate to Admin. Officer IV for signature in the absence of A.O. IV, a designated CHO staff signs the Death Certificate. 1 min Administrative Aide I 8. Client proceeds to the embalming for signature 8. Conduct of interview with the informant/rela- tive of the cause of death. None 30 mins c/o Medical Division 9. Client proceeds to Local Civil Registrar's Office (LCRO) to register the Death Certificate. 9.1 Admin. Staff types the cause of death Certificate. None 1 min Administrative Aide I 9. Client proceeds to Local Civil Registrar's Office (LCRO) to register the Death Certificate. 9.1 Admin. Staff types the cause of death Certificate. None 1 min Administrative Aide I 9.2 Recording of Official Receipt (OR) at Admin. None 1 min Administrative Aide I Administrative Aide I 0ueeingWaiting time is not included and the time varies on the flow of the conversation and presented documents. P60.00 47 mins Administrative Aide I		-			CIAL	
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and presented documents.	Queeing/Waiting time				the conversation	
For any inquiries/comment/complaint, please contact: Fatima F. Intia – 09175613873						
	For any inquiries/con	nment/complaint, p	lease contact	:: Fatima F. Intia -	- 09175613873	

Preparation of Transfer Permit					
Office or Division:	ADMINISTRATIV	/E DIVISION			
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	may avail: Relatives/Closest informant of the Deceased				
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE			



1. Completed Death	Local Civil Registrar's Office (LCRO)			
2. Official Receipt (OR)		City Treasurer's Office (CTO)		
		FEES		
CLIENT STEPS	AGENCY ACTIONS	TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client pays fee at the City Treasurer's Office (CTO).	1. Admin. Staff instructs client to pay fees at the City Treasurer's Office (CTO)	P60.00	2 mins	Administrative Aide I
2. Client pre-sents needed requirements at the Admin. Division.	2. Admin. Staff reviews the presented documents and prepares the permit.	None	5 mins	Administrative Aide I
 Client pre-sents needed requirements at Admin. Division and presents the official receipt (OR) 	3. Recording of Official Re- receipt (OR) in the logbook	None	2 mins.	Administrative Aide I
4.Client proceeds to medical division for the signing of the Transfer Permit	4. 4. Client is instructed to proceed to the Medical Division for the signing of the Transfer Permit.	None	2 mins	Administrative Aide I
	Total:	P60.00	11 mins	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s. For any inquiries/comments/complaints, please contact: Fatima F. Intia - 09175613843				

Request for Medical Team, Medical and Dental Mission and Speaker				
Office or Division: ADMINISTRATIVE DIVISION				
Classification:	Simple			
Type of	G2C, G2G			
Transaction:				



Who may avail: Government Agency, Non-Government Agency, Public and					
The may avail.	Private Office, Organization, Barangay				
CHECKLIST OF R		WHERE TO SECURE			
Letter of Request add Mayor and coursed the Officer (at least one (the activity	hru the City Health	Requesting Party			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Client coordinates at City Health Office (CHO).	1. Admin. Staff instructs the client to make a request letter to the City Mayor coursed thru the City Health Officer	None	5 mins	Supervising Administrative Officer	
2.Client proceeds to City Mayor's Office to deliver the letter.	2. Admin. Staff receives the advanced copy of the letter.	None	1 min	Administrative Aide I	
 Client returns to City Health Office to give advance copy of the letter. 	 Admin. Staff temporarily calendar the request while waiting for the approval from the City Mayor's Office 	None	2 mins.	Supervising Administrative Officer	
4. The client do the follow-up of their request.	4. Admin. Staff advises the client to make a follow-up on the request.	none	5 working days	Supervising Administrative Officer	
Queeing/Waiting Time	Total:	None	5 days and 8 minutes * working days upon receipt of the request letter from the City Mayor's Office (CMO).	nversation and	
presented document/	S.				

For any inquiries/comments/complaints, please contact: Fatima F. Intia - 09175613843

Issuance of Medical Certificate for Travel



RATIVE DIV blic NTS CY FE NS DO	WHER	E TO SECURE	
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	it to Admission				
	Area for release.				
	Total:	None	25 mins		
Queeing/Waiting Tim	e is not included and	time varies	in the flow of co	nversation and	
0 0					
presented document	·S.				
For any inquiries/com	nments/complaints, pl	lease conta	ct: Fatima F. Inti	a - 09175613843	

For Client in Need	of Certification/Ce	rtified True	e Copy:			
Office or Division:	ADMINISTRATIVE	ADMINISTRATIVE DIVISION				
Classification:	Simple					
Type of Transaction:	G2C, G2G					
Who may avail:	General Public					
CHECKLIST OF I	REQUIREMENTS	Advaice.ter	WHERE TO SE	CURE		
		Auministra	tive Division			
- Data needed for the	e certification					
- Official Receipt (Ol Treasurer's	R) from City					
Office						
(CTO)						
B. For Certified True	Сору	Administra	tive Division			
- Original copy of doo needed to be	cuments/papers					
certified						
- Official Receipt (Ol Treasurer's	R) from City					
Office (CTO)						
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. The client is presents the needed data	1. Admin. staff assist the client and give instruct-ion to pay fee at the City Treasurer's Office (CTO)	P50.00	2 mins	Administrative Aide I Administrative Officer I		
2. The client pays the fee at the	2. Admin. The staff prepare the	None				



	1		1	
City Treasurer's Office (CTO)	certification upon presentation of complete data and official receipt		12 mins	Administrative Aide I
3.The client presents the Official Receipt (OR)	3. Admin. Staff forward the certificate to the head of the office for signature	None	1 min	Administrative Aide I Administrative Officer
4.Client get the certification	4. Release of certificate	None	1 min	Administrative Aide I
 B. For Certified True Copy 1. Client presents the original document/papers needed to be certified 	 Admin. staff assist the client and give instruction to pay fee at the City Treasurer's Office (CTO) 	P50.00	2 mins	Administrative Aide I Administrative Officer I
2. The client pays the fee at the City Treasurer's Office (CTO) and presents the OR to Ad- min.Division	2. Admin. Staff ask the client for the original copy of document/- papers needed to be certified upon presentation of OR and forward it to the Admin.OfficerIV for processing	None	3 min	Administrative Aide I Nursing Aide Administrative Officer I
2. The client pays the fee at the City Treasurer's Office (CTO) and present the OR to Admin.Division	3. Admin. Staff ask the client for the original copy of the document/- papers needed to be certified upon presentation of OR and forward it to the Admin. Officer IV for	None	2 mins	Administrative Aide I Nursing Aide Administrative Officer I Supervising Administrative Officer



	processing			
	2.1 Release of the certified document/papers	None	2 min	Administrative Officer I Supervising Administrative Officer
	Total:	P100.00	23 minutes	
Queeing/Waiting Time is not included and time varies in the flow of conversation and presented document/s.				
For any inquiries/comments/complaints, please contact: Fatima F. Intia - 09175613843				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM			
How to send a feedback:	1. By Serving feedback form or		
	2. Thru the following cellphone numbers:		
	09771833638 – Dr. Fulbert Alec R. Gillego		
	09175613843 – Fatima F. Intia		
How feedbacks are processed?	1. By asking short and simple questions.		
	2. Think of the experience it will give to the client.		
	3. Pay attention to the feedback.		
	4. Turn feedback into action.		
	5. Share the feedback to all members of the office.		
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)		
	2. Write your complaint in the form and include the following:		
	A. Complete name of the person you are		



	complaining
	B. Date
	C. Time
	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints.
	2. Listen to the complainant.
	3. Acknowledge the problem.
	4. Get the facts.
	5. Offerr a solution.
	 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09175613843 – Fatima F. Intia



CITY HEALTH OFFICE

Dental Division



DENTAL SERVICES

The Dental Clinic offers the following services: Oral Examination, tooth Extraction, Restoration, oral prophylaxis and fluoridization.

CHECK-UP				
Office or Division: Classification:	DENTAL DIVISION Simple			
Type of Transaction:	G2C			
Who may avail:	All constituents of	Legazpi Cit		
CHECKLIST OF R		City Troop	WHERE TO SI	
Official Receipt (OR	()	City Treas	surer's Office (C	10)
PhilHealth ID (Masa	a, NHTS), MDR			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client fill-up Form 1.	 * For New Patient: -Make a new indivi- dual treat- ment record (ITR) * For Old Patient: - Retrieves and udates the ITR 1.1 The Den- tists do the oral examina- tion if the tooth/teeth is indica- ted of ex- traction or any other 	None	20 mins 20 mins	Dentist I Dentist II Dentist III Dentist I Dentist II Dentist II
	treatment 1.2 If indicated for extrac- tion: the patien is given a charge slip and directed to City Trea- surer's Of	P120.00	15 mins	Dentist I Dentist II Dentist III



	fice (CTO)			CIAL
	fice (CTO).	Nono		Dentist I
	1.3 The patient	None		Dentist I
	will come back			Dentist II
	and wait for their			Dentist II
	names to be		15 mins.	Dentist III
	called to			Donalot III
	undergo to the			
	treatment			
	1. 4 After the	None		Dentist I
	procedure, the			Dentist II
	den- tists pres-			Denust II
	cribed the		1 hour	Dentist III
	necessary		i noui	Donalde m
	medica-			
	tion and			
	explained the			
	post operative			
	instruct-			
	ions			
	Total:			
			2 hours and 2 minutes	
Queeing /Waiting time	e is not included and	d time varies	s in the flow of cor	nversation and
presented documents				
For any inquiries/com	ments/complaints, p	please conta	act: Fatima F. Inti	ia – 09175613873

Issuance of Dental Certificate					
Office or Division: Classification: Type of	DENTAL DIVISIO Simple G2C	DENTAL DIVISION Simple			
Transaction:					
Who may avail:	All constituents of	Legazpi City			
CHECKLIST OF R	EQUIREMENTS		WHERE TO SE	CURE	
Official Receipt (OF	OR)City Treasurer's Office (CTO)			O)	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
 Issuance of Dental Certificates : 	1.1 Patient will be given charge slip and direc-ted to City Treasurer's Office (CTO).	P50.00	15 mins	Dentist I Dentist II Dentist III	
Client proceeds to Dental Division to submit for oral					



	1			CIAL 3
examination and				
fill-up the				
necessary				
documents				
	1.2. Dentists do	None	20 mins	Dentist I
	the oral			
	examination			Dentist II
	and fill up the			
	necessary			Dentist III
	documents.			
2. Oral	2. Schedule:	None	20 mins.	
Consultation for	Every Tuesday			
pregnant women	& Thursday			Dentist I
	scheduled			
	of Pregnant			Dentist II
	Wo-			
	men Oral			Dentist III
	Examination,			
	Dental			
	Mission,			
	Daycare			
	Center, any-			
	time re-			
	quested by			
	different			
	barangays			
	and other			
	agencies.			
	Fluoridization			
	scheduled 2x			
	a year for			
	ages 1-5.			
Total: P60.00 45 mins				
Queeing/Waiting time is not included and the time varies on the flow of the conversation				
and presented documents.				
For any inquiries/comment/complacomplaintase contact: Fatima F. Intia – 09175613873				

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM				
How to send a feedback:	1. By Serving feedback form or			
	2. Thru the following cellphone numbers:			
	09771833638 – Dr. Fulbert Alec R. Gillego			
	09173118654 - Dr. Maylen A. Andes			
How feedbacks are processed?	1. By asking short and simple questions.			



	CIAL
	2. Think of the experience it will give to the client.
	3. Pay attention to the feedback.
	4. Turn feedback into action.
	5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)
	2. Write your complaint in the form and include the following:
	A. Complete name of the person you are complaining
	B. Date
	C. Time
	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints.
	2. Listen to the complainant.
	3. Acknowledge the problem.
	4. Get the facts.
	5. Offerr a solution.
	 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09173118654 - Dr. Maylen A. Andes



CITY HEALTH OFFICE

Environmental and Sanitation Section



ENVIRONMENTAL and SANITATION SERVICES

Office or Division:	ENVIRONMENTAL SANITATION SECTION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Walk-in clients			
CHECKLIST OF REC	QUIREMENTS:	WHERE TO SECURE:		
For Walk-in Client:				
Official Receipt (OR)		City Treasurer's Office (CTO)		
Official Receipt (OR) For Blue Card (Food Handler): Official Receipt (OR) Sputum Result Chest X-Ray Result for the last six (6) mths Latest Residence Certificate Latest Residence Certificate Food Handler's Seminar Certificate Rectal Swab Original Official Receipt 1 x 1 ID Picture (Latest)		Official Receipt (OR) City Health Office (Laboratory Section) City Health Office (X-Ray Unit) or any other X-Ray facility Place of Residency City Health Office (Environmental Sanitation Section) Department of Health, BRTTH Compound, Legazpi City		
For PINK Card and BLUE Card (Non-Food Handler):				
Official Receipt (OR) Sputum Result 1 x 1 ID Picture (Latest)		City Treasurer's Office (CTO) City Health Office (Laboratory Section) City Health Office (Laboratory Section)		
For YELLOW Card:	/			
Official Receipt (OR)				



CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Latest Residence Certificate		Place of	Place of Residency	
2 x 2 ID Picture (Lat	, ,			
For Massage Therapist/Masseus				
Photocopy of NC II Certificate or		TEODA		Deve entre entre f
License for Massage)		Regional Office	Department of
Therapist/Masseur		Health Regiona	al Office V	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents com-plete documents to Environmental Sani-tation Section staff.	1. Environmental Sa-nitation Section staff registers the health card/yellow card.	None	5 mins.	SI III SI II S.I. Designate
	2. ESS staff release health card/yellow card to client.		5 mins.	SI III SI II S.I. Designate

CLIENT STEPS		AGENC ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	3.	ESS	staff	None	5 mins.	SI III



				CIAL
	instructs clients to proceed to			SI 11
	the Medical Division for signature			S.I. Designate
Total Time: 15 minut	es			
Queeing/Waiting time i	s not included.			
For any inquiries/comn 09392625123	nent/complaint, please	contact:	Jacquenette Ann	V. Calamucha:
REQUIREMENTS	FOR WATER R	EFILLII	NG STATIONS	<u> </u>
Office or Division:	ENVIRONMENTAL SANITATION SECTION			
Classification:	Highly Technical			
Type of Transaction:	G2B			
Who may avail:	Owners of Water Re Machines/Mobile Wa			
CHECKLIST OF R	EQUIREMENTS:		WHERE TO	SECURE:
Official Receipt (OR)		City Treasurer's Office (CTO)		
	nit if source of water is Ind Level II Original		Department of Health Regional Office V Bagtang, Daraga, Albay Any Department of Health Accredited	
Bi-annual Physical-C water sample - Pl		-	ater Analysis Lab	

CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:
Initial Bacteriological Result of Water Sample-Photocopy	Any Department of Health Accredited Water Analysis Laboratory
Certification from Legazpi City Water District if water source is public - Original copy	Legazpi City Water District (LCWD) Bitano, Le-gazpi City



CLIENT STEPS	AGENCY	FEES	PROCESSING	PERSON
CLIENT STEFS	ACTIONS	TO BE	TIME	RESPONSIBLE
		PAID		
1. Client presents com-	1. ESS staff reviews the			Sanitary Inspector
plete documents	submitted			III
to ESS staff.	documents and gives claim stub.	P600.00	20 days	Sanitary Inspector II
	Operational Permit	P300.00		Sanitary Inspector
	Certificate of Water Potability			Designate
	Drinking Water	P100.00		
	Site Clearance:	P200.00		
	Level I Level II	P150.00		
	Sanitary Survey			
	2. ESS staff			Dr. Fulbert Alec R.
	prepares			Gillego / CHO
	documents and			Officer
	submits to City			Noel E. Rosal / City
	Health Officer			Mayor
	and City Mayor for signature.			
Total Time: 20 days				
Queeing/Waiting time	is not included.			
For any inquiries/com 09392625123	ment/complaint, pleas	e contact:	Jacquenette Ann	V. Calamucha:
Issuance of HEALTH CARD				
Office or Division:	Environmental sanitation Section			
Classification:	Simple			
Type of Transaction:	G2C			

Who may avail:	Walk-in clients	
CHECKLIST OF	REQUIREMENTS:	WHERE TO SECURE:



HIV/RPR Latest R Latest Residence	Official Receipt (OR) HIV/RPR Latest Result for GROs Latest Residence Certificate 2 x 2 ID Picture (Latest) 2 pcs.		surer's Office (C th Office (Social Residency	CTO) Hygiene Clinic)
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents complete docu-ments to ESS staff.	1. ESS staff types entry to the health card/ (non- \food handler)/GROs.			Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
	For YELLOW CARD: Health Card Sputum PTR Fee For PINK and BLUE Card (Non-Food Handler): Health Card Sputum For BLUE CARD (Food Handler): Health Card Sputum	P30.00 P90.00 P100.00 P30.00 P90.00 P30.00 P90.00		



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Stool Chest X-ray	P60.00 P120.00		
	2. ESS staff release health card/yellow card to client.		5 mins.	Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
	3. ESS staff instructs clients to proceed to CHO laboratory for submission of specimen.		5 mins.	Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
	4. ESS staff advice clients to return for health cards after compliance of the laboratory exam		5 mins.	Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
Total Time: 20 min	nutes	ļ		
Queeing/Waiting tir				
For any inquiries/co 09392625123	omment/complaint, pleas	se contact:	Jacquenette Ann	V. Calamucha:



				CIAL	
Issuance of San	itary Vehicle Cle	arance:			
Office or Division:	ENVIRONMENTAL SANITATION SECTION				
Classification:	Complex				
Type of Transaction:	G2B				
Who may avail:	Catering Services/ Stations(WRS)/Wa with Food Deliverie	ater Tank S	Suppliers & Hau		
CHECKLIST OF R	EQUIREMENTS:		WHERE TO S	ECURE:	
Official Receipt (OR) Photocopy	Original with	Photocop Vehicle	by of OR and C.I	R. of Delivery	
Photocopy of OR an Vehicle					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Client proceeds to ESS	 ESS staff gives client order of payment for Sanitary Delivery Vehicle inspection. 	P150.00	5 mins.	Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate	
2. Client proceeds to City Treasurer's office (CTO) for payment.	2. ESS staff files the photocopy of receipt and advice clients to notify CHO if delivery vehicle is ready for business		5 mins.		
3. Client presents the receipt and submits the photocopy to ESS staff. CHO and give the OR to ESS staff.	3. ESS staff conducts inspection and advice clients to return to ESS Section after 2		2 days	ESS Chief Sanitary Inspector	



CLIENT STEPS	AGENCY	FEES	PROCESSING	PERSON
	ACTIONS	TO BE PAID	TIME	RESPONSIBLE
	days			Sanitary Inspector
4. Client proceeds to	4. ESS staff issues		1 day	
ESS Section to	Sa-nitary			ESS Chief
claim the Delivery	Vehicle Clear-			Loo onici
Vehicle Clearance.	ance and forward it to			.
Clearance.	ESS Chief and			City Health Officer II
	City Health			
	Officer for			
	signature.			
Total Time: 4 days ar	nd 15 minutes	<u> </u>	1	
Queeing/Waiting time	is not included.			
For any inquiries/comr 09392625123	ment/complaint, pleas	e contact:	Jacquenette Ann V	V. Calamucha:
Request for Wat	er Sampling:			
NOTE: Schedule of	Water Sampling is f	rom Mond	ay to Thursday o	only 8:00am to
3:00pm				
Office or	ENVIRONMENTA	L SANITA	TION SECTION	
Division:				
Classification:	Complex			
Type of	G2G, G2B, G2C			
Transaction:	Any alignt			
Who may avail:	Any client	[
CHECKLIST OF R	EQUIREMENTS:		WHERE TO SEC	
Official Receipt (OR)		City Treasurer's Office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client proceeds to	1. ESS staff	P600.00	5 mins	Sanitary Inspector III
ESS.	records the receipt and gives Colilert			Sanitary Inspector II



2. Client submits the wa-	bottle and instructs client with regards to water collection and sub-mission of water sam- pling.	1 week	Sanitary Designate	Inspector
	2 .ESS staff advice			

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
ter sample specimen to ESS.	client to get results			
Total Time: 1 week and	d 5 minutes			
Queeing/Waiting time i	s not included.			
For any inquiries/comm 09392625123	nent/complaint, please	e contact: 、	Jacquenette Ann V	V. Calamucha:
Request for Fur	nigation			
Office or Division :	ENVIRONMENTA	L SANITA	TION SECTION	1
Classification :	Highly Technical			
Type of Transaction :	G2G, G2B, G2C			
Who may avail :	Any client			
CHECKLIST OF R	EQUIREMENTS:		WHERE TO S	SECURE:
•	Letter Request addressed to the City Health Officer with Photocopy			
Gasoline Expenses for Fogging Machine if Private				
Gasoline/Diesel for F				
Unlead-ed Gasoline				
dilution depending or	h the area size			



Total Time: 2 weeks and 5 minutes

Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123

Registration of Sanitary Permits/Health Clearance/Health Cards

Office/Division:	ENVIRONMENTAL SANITATION SECTION			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	All Business Establishme	ents		
CHECKLIST OF RE	QUIREMENTS:	WHERE TO SECURE:		
Official Receipt		Official Receipt		
Duly Accomplished Sanitary	Permit/Health			
Cards/Health Clearance				
Valid Wastewater Discharge F	Permit for	DENR-EMB Regional Center		
Hotels/Restaurants/Lodging H	louses/Inns/Funeral	site Rawis, Legaz- pi City		
Parlors/Apartelles/Laboratorie	s/Manufacturing/Laundry			
Shops/Catering Services-Pho-				
Permit to Operate for Generat	DENR-EMB Regional Center			
Photocopy only		Site Rawis, Legazpi City		
Permit to Operate for Generator Set if there is any-		DENR-EMB Regional Center		
Photocopy only		Site Rawis, Legazpi		

CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE:
Permit to Operate for Underground Tank for Gasoline Stations- Photocopy only	DENR-EMB Regional Center Site Rawis, Legazpi city
Permit to Operate for Compressor for Auto Painting Shops-Photocopy	DENR-EMB Regional Center Site Rawis, Legazpi city



only					
FDA License to Operate for Drugstore/Lying-in Clinics/Hospitals/Bakeries/Funeral Parlors-Photocopy only		DOH-FDA Regional Office V Bagtang, Daraga, Albay			
License Certificate or NCT II Certificate for Massage Therapist/Masseur for Massage Parlor-Photocopy		DOH Regional \ Albay	DOH Regional V Office Bagtang, Daraga, Albay		
DENR ID for Hazar Funeral Parlors/Ho Clinics/Medical Clir	spitals/Lying-in	DENR-EMB Re Legazpi City	egional Center S	Site Rawis,	
Operational Cleara Cemeteries-Pho		DOH Regional \ Albay	/ Office Bagtan	g, Daraga,	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Client presents complete documents to ESS staff.	 ESS staff reviews the submitted documents and releases claim stub to clients. 	Amount of fees to be paid for the Services, based on the Order of Payment issued by the CTO with reference to City Ordinance No. 13- 2007(Revenue Code of Legazpi City)		Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate	
. Client presents the claim stub.	2. ESS staff informs clients to claim the submitted documents		5 mins.	Sanitary Inspector III Sanitary Inspector II	



		Sanitary
		Inspector
		Designate

CLIENT STEPS	AGENCY ACTIO	NS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	the following day	/.			
	3. ESS staff regis the accomplish	ned	None	1 day	Sanitary Inspector III
	documents and submits to ESS Chief and City				Sanitary Inspector II
	Health Officer t signature.	for			Sanitary Inspector
					Designate
Total Time: 2 weeks and	5 minutes				
Queeing/Waiting time is n	not included.				
For any inquiries/commer 09392625123	nt/complaint, please	e cont	tact: Jaco	quenette Ann V. (Calamucha:
Issuance of Smok	ing Permit				
Office or Division:	ENVIRONMEN	TAL	SANIT	ATION SECTION	N
Classification:	Simple				
Type of Transaction:	G2B				
Who may avail:	All Business Est	ablis	hments	with Smoking A	rea
CHECKLIST OF REC	QUIREMENTS:		W	HERE TO SE	CURE:
Certificate of Complia	nce	City	' Engine	eering Office (C	CEO)
CLIENT STEPS	AGENCY ACTIO	NS	FEES TO	PROCESSING TIME	PERSON RESPONSIBLE



		BE PAID	
1.Client presents to ESS the required documents.	1. ESS staff prepares the Smoking Permit and submit to ESS Chief for signature.	5 mins	ESS Chief Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate

CLIENT STEPS		NS FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	2. ESS staff releas	es		
	the Smoking Permit and advid	20		
	client to proceed			
	to the City Healt			
	Officer 's office f			
	signature			
Total Time: 5 minutes			<u> </u>	
Queeing/Waiting time is	not included.			
For any inquiries/comme 09392625123	ent/complaint, please	contact: Jac	quenette Ann V. (Calamucha:
Sanitary Complain	<u>nts</u>			
Office or Division:	ENVIRONMENTAL	SANITATI	ON SECTION	
Classification:	Simple / Highly Technical			
Type of	G2c, G2b, G2g			
Transaction:	And Olicet			
Who may avail:	Any Client			
CHECKLIS	ST OF	N	HERE TO SEC	CURE:



REQUIREMENTS:					
Letter of Complaint/Complaint Filed at CHO		Corr	nplaining	Party	
CLIENT STEPS		ONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Client presents the required documents if barangay issues. 	 ESS staff receives the documents ar advice clients returned after weeks 	to	None	5 mins.	Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Walk-in Clients:				Sanitary
Client proceeds to ESS for filing				Inspector III
complaints (food				Sanitary
issues)				Inspector II
				Sanitary
				Inspector
				Designate
	2. ESS staff records	None	5 mins.	Sanitary
	the complaint filed.		1 day for walk- in clients.	Inspector III
				Sanitary



	Inspector II
	Sanitary Inspector Designate
3. ESS staff conducts in- vestigation	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
				ESS Chief Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
	4. ESS staff prepares reports and submits to the City Health Officer for review and evaluation.			/ESS Chief Sanitary Inspector III Sanitary Inspector II Sanitary Inspector Designate
Total Time: 4 days and 10) minutes			



Queeing/Waiting time is not included.

For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha: 09392625123

COVID 19 Related Activities (MISTING)

Office or Division:	ENVIRONMENTAL SANITATION SECTION
Classification:	Highly Technical
Type of Transaction:	G2C, G2B, G2G
Who may avail:	General Public

CHECKLIST OF REQUIREMENTS:		N	HERE TO SE	CURE:
Letter of Request				
CLIENT STEPS	AGENCY	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits letter of request to Admin. Division.	1. Admin. Staff receives the letter, enter it in the incoming communica- tion logbook an make a follow-up then for- ward th letter to the Ci- ty Health Officer	id p ne	5 mins	Administrative Aide I
2. Client make a follow- up.	2. Admin. Staff schedule the misting activity after CHO Office	ər	1-5 mins	Administrative Aide I



	approved the request.				
Total Time: 5-10 mins					
• • • • • • • • • • • • • • • • • • •					
Queeing/Waiting time is not included.					
Quoonig, Hainig into to the	(Infoldation				
For any inquiries/comment/complaint, please contact: Jacquenette Ann V. Calamucha:					
		aon oacquerior	o / ann v. Calamaona.		
09392625123					
00002020100					

FEEDBACK AND	COMPLAINT MECHANISM
How to send a feedback:	1. By Serving feedback form or
	2. Thru the following cellphone numbers:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09392625123 – Jacquenette Ann V. Calamucha
How feedbacks are processed?	1. By asking short and simple questions.
	2. Think of the experience it will give to the client.
	3. Pay attention to the feedback.
	4. Turn feedback into action.
	5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)
	2. Write your complaint in the form and include the following:
	A. Complete name of the person you are complaining
	B. Date
	C. Time
	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints.
	2. Listen to the complainant.
	3. Acknowledge the problem.



4. Get the facts.
5. Offerr a solution.
 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
09771833638 – Dr. Fulbert Alec R. Gillego
09392625123 – Jacquenette Ann V. Calamucha



Health Program Management Division



HEALTH PROGRAM MANAGEMENT DIVISION

Request for U	se of Am	bulance 1				
Office or Divisi	on: HE/	ALTH PROGRA	M MAN	AGEMENT DIV	ISION	
Classification:		Simple				
Type of	G2C	G2C				
Transaction:	Proc	nant Newborn Ll	odor Eivo C	hildren, Older Child	ron Toonagors	
Who may avail		ts, Senior Citizen		filluteri, Older Child	ilen, Teenayers,	
CHECKLIST				WHERE TO S	ECURE	
If mentally-ill par required to prov transport			PSO or E	Barangay Tanod		
Referral Form			CSWDO			
Letter request si Officer	gned by C	ity Health	СНО			
CLIENT STEF	es	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Client coordina at City Health Office (CHO)		 HEMS staff instructs the client to secure note of approval from City Mayor's Office (CMO) 	None	2 mins	Population Program Officer I	
2. Client proceeds City May Office (CMO) to seek for approval and note	s to or's	 Hems Staff interview the client and schedule transport. 	None	10 mins	Population Program Officer I	
3. Client returns to City Hea Office to give advance copy of t letter	c Ith	 Hems staff temporarily calendar the request while waiting for the approval from the City Mayor's Office 	None	2 mins	Population Program Officer I	



				CIAL SU
4. The client do the follow-up of their request.	4.Hems staff advises the client to make follow-up on the request. Tota		3 working days 3 days and 14 minutes	Population Program Officer I
Queuing/Waiting tin				
For any inquiries/co	mment/compliant	, please con	itact: Maricel S.	Banzuela -
Request for Medic	al Team			
Office or Division:	HEALTH PROG	RAM MAN	AGEMENT DI	/ISION
Classification:	Simple			
Type of Transaction:	G2C ,G2G			
Who may avail:	All			
CHECKLIST OF R			WHERE TO SE	CURE
Letter of Request a City Mayor and cou City Health Officer a month before the ad	rsed thru the at least one (1)			
Referral Form	stivity)	CSWDO		
Letter signed by Cit	y Health Officer	001100		
and City Mayor				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Client coordinates at City Health Office (CHO)	1. HEMS Staff instructs the client to make a request letter to the City Mayor coursed thru the City Health Officer	None	5 mins	Population Program Officer I
2. Client proceeds to City Mayor's Office to deliver the letter.	2.1HEMS Staff receives the advanced copy of the letter.	None	1 min	Population Program Officer I
	2.2HEMS Staff receives and review and document the request.	None	2 mins	Population Program Officer I



				CIAL		
3. The client	3.Hems staff	None	3 days	Population		
do the	advises the			Program Officer I		
follow-up of	client to					
their	make a					
request.	follow-up on					
	the request.					
	Total:	None	3 days and 8			
			mins			
Queuing/Waiting time is not included.						
For any inquiries/comment/compliant, please contact: Maricel S. Banzuela -						
09171365502		, p				
0011100000L						

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

Request for Use of Ambulance 2				
Office or Division:		HEALTH PROGRAM MANAGEMENT DIVISION		
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pregnant, Newborn, Under Adults, Senior Citizen	Five Chi	ldren, Older Child	Iren, Teenagers,
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	ECURE
Referral Form				
Letter signed by City Health	n Officer and City Mayor			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Relative/Client request for transfer of confinement 	 Interviewed and asked Relative/Client for ambulance letter request 	None	5 mins	Nurse on Duty
 Relative/Client is instructed to wait at the designated waiting area. 	2. Waiting for Admin Office or Senior House Officer for the approval and release of Trip Ticket	None	2 mins	Admin Officer
3. For request outside Legazpi City, relative/client is instructed to follow up to HEMS staff	 Waiting for the approval of travel order and release of Trip Ticket 	None	3 days	Admin Officer/HEMS Staff
 Relative/Client is informed of approval/Disapproval 	4.1 Approved/Disapproved the validity of verbal/personal request.	None	3 mins	Admin Officer/HEMS Staff



None	3 mins	Admin Officer/HEMS Staff		
None	5 mins	Admin		
		Officer/HEMS		
		Staff		
None	Travel Time	Driver		
	-			
None	36 minutes			
Queuing/Waiting time is not included.				
		None 5 mins None Travel Time		

Request for RT-PCR/ Ant	igen Test			
Office or Division:	HEALTH PROGRAM M	ANAGE	EMENT DIVISIO	N
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Close Contact, Symptomati Worker and Travelers	c/Asymp	otomatic, Frontline	Health Care
CHECKLIST OF F	REQUIREMENTS		WHERE TO S	ECURE
Request letter received and Officer	d signed by City Health			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 The client/patient proceeds to Triage Area 	1. Profiling of Patients/Client for Rt-Pcr and Antigen Testing	None	5 Mins	Nurse on Duty
2. Patients waits to be called	2.1 wabbing/Antigen Testing of Patients/Clients	None	5 Mins	Medtech on Duty
	2.2 Collection/Examination of Specimen	None	5 Mins	Medtech on Duty
	2.3 RT-PCR specimen to be transported to BRDRL	None	5 Mins	Medtech on Duty & Driver
	2.4 Specimen for Antigen Testing is being checked or observed or examined by the Medtech for the result	None	5 Mins	Medtech on Duty



3. The patient is informed to wait for the result.	3.Releasing of Results	None	20 Mins for Antigen 24-48 hrs or RT-PCR	Medtech/Nurse on Duty
	Total:	None	45 minutes	
Queuing/Waiting time is not included.				
For any inquiries/comment/compliant, please contact: Maricel S. Banzuela - 09171365502				

Office or Division:	HEALTH PROGRAM M	HEALTH PROGRAM MANAGEMENT DIVISION		
Classification:				
Type of Transaction:	G2C			
Who may avail:	Pregnant, Newborn, Under Adults, Senior Citizen	Five Chi	ldren, Older Child	ren, Teenagers,
CHECKLIST OF	REQUIREMENTS		WHERE TO S	ECURE
Any personal identification spelling / Member Data Re slient)		Philhe	alth Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
.Patients fills up the Ekonsulta registration form.	1.Interviews client. <u>For New Patient</u> – Ekonsulta Registration form filled up. <u>For Old Patient –</u> Request for Authorization transaction code form filled up.	None	5 Mins	Nurse on Duty
2.Patients waits for ATC Authorization Transaction Code)	2.Registration of patient in ekonsulta website is being processed	None	5 Mins	Nurse on Duty
B.ATĆ is being received by he Patient.	3.Authorization Transaction Code is given to patient with instruction.	None	5 Mins	Nurse on Duty
	Total:	None	15 minutes	

FEEDBACK AND COMPLIANT MECHANISM				
How to send a feedback:	 By serving feedback form or thru the following cellphone numbers: 			
	09455161347 - Ma. Rosario R. Balonzo			
	09988653468 – Maricel S. Banzuela			



	CIAL 3
	09171274686 – Ronald Joy Miña
How feedback are	1. By asking short and simple questions.
processed?	2. Think of the experience it will give to the
	client.
	3. Pay attention to the feedback
	4. Turn feedback into action.
	5. Share the feedback to all members of the
	office
How to file a complaint?	1. Secure a Form 3 (Compliant Form) from
	the Public Assistance and Compliant
	Desk (PACD)
	2. Write your compliant in the form and
	include the following:
	A. Complete name of the person you
	are complaining
	B. Date
	C. Time
	3. Drop the filled-up compliant form in the
	dropbox located at PACD or
	4. Thru cellphone numbers above.
How complaints are processed?	 Get the reason of complaints. Listen to the compliant. Acknowledge the problem. Get the facts Offer a solution
	 Talk to the concerned employee, and give a disciplinary action, if needed. Contact information of 09455161347 - Ma. Rosario R. Balonzo 09988653468 – Maricel S. Banzuela 09171274686 – Ronald Joy Miña



Laboratory Services



LABORATORY SERVICES (Sputum, Fecalysis Examination for Health Card)

Office or Division:	LABORATORY SEC	TION		
Classification:	Simple	non		
Type of	G2C			
Transaction:				
Who may avail:	General Public			
CHECKLIST OF	REQUIREMENTS		WHERE TO S	ECURE
Official Receipt (OR)		City Trea	surer's Office (CT	0)
Philhealth ID/MDR of	, ,			
Paid (renewed, not e				
Examination Reques	t	City Hea	th Doctor	
Specimen				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client inquires at the Laboratory Section.	1. Receive and assess the health card and the official receipt. Give procedure on proper collection and submission of the specimen.	P90.00	15 mins.	Medical Technologist Laboratory Aide
2. Client submits the specimen and health card.	2. Receive and assess if the specimen is properly collected. Label and give instructions on how to claim the health card and the result	None	15 mins.	Medical Technologist Laboratory Aide
3. Client presents the official receipt (OR) of the health card to laboratory staff.	3. Check the official receipt (OR) and release the result to the client.	None	5 mins.	Medical Technologist Laboratory Aide
4. Client claims the result and health card.	4. Releasing of the result and health card	None	5 mins	Medical Technologist Laboratory Aide
	Total:	P90.00	40 mins	
Queuing/Waiting tir			Guadalyn D. Nu	



LABORATORY SE	RVICES (Blood Ch	emistry Exami	nation)	ICIAL 3
Office or	LABORATORY S	SECTION		
Division:				
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General public			
CHECKLIST OF F			WHERE TO SECU	JRE
Official Receipt (OF			's Office (CTO)	
Philhealth ID/MDR				
LGU Paid (renewed				
Examination Reque	est	City Health Do		
Specimen	AGENCY	FEES TO BE	s Office (CTO)	DEDSON
CLIENT STEPS	ACTIONS	PAID	TIME	PERSON RESPONSIBLE
1. Client inquire on how to avail laboratory services.	Checks for the availability of the re-quested examination.	None	5 mins.	Med. Tech III Med. Tech II
	* If requested examination is not available client/ patient			Lab. Aide Lab. Aide II
	may go to their clinical laboratory of choice			Lab.tech
2. Client presents request from the	2. If available,	CBC-P90.00		
physician.	staff will give instruct-ion and order	Blood Typing- P90.00		Med. Tech III
	slip.	Urinalysis- P60.00		Med. Tech II
		Fecalysis- P60.00		Lab. Aide
		Sputum Exam		Lab. Aide II
		P90.00		Lab.tech
		FBS-P130.00		
		Total Cholesterol- P130.00		
		HDL Cholesterol- P220.00		



LDL Cholesteroi- P220.00LDL Cholesteroi- P130.00LDL Cholesteroi- P130.00LDL Cholesteroi- P130.00LDL Secon- P220.00Secon- P220.003. Client proceeds to City Treasurer's Office.3. Staff assess the documents presented, give instruction prior to collection.None30 mins.Med. Tech III Med. Tech III Lab. Aide Lab. Aide4. Client presents Official Receipt (OR).4. Laboratory taff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Med. Tech III Lab. Aide II Lab. Aide II Lab. Aide5. Client is instructed to wait at the designated waing area until his/her number is called.S. Laboratory procedure.None30 mins.Med. Tech III Med. Tech III Med. Tech III Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide5. Client is instructed to wait at the designated waing area until his/her number is laboratory procedure.None30 mins.Med. Tech III Med. Tech III Lab. Aide Lab. Aide5. Client is instruction the process of the re-quested waing area until his/her number is laboratory procedure.None30 mins.Med. Tech III Lab. Aide Lab. Aide Lab. Aide II Lab. Aide II					CIAL ST
P130.00BUN- P130.00BUA- P130.00BUA- P130.00S. Client proceeds to City Treasurer's Office.3. Staff assess the documents presented, give instruction prior to collection.None30 mins.Med. Tech III Med. Tech III Lab. Aide Lab. Aide II Lab. Aide II4. Client presents Official Receipt (OR).4. Laboratory staff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Lab. Aide Lab. Aide II Lab. Aide II Lab. Aide5. Client Is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the ro-cess of the requested laboratory procedure.None30 mins.Med. Tech III Med. Tech III Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide					
P130.00P130.00BUA- P130.00BUA- P130.00SGOT- P220.003. Client proceeds to City Treasurer's Office.3. Staff assess the documents presented, give instruction prior to collection.None30 mins.Med. Tech III Lab. Aide Lab. Aide II Lab. Aide II Lab. Aide II4. Client presents Official Receipt (OR).4. Laboratory staff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Lab. Aide II Lab. Aide II Lab. Aide I Lab. Aide Lab. Aide I Lab. Aide5. Client is instructed to wait at the designated waiting area until his/her number is called.None30 mins.Med. Tech III Lab. Aide I Lab. Aide I Lab. Aide I Lab. Aide I Lab. Aide I Lab. Aide I Lab. Aide					
P130.00 SGOT- P220.00P130.00 SGOT- P220.00Med. Tech III Med. Tech III Lab. Aide3. Client proceeds to City Treasurer's Office.3. Staff assess the documents presented, give instruction prior to collection.None30 mins.Med. Tech III Med. Tech III Lab. Aide4. Client presents Official Receipt (OR).4. Laboratory staff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Lab. Aide II Lab. Aide5. Client is instructed to wait at the designate waiting area until his/her number is called.5. Laboratory staff explains the procedure.None30 mins.Med. Tech III Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide					
P220.00 SGPT- P220.00P220.003. Client proceeds to City Treasurer's Office.3. Staff assess the documents presented, give instruction prior to collection.None30 mins.Med. Tech III Med. Tech III Lab. Aide Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide II Lab. Aide Lab. Aide II Lab. Aide Lab. Aide II Lab. Aide III Med. Tech III Med. Tech III Lab. Aide Lab. Aide III Lab. Aide Lab. Aide III Lab. Aide Lab. Aide III Lab. Aide Lab. Aide II Lab. Aide Lab. Aide III Lab. Aide Lab. Aide III Lab. Aide III Lab. Aide II Lab. Aide II Lab. Aide III Lab. Aide II Lab. Aide III Lab. Aide II Lab. Aide III Lab. Aide II Lab. Aide II Lab. Aide III Lab. Aide II Lab. Aide III Med. Tech III Med. Tech III Med. Tech III Lab. Aide III Lab. Aide II					
3. Client proceeds to City Treasurer's Office.3. Staff assess the documents presented, give instruction prior to collection.None30 mins.Med. Tech III Med. Tech II Lab. Aide Lab. Aide II Lab. Aide II Lab.tech4. Client presents Official Receipt (OR).4. Laboratory staff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Lab. Aide II Lab. Aide II Lab.tech5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the procedure.None30 mins.Med. Tech III Lab. Aide Lab. Aide II Lab. Aide II					
to City Treasurer's Office.the documents presented, give instruction prior to collection.Med. Tech II Lab. Aide Lab. Aide II Lab. Aide II Lab. tech4. Client presents Official Receipt (OR).4. Laboratory staff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Lab. Aide II Lab. Aide ILab. Aide Lab. Aide ILab. Aide Lab. Aide ILab. Aide5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the procedure.None30 mins.Med. Tech III Lab. Aide Lab. Aide ILab. Aide II					
Office. presented, give instruction prior to collection. Med. Tech II Lab. Aide 4. Client presents Official Receipt (OR). 4. Laboratory staff will ready the pro-per procedure on blood collection. None 30 mins. Med. Tech II Lab. Aide 5. Client is instructed to wait at the designated waiting area until his/her number is called. 5. Laboratory staff explains the procedure. None 30 mins. Med. Tech III Lab. Aide 6. Client is instructed to wait at the designated waiting area until his/her number is called. 5. Laboratory procedure. None 30 mins. Med. Tech III Lab. Aide 1 Lab. cech Lab. Aide Lab. Aide Lab. Aide 1 Lab. cech Lab. Aide Lab. Aide 1 Lab. cech Lab. Aide Lab. Aide 1 Lab. aide Lab. Aide Lab. Aide			None	30 mins.	Med. Tech III
4. Client presents Official Receipt (OR).4. Laboratory staff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Lab. Aide Lab. Aide ILab. Aide Lab. Aide		presented, give instruction prior			Med. Tech II
4. Client presents Official Receipt (OR).4. Laboratory staff will ready 		to collection.			Lab. Aide
4. Client presents Official Receipt (OR).4. Laboratory staff will ready the pro-per procedure on blood collection.None30 mins.Med. Tech III Lab. Aide Lab. Aide Lab. Aide II Lab.tech5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the procedure.None30 mins.Med. Tech III Lab. Aide Lab. Aide II Lab.tech5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the procedure.None30 mins.Med. Tech III Lab.tech4. Lab. Aide Lab.techLab. Aide Lab. Aide Lab. AideLab. Aide Lab. AideIII Lab. Aide Lab. Aide					Lab. Aide II
Official Receipt (OR).staff will ready the pro-per procedure on blood collection.Med. Tech II Lab. Aide Lab. Aide II Lab. Aide II5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the pro-cess of the re-quested laboratory procedure.None30 mins.Med. Tech III Lab. Aide Lab. Aide Lab. Aide II					Lab.tech
(OR).the pro-per procedure on blood collection.Med. Tech II Lab. Aide Lab. Aide II Lab. Aide II5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the pro-cess of the re-quested laboratory procedure.None30 mins.Med. Tech III Lab. Aide II Lab. Aide Lab. Aide ILab. Aide Lab. Aide ILab. Aide ILab. Aide Lab. Aide			None	30 mins.	Med. Tech III
5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the pro-cess of the re-quested laboratory procedure.None30 mins.Med. Tech III Med. Tech III Lab. Aide Lab. Aide Lab. Aide Lab. Aide		the pro-per procedure on			Med. Tech II
5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the pro-cess of the re-quested laboratory procedure.None30 mins.Med. Tech III Med. Tech III Lab. Aide Lab. Aide II		DIOOD COllection.			Lab. Aide
5. Client is instructed to wait at the designated waiting area until his/her number is called.5. Laboratory staff explains the pro-cess of the re-quested laboratory procedure.None30 mins.Med. Tech III Med. Tech II Lab. Aide4.Med. Tech III Lab. AideLab. AideLab. Aide II					Lab. Aide II
instructed to wait at the designated waiting area until his/her number is called.					Lab.tech
at the designated waiting area until his/her number is called.pro-cess of the re-quested laboratory procedure.Med. Tech II Lab. AideLab. AideLab. Aide			None	30 mins.	Med. Tech III
called. procedure. Lab. Aide Lab. Aide II	at the designated waiting area until	pro-cess of the re-quested			Med. Tech II
					Lab. Aide
Lab.tech					Lab. Aide II
					Lab.tech



				CTAL S	
6. When the number is called, client submits for blood collection and/or submits specimen.	6. 1Laboratory staff will extract blood samples.	None	30 mins.	Med. Tech III Med. Tech II Lab. Aide Lab. Aide II	
				Lab.tech	
	6.2 Client is given instruct-ion on how and when to comeback for the result	None	2 days	Med. Tech III Med. Tech II Lab. Aide Lab. Aide II	
	Total	Nega	2 Davis 2	Lab.tech	
	Total:	None	2 Days,2 hours and 5 mins		
document/s					
For any inquiries/comment/complaint, please contact: Guadalyn D. Nuyda-09982199815					

Specimen Submission				
Office or Division:	LABORATORY SECTION			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General Public			
CHECKLIST OF R	EQUIREMENTS		WHERE TO S	ECURE
Official Receipt (OR)		City Tr	easurer's Office (CTO)
Philhealth ID/MDR of Masa, N	IHTS, LGU Paid (renewed,			
not expired)				
Examination Request		City He	ealth Doctor	
Specimen				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client proceeds to in- formation area of	 Laboratory staff releases results and document it in the releasing logbook. 	None	30 mins.	Med. Tech III Med. Tech II

				FICIAL SE
laboratory, present				Lab. Aide II
official receipt or its				
equivalent.				
	Total:	None	36 minutes	
Queeing/Waiting time is not in	cluded varies on the flow of o	conversa	ation and presente	ed document/s.
For any inquiries/comment/co	mplaint, please contact; Gua	dalvn D.	Nuvda- 09696499)777

NOTICE:

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.

FEEDBACK AND COMPLAINT MECHANISM				
How to send a feedback:	1. By Serving feedback form or			
	2. Thru cellphone number:			
	09771833638 – Dr. Fulbert Alec R. Gillego			
	09696499777 – Guadalyn D. Nuyda			
How feedbacks are processed?	1. By asking short and simple questions.			
	2. Think of the experience it will give to the client.			
	3. Pay attention to the feedback.			
	4. Turn feedback into action.			
	5. Share the feedback to all members of the office.			
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)			
	2. Write your complaint in the form and include the following:			
	A. Complete name of the person you are complaining			
	B. Date			
	C. Time			
	3. Drop the filled-up complaint form in the drop box located at PACD or			
How complaints are processed?	1. Get The reason of complaints.			
	2. Listen to the complainant.			
	3. Acknowledge the problem.			
	4. Get the facts.			



5. Offer a solution.
 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
09771833638 – Dr. Fulbert Alec R. Gillego
09696499777 – Guadalyn D. Nuyda



Medical Division



MEDICAL SERVICES

Office or Division:	MEDICAL DIVISION				
Classification:	Simple				
Type of Transaction:	G2C				
Who may avail:	General Public, Patients				
CHECKLIST	OF REQUIREMENTS:		W	HERE TO SEC	URE:
1.Any personal ic validation	lentification or ID for				
2. Copy of Memb Philhealth	er Data Record (MDR)	Phil	Health (Office Legazpi	City
3.Existing Immun	ization Card				
4.Existing mother Based maternal F	and Baby Book or Home Record (HBMR)				
5.Barangay Certi	fication				
CLIENT STEPS	AGENCY ACTIONS		FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIB LE
1.Consultation – Patient/Client proceeds to Out- Patient Department for Interview.	1.Staff on duty retrieves the of the patient/client.	ITR	None	2 mins.	City Health Officer/
2. Patient/ Client undergo physical examnination	2.1 Provides medical, and physical examination/consulta tion to patient		None	15 mins.	Medical Officers
	2.2 Medical and medico lega examination con-ducted.	al	P50.0 0	45 mins	



Total Time: 1 hour		ļ	ł	•
Queeing/Waiting ti	me is not included.			
For any inquiries/co	omment/complaint, please contact:	Dr. Adel	sa R. Tee-0945	3414544
Other Health I	Related Services (Signing	of Dea	ath Certifica	<u>te, Burial</u>
and Transfer I	<u>Permit)</u>			
Office or Division :	MEDICAL DIVISION			
Classification:	Simple			
Type of Transaction:	G2C			

Who may avail:	General Public,	General Public, Patients			
CHECKLI		WHI	ERE TO SECUR	RE:	
Official Receipt (OF	R) (City Treasurer's c	office (CTO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Client proceeds to City Treasurer's Office (CTO) for payment.	 Reviewed and verbal autopsy to the relative of the deceased and indicate cause of death. 	Amount of fees to be paid for the Services, based on the Order of Payment issued by the CTO with reference to City Ordinance No. 13- 2007(Revenue Code of Legazpi City)	5-10 mins.	City Health Officer/Medical Officers	



				MCIAL SP
	*Burial Permit *Transfer Permit	P30.00 P60.00		
Total Time: 22 mins.				
Queeing/Waiting time	e is not included.			
For any inquiries/comment/complaint, please contact: Dr. Adelsa R. Tee-09453414544				
Signing of Med	ical Certificate			
Office or	MEDICAL DIVISIO	DN		
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	General Public, Pa			
CHECKLI	ST OF	WHE	RE TO SECU	RE:
REQUIRE	MENTS:			
1. Official Rece	eipt (OR)	1. Official Receipt	: (OR)	
2. Laboratory F urinalysis, fe ultrasound, e	calysis,	2.Laboratory Res ultrasound, etc.)	ults (x-ray, urina	lysis, fecalysis,
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client presents the requirements.	1.1 Reviews documents for completeness of attached requirements.	None	7 mins.	City Health Officer/ Medical Officers



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.2 Evaluation and ma-nagement of labora-tory results (x-ray, urinalysis, fecalysis, CBC, ultrasound, etc .)	None	5 mins	City Health Officer/Medical Officers
	1.3 Signing of documents. Medical Certificate	P50.00- regular	15 mins.	City Health
		P50.00- for student		Officer/Medical Officers
		P50.00		
	Bond	P30.00		
	Health Card			
Total Time: 22 mins.	1	I	<u> </u>	
Queeing/Waiting time	is not included.			
For any inquiries/comr	nent/complaint, please c	contact: Dr	. Adelsa R. Tee-0	9453414544

The number of minutes per service may vary depending on the level of care needed to be given to a patient/client and depending on the requirements presented.



FEEDBACK AND CO	MPLAINT MECHANISM
How to send a feedback:	1. By Serving feedback form or
	2. Thru cellphone number:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09453414544 – Dr. Adelsa R. Tee
How feedbacks are processed?	1. By asking short and simple questions.
	2. Think of the experience it will give to the client.
	3. Pay attention to the feedback.
	4. Turn feedback into action.
	5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)
	2. Write your complaint in the form and include the following:
	A. Complete name of the person you are complaining
	B. Date
	C. Time
	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints.
	2. Listen to the complainant.
	3. Acknowledge the problem.
	4. Get the facts.
	5. Offerr a solution.
	 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09453414544 – Dr. Adelsa R. Tee

Γ



Nursing Division



NURSING SERV	ICES				
Office or Division:	NURSING DIVISION				
Classification:	Simple				
Type of Transaction:	G2C				
Who may avail:	Pregnant and Lactation Older children, Teena				
CHECKLIST O	F REQUIREMENTS:			WHERE TO S	ECURE:
1. Any personal i validation of s	dentification or ID for pelling.				
	(1) PhotoCopy of Member a Record (MDR)				
3. Existing Immu	nization Card				
CLIENT STEPS	AGENCY ACTION	S	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Patient fills up the outpatient (OPD) logbook and is given a number for consultation. 	For Old Patient - Individual Treatment For Old Patient - Individual Treatment Record (ITR) is retrieved and update	p d.	None	25 minutes	<i>Nurse/Midwife</i> on Duty
2. Patient proceeds to vital signs area.	2.Takes vital signs of patient.	:	None	5 mins.	<i>Nurse/Midwife</i> on Duty



3. Patient waits for their number to be called.	3. Directs patient to waiting area for consultation.	None	3 mins.	<i>Nurse/Midwife</i> on Duty
	ELDERLY, DIFFERENT			
	LY ABLED/PWDs, PREGNANT are given			
4. Patients undergo triaging for prioritization	4. Assesses difficulty of breathing for control of Acute Respiratory Infection (CARI) patients	None	15 mins.	

5. Patient is referred to Pharmacy for medicine dispensing.	5. Assesses signs of dehydration for control of Diarrheal Disease (CDD) in patients	None	15 mins.	<i>Nurse/Midwife</i> on Duty
6. Patient submits for information education campaign (IEC).	6. Assesses mental health status of Men- tal Health Program clients.	None	15 mins.	<i>Nurse/Midwife</i> on Duty
7. Patient submits for diagnostic examination.	7. Emergency and/or infectious disease patients are referred immediately to the doctor.	None	5 mins.	<i>Nurse/Midwife</i> on Duty
8. Patient is given referral slip for further management and evaluation.	8. Receives prescription and instruction on doctors order.	None	15 mins.	<i>Nurse/Midwife</i> on Duty
9. If in need of immediate care, proceed to hospital.	9.1 Conducts individual counselling for health wellness.	None	20 mins.	<i>Nurse/Midwife</i> on Duty
10. Client proceeds to Laboratory section	10. Referral to Labo- ratory Section for the requested examina-	None	5 mins.	<i>Nurse/Midwife</i> on Duty



	tion.				
11. Client secure referral for higher level of care if needed.	11. Gives referral hos- pital or specialty cli- nics for higher level of care if needed.	None	10 mins.	<i>Nurse/Midwife</i> on Duty	
12. Client request for	12.1 Ambulance	None	30 mins.	HPMO-	
transport to hospital in	transport			Health	
case of emergency	to hospital for emer-			Program	
case.	gency cases			Management	
				Officer	
	12.2 Recording of	None	15 mins.	Nurse/Midwife	
	Indi- vidual			on Duty	
	Treatment Record				
	(ITR) at General				
	Medical Medical				
	Services logbook.				
	Total:	None	2 hrs and 38		
			min.		
Queeing/Waiting time is no	t included.		I		
		act: Sheil	a L. Estipona-09	322827914	
For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914					

UNDER FIVE CLINIC (UFC) & IMMUNIZATION SERVICES

Office or Division:	NURSING DIVISIO	NURSING DIVISION		
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pregnant and Lactating Women, Newborn, Under Five Childre Older Children, Teenagers, Adults, Senior Citizen			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE:		
	S:	WHERE TO SECURE:		
REQUIREMENT 1. Any personal identific	S: ation or ID for	WHERE TO SECURE:		



4.Existing Mother and Baby Book, or Home Based Maternal Record (HBMR)

Based Maternal Record (HBMR)					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Parents of newborn pro- ceeds to Immunization Room and is given a number	 Interviews parent of Newborn <u>NEW - underfive</u> 		15 mins.	<i>Nurse/Midwife</i> on Duty	
	clinic record is filled- up OLD - underfive				
	clinic record (UFC) is retrieved and updated.				
2. Newborn vital signs are taken.	2. Takes vital signs of newborn and records at UFC record.	None	20 mins.	<i>Nurse/Midwife</i> on Duty	
3. Sick child is assisted to a doctor.	3. Sick child is referred to a doctor and immunization is deferred.	None	5 mins.	<i>Nurse/Midwife</i> on Duty	
4. Staff determines what vaccines are to be given.	4. Administers vaccina- tion and records at immunization card.	None	20 mins.	<i>Nurse/Midwife</i> on Duty	
5. Parents are given health education	5. 1Conducts counselling and schedules if when is the next visit.	None	20 mins.	Nurse/ <i>Midwife</i> on <i>Duty</i>	
	5.2 Records vaccine given at logbook and Target client List (TCL).	None	15 mins.	Nurse/ <i>Midwife</i> on <i>Duty</i>	



	None	1 hr. & 35 minutes			
Queeing/Waiting time is not included.					
For any inquiries/comment/co	mplaint, please contact:	Sheila L. E	stipona-093228279	914	

PRENATAL & POST	NATAL SERVICES			
Office or Division	NURSING DIVISION			
Classification	Simple			
Type of Transaction	G2C			
Who may avail	Pregnant and Lactating	g Wome	n	
CHECKLIST O	F REQUIREMENTS:		WHERE T	O SECURE:
1.Any personal ident validation of spelling				
2.Copy of Member D	Data Record (MDR)			
3.Existing Immuniza	tion Card			
4.Existing Mother and Baby Book, or Home Based Maternal Record (HBMR)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pregnant/Lactating women proceeds to prenatal area and is given a number.	<u>NEW</u> - Maternal record is filled-up. <u>OLD - Maternal record is</u> retrieved and updated.	None	10 mins. 15 mins.	<i>Nurse/</i> Midwife on Duty <i>Nurse/Midwife</i> on Duty
2. Pregnant/Lactating women proceeds to vital signs area.	2. Takes vital signs of pregnant /lactating women.	None	20 mins.	<i>Nurse/Midwife</i> on Duty



				CIAL
3. Pregnant	3. Performs prenatal	None	30 mins.	Nurse/Midwife on
/Lactating wo-	examination.			Duty
women proceeds				
to examination				
room.				
4.	4. Referral of	None	10 mins.	Nurse/Midwife on
Pregnant/Lactating	pregnant/lactating			Duty
wo- men are	women with medical			
assisted to doctor	problems to doctor			
for consultation.	-			
5. Pregnant/Lactating	5. Administers Tetanus	None	10 mins.	Nurse/Midwife on
women submits for	Diptheria (Td)			Duty
Tetanus Diptheria	immunization and			
(Td) immunization.	records at Mother and			
	baby Book or HBMR			
6. Pregnant/Lactating		None	20 mins.	Nurse/Midwife on
women attends for	ling pregnant			Duty
health advocacy	/lactating women.			
7. Pregnant/lactating	7. Records at Target	None	10 mins.	Nurse/Midwife on
women proceeds	Client List (TCL)			Duty
to Dental Division	logbook.			
	.			
8. Pregnant/Lactating	8. Referral to Dental	None	5 mins.	Nurse/Midwife on
women proceeds	Division for basic oral			Duty
to Dental Division	Health Care (BOHC).			
		Name	F reside a	Alure o / Aichwife ere
9. Pregnant/Lactating	9. Referral to Nutrition	None	5 mins.	Nurse/Midwife on
women proceeds	Section for			Duty
to Nutrition Section	micronutrient			
	supplementation.			
	Total:	None	2 hours and	
			15 Minutes	
Queeing/Waiting time is	s not included.			
	pent/complaint_please.com	toot: Cha	vila I Estinona-00	00007014
OF ADV IDOUIDES/CODD	ienvoomoiaine oiease con			17//0//914

For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914

l	UNDER FIVE CLINIC	(UFC)	AND IMMUNIZATION SERVICES
1 -			

Office or Division:	NURSING DIVISION				
Classification:	Simple	Simple			
Type of Transaction:	G2C				
Who may avail:	Pregnant and Lactating Women, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen				
CHECKLIST (REQUIREMEN	-	WHERE TO SECURE:			



	ord (MDR) or Phihealth			
ID CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Children/Infants proceeds to the OPD accompanied by Parents/Guardian.	* Children/Infants for childcare services are scheduled 5 at a time to observe "social distancing" following the protection protocol issued by the City Health Officer.	None	1hr and 35 minutes	<i>Nurse/Midwife</i> as signed at barangay
	Total:	None	1hr and 35 minutes	
Queeing/Waiting tir	ne is not included.			
For any inqueries/c 09322827914	omment/complaint, please	contact:	Sheila L. Estipo	ona-

PRENATAL/ POSTNATAL CARE SERVICES						
Office or Division	NURSING DIVISION	NURSING DIVISION				
Classification	Simple	Simple				
Type of Transaction	G2C					
Who may avail	Who may avail Pregnant and Lactating Women, Newborn					
CHECKLIST O	CHECKLIST OF REQUIREMENTS: WHERE TO SECURE:					
0	Existing Mother and Baby Book, or Home Based Maternal Record (HBMR)					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		



			CIAL
	Due to the COVID 19 pandemic, PREGNANTS as belonging to the "vulnerable group" are advised to seek routine maternal care services at their respective barangay health centers wherein frontliners assigned are waiting for them and further to avoid exposure to any infectious diseases. * Pregnants/Postpartum and Lactating Women for maternal care services are are scheduled 5 at a time to observe "social distancing" following the protection protocol issued by		Nurse/Midwife assigned at barangay
	are are scheduled 5 at a time to observe "social distancing" following the protection		
Total Time: 2 hours ar Queeing/Waiting time	nd 10 minutes		
. .		-	

For any inquiries/comment/complaint, please contact: Sheila L. Estipona-09322827914

CONTROL OF ACUTE RESPIRATORY INFECTION (ARI)

Office or Division :	NURSING DIVISION				
Classification :	Simple				
Type of Transaction:	G2C				
Who may avail :	Pregnant and Lactating Women, Newborn, Under Five Children, Older children, Teenagers, Adults, Senior Citizen				
CHECKLIST OF REQUIREMENT		WHERE TO SECURE:			



	lian an ID fan			CIAL
1.Any personal identification of spelling.	tion of ID for			
2.Philhealth ID, Copy of M Record (MDR), NHTS, M				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE
1. Parent of Child/Patient submit for thermal scanning and sanitize hands.	 Staff on duty subject the parer of child/ patient a subjected to thermal scanning and sanitize hands. 	re	3 mins.	Triage <i>Nurse/Midwif</i> e
 Parent & child/Patient proceeds to triage area. 	 Staff on duty instructs the parent of child/ patient to proceet to triage area. 	None	3 mins	Triage <i>Nurse/Midwif</i> e
3. Parents/Patients proceed triage area for assessment of infectious disease.	3. Staff on dua assessed th parent of	-	10 mins.	Triage Nurse/Midwife
	<u>New patient give</u> pertinent data during initial interview at records at Individual Treatment Records at Individual Treat- ment Record (ITR)		10 mins.	Triage <i>Nurse/Midwife</i>



			CIAL
Old patientIndividualTreatment Record(ITR) is retrievedand upda-ted.Emergency casesare referred tomedical doc-tor .	None	3 mins.	
4. Doctors on duty pro-ceeds to consultation TENT 2.	None	20 mins.	
Patient is assessed for difficulty of breathing.		2 mins	
Doctor assigned at ICR Quarantine Faci- lity is notified.		2 mins	
* EQRT is called for transport of patient to ICR if needed.	None	5 mins.	
* If patient needs medi-cation, prescription will be issued.	None	3 mins.	
* If laboratory exami- nation is needed, labo- ratory request is given.	None	3 mins.	
*If referral to higher level of care is needed, patient is transported	None		



	5. Patients	None	2 mins.	
	prescription is			
	brought by CHO			
	staff to Pharmacy			
	Unit for medicine			
	dispensing			
	Total:	None	1 hr and 6 minutes	
Queeing/Waiting time is not	included.			
Queeing/Waiting time is not For any inquiries/comment/o		ct: Sheila	L. Estipona-093	22827914

MENTAL HEALTH PROGRAM SERVICES

Office or Division	NURSING DIVISION				
Classification	Simple				
Type of Transaction	G2C				
Who may avail	General Public, Pa	atients			
CHECKLIST OF R	EQUIREMENTS:		WHERE TO S	SECURE:	
Any Record from Previou	is Consultation				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Client/Family of Patient undergo thermal scanning and sanitize hands.	 Staff on duty at the triage area check the client/patient to undergo thermal scanning and sanitize hands. 	None	3 mins.	Triage <i>Nurse/Midwife</i>	
2.Client/Family of patient submits for interview.	 Staff on duty inte views client/famil of patient. 		20 mins.	Nurse on Duty/Nurse Coordinator	



		1		
	<u>New Patient</u> - Individual Treatment Record			
	(ITR) will be made.			
	<u>*Old Patient</u> - Individual Treatment			
	Record (ITR) will be retrieved and updated.			
3. Client/Family of patient proceeds to medical doctor for assessment	3. Staff on duty refers the client/family of patient to medical doc-tor for assessment.	None	15 mins	Nurse on Duty/Nurse Coordinator
 Client/Family of patient receives referral for their psychiatrist of choice. 	 4. Staff on duty gives the client/family of patient referral to psychiatrist of choice. If referral to higher level of care is needed patient will be transported to hospital with Acute Psychiatric Unit (APU). 	none	5 mins	Nurse on Duty/Nurse Coordinator
	If prescribed with medicine CHO staff will facilitate to Pharmacy unit the drug dispensing			



5. Client's/Family undergo counselling	 Staff on duty gives counseling to client/ family of patient 	none	10 mins	Nurse Coordinator
	For Vagrant Psychotic Client/Patient:			
	<u>(a) For</u> <u>Legazpi</u> <u>Residents:</u>	None		Medical Officer Nurse
	- Family will be notified			
	- Referred to medical doctor for assessment Unit (APU)			
	(b) For Non-Legazpi Residents:			Nurse CoordinatorSocial
	- City Social Worker			Worker
	(CSW) will be notified for data profiling and			Medical Technologist
	location.			
	- Undergo Rapid Test- ing			
	as requirement			
	from border			
	security before			
	transport to			
	residence of			
	origin. - Referral is			
	given.			
	Total:		53 Minute2	
Queeing/Waiting time is not			55	
		at. Chaile	L Estinana ()	000007044
For any inquiries/comment/ Queeing/Waiting time is not		ct: Sheila	L. Estipona-09	9322827914



GENERAL MEDICAL SERVICES

Office or Division	NURSING DIVISION				
Classification	Simple				
Type of Transaction	G2C	G2C			
Who may avail		Pregnant and Lactating Women, Newborn, Under Five Children, Older Children, Teenagers, Adults, Senior Citizen			
CHECKLIST OF RI	EQUIREMENTS:			WHERE TO S	SECURE:
1. Any personal identific validation of spelling.	ation or ID for				
2.Copy of Member Data	Record (MDR)				
3.Existing Immunization	Card				
4.Existing Mother and Ba Home Based Maternal R					
CLIENT STEPS	AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Patient fills up the outpa-tient (OPD) logbook and is given a number for con-sultation. 	1. Interviews client For New Patient - Individual Treatme Record (itr) is filled up For Old Patient Individual Treatment Record (ITR) is retrieved and updated.	nt - <u>t</u> -	None	25 mins.	<i>Nurse/Midwife</i> on Duty
2. Patient proceeds to vital signs area.	2. Takes vital signs patient.	s of	None	20 mins.	<i>Nurse/Midwife</i> on Duty



3. Patient waits for their number to be called.	 Directs patient to waiting area for consultation. ELDERLY, DIF- FERENTLY ABLED, PWDs, PREGNANT are given 	None	3 mins.	<i>Nurse/Midwife</i> on Duty		
Total Time: 48 minutes						
Queeing/Waiting time is no For any inquiries/comment		tact: She	ila L. Estipona-09	9322827914		

Queeing/Waiting time is not included.

NOTICE:

FEEDBACK AND COMPLAINT MECHANISM				
How to send a feedback:	1. By Serving feedback form or			
	2. Thru cellphone number:			
	09771833638 – Dr. Fulbert Alec R. Gillego			
	09959116607 – SHEILA L. ESTIPONA			
How feedbacks are processed?	1. By asking short and simple questions.			
	2. Think of the experience it will give to the client.			
	3. Pay attention to the feedback.			
	4. Turn feedback into action.			
	5. Share the feedback to all members of the office.			
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)			
	2. Write your complaint in the form and include the following:			
	A. Complete name of the person you are complaining			
	B. Date			
	C. Time			



	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints.
	2. Listen to the complainant.
	3. Acknowledge the problem.
	4. Get the facts.
	5. Offerr a solution.
	 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
	09771833638 – Dr. Fulbert Alec R. Gillego 09959116607 – SHEILA L. ESTIPONA



Nutrition Services



NO I

NO IV

NO III

NO I

NUTRITION SERVICES

3. Client give data and present status

to nutrition officer

The Nutrition Services promotes good nutrition and prevents malnutrition, rehabilitate malnourished

thru the conduct of Operation Timbang (OPT), Sagip Kalusugan, medical and dental check-up, Laboratory exam, x-ray, PPD, supplementary feeding, ready to use therapeutic/supplemental food (RUTF/RUSF), 120 feeding days, provision of maternal milk, vitamins and minerals, micronutrient, Vitamin A, deworming, ferrous sulfate, calcium carbonate. Conduct of healthy lifestyle, diet counselling,, Buntis/Breastfeeding Congress, intensified mothers classes and other related activities.

Office or Division:	NUTRITION SECTION				
Classification:	Simple	Simple			
Type of Transaction:	G2C				
Who may avail:	Pre-school, School Children, Pregnant and Lactating, Adolescents, Adults, Caregi- vers and Senior Citizens				
CHECKLIST OF REQUIRE	MENTS	I	WHERE TO S	ECURE	
None					
CLIENT STEPS	AGENCY ACTIONS	FEE S TO BE PAI D	PROCESSI NG TIME	PERSON RESPONSI BLE	
1. The client register at the logbook and request for the services needed.	1. Interviews client for the services needed.	Non e	5 mins	NO IV NO III NO I	
2. Client/child undergo weight and height taking, mid upper arm circumference (MUAC) and interview	2. Evaluates the nutritional status of the child/client through weight	Non e	10 mins	NO IV NO III	

and height taking, mid upper arm

Non

е

5 mins

circumference (MUAC) and interview.

gathering/past/

Present status of

3. Data

client



				CIAL	
4. Client/parents/pregnant/postpartum/c aregiver undergo counseling	4.Conducts c- counselling with the	Non e	20 mins	NO IV	
	client/parents/			NO III	
	pregnant/postpar tum/ caregiver			NO I	
5.Client/parents/pregnant/postpartum/ caregiver Receives Services	5. 1 Provision of services	Non e	10 mins	NO IV	
				NO III	
				NO I	
	5.2 Recording of clients	Non e	5 mins	NO IV	
				NO III	
				NO I	
	5.3 Referral of patients to	Non e	5 mins.	NO IV	
	physician for treatment.			NO III	
				NO I	
	Total:	Non	1 hour		
		e			
Queuing/Waiting time is not included.					
For any inquiries/comment/complaint, please contact: Mercy A. Morante - 09955726257					



FEEDBACK AND COMPLAINT MECHANISM				
How to send a feedback:	1. By Serving feedback form or			
	2. Thru cellphone number:			
	09771833638 – Dr. Fulbert Alec R. Gillego			
	09955726257 – Mercy A. Morante			
How feedbacks are processed?	1. By asking short and simple questions.			
	2. Think of the experience it will give to the client.			
	3. Pay attention to the feedback.			
	4. Turn feedback into action.			
	5. Share the feedback to all members of the office.			
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)			
	2. Write your complaint in the form and include the following:			
	A. Complete name of the person you are complaining			
	B. Date			
	C. Time			
	3. Drop the filled-up complaint form in the drop box located at PACD or			
How complaints are processed?	1. Get The reason of complaints.			
	2. Listen to the complainant.			
	3. Acknowledge the problem.			
	4. Get the facts.			
	5. Offerr a solution.			
	6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of:			
	09771833638 – Dr. Fulbert Alec R. Gillego			
	09955726257 – Mercy A. Morante			



Population Section



POPULATION SERVICES

The Population Section promotes counselling and provision of contraceptive method for the intensive implementation of National Family Planning Program, Pre-Marriage Counselling (PMC) to Would-Be Couples and Issuance of Pre-Marriage Certificate.

Office or Division:	POPULATION SECTION				
Classification:	Simple				
Type of Transaction:	G2C				
Who may avail:	Women of Reprodu	ctive Age,	Teenage Mothe	ers	
CHECKLIST OF R	EQUIREMENTS:		WHERE TO S	ECURE:	
6 weeks after pregna menstruation	ancy with				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
For Current Users: 1. (a) Client proceed to Population Section for re-supply of: Pills (POP & COC) Condom	1.1 Population staff facilitates the needs of the clients	None	5 mins	PPO II PPO	
Injectibles -for injectibles (DMPA) with lost card after payment at the City Treasurer's Office (CTO)	1.2 Population staff records to Target Client List (TCL)	None	5 mins	PO II PPO	
proceed to City Health Office for the issuance of new DMPA card.					



		1		CIRC I
2. Client proceed to City Treasurer's Office (CTO) for payment	2. Population staff to pay at CTO	P100.00	2 mins	PO II PPO
	Total:	P100	12 mins	
		ļ		<u> </u>
2. (b) For New Acceptors of Family Planning	2.1 Popsec staff to fill-out form and to give	None	12 mins.	PO II
(FP) Methods: Client to undergo FP counselling.	counselling to the client.			PPO
3. Client received the requested commodity.	3. Dispensing of the requested commodity.	None	2 mins	PO II
				PPO
4. Clients referred to other facilities for FP services not	4 Popsec staff will prepare a referral form, signed and	none	3 mins	PO II
available in City Health Office.	will be given to client.			PPO
	Total:	None	17 Mins	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: : Amylene B. Santillan - 09238779953				



Issuance of Pre-M	arriage Certifica	te		SINE		
	POPULATION SECTION					
Office or Division: Classification:		CTION				
Type of	Simple G2C					
Transaction:	020	G2C				
Who may avail:	Women of Reprod	uctive Age	e, Teenage Moth	iers		
CHECKLIST OF RE		5				
Official Receipt (OR)		City Treas	surer's Office (CT	O)		
CLIENT STEPS	AGENCY	FEES	PROCESSING	PERSON		
	ACTIONS	TO BE PAID	TIME	RESPONSIBLE		
1. Non-Filipino Citizen client attends a special PMC at Popsec CHO	1.1 Conduct of Pre-Marriage Counselling and Family Planning	P100.00		PO II		
	Seminar to would be couples.		45 mins.	PPO		
	1.2 Special PMC conducted on the Popsec Office, done with privacy	P100.00		PO II		
				PPO		
	1.3 Popsec staff asked the following	None	15 mins.	PO II		
	information from the would-be couples			PPO		
	A. Pregnant or has child/children					
	B. Educational attainment					
2. Client undergoes counseling and introduce to family planning commodities	2Popsec staff counsel a potential client	None	10 mins	PO II		
planning commodities	and introduces Family Planning			PPO		



	commodities.				
3. Student researcher proceed to the	3. Popsec staff res ponds to students,	None	5 mins.	PO II	
Population section for the request of pertinent documents/data on Family Planning.	researchers and other agencies re-quest on pertinent documents/data on Family Plan- ning upon ap- proval from the Local Chief Executive and City Health Officer.			PPO	
	Total:	P100.00	1 hour and 15 mins.		
Queeing/Waiting time is not included.					
For any inquiries/comment/complaint, please contact: : Amylene B. Santillan - 09238779953					

FEEDBACK AND COMPLAINT MECHANISM					
How to send a feedback:	1. By Serving feedback form or				
	2. Thru cellphone number:				
	09771833638 – Dr. Fulbert Alec R. Gillego				
	09273879953 – Amylene B. Santillan				
How feedbacks are processed?	1. By asking short and simple questions.				
	2. Think of the experience it will give to the client.				
	3. Pay attention to the feedback.				



	4. Turn feedback into action.
	5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)
	2. Write your complaint in the form and include the following:
	A. Complete name of the person you are complaining
	B. Date
	C. Time
	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints.
	2. Listen to the complainant.
	3. Acknowledge the problem.
	4. Get the facts.
	5. Offerr a solution.
	 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09273879953 – Amylene B. Santillan



Social Hygiene Clinic



SOCIAL HYGIENE CLINIC SERVICES

The Social Hygiene Clinic offers the following examination and laboratory services : Gram Stain-ing, KOH, Wet Mount for sexually transmitted infections; PAP Smear for sexually active women; breast examinations; free screening and counselling for HIV, RPR and Hepa B to all pregnant wo-men and clients at risk or risky behavior, and give free condoms and lubricants.

Check-up Sexu	ally Transmit	ted Infe	ection		
Office or Divsion	: SOCIAL HY	SOCIAL HYGIENE CLINIC			
Classification:	Simple				
Type of Transacti					
Who may avail:	Having Sex (housewife) pregnant a	stered Sex Workers, Freelance Sex workers, Men ng Sex with Man, Client Sex Workers and others: sewife, husband, single male and female, live-in, nant and other professions)			
CHECKLIST O	F REQUIREMEN	115:		WHERE TO	SECURE:
None					
CLIENT STEPS	AGENCY ACTIONS	FEES BE P		PROCESSING TIME	PERSON RESPONSIBLE
1.The client register in a logbook and request what service they need.	1.Client/Patient register for admission.	None		15 mins	STI Coordinator Nurse Attendant I Laboratory Aide II
2. Client undergo Pre-Counselling	2. Pre- Counselling	None		20 mins	STI Coordinator Nurse Attendant I Laboratory Aide II
3. Client Proceeds to CTO for Payment	3. SHC Staff give the client/ patient order	P150.0	0	2 mins	City Treasurer's Office (CTO)



				CIAL
	of payment.			
4. Client undergo Collection/ Examination of Specimen	4.1 Collection/ Exa-mination of spe-cimen.	None	10 mins	STI Coordinator Nurse Attendant I Laboratory Aide II
	4.2 Gram	None	10 mins	
	Staining	None		STI Coordinator
				Nurse Attendant I
				Laboratory Aide II
	4.3 Microscopic Examination	None	30 mins	STI Coordinator
				Nurse Attendant I
				Laboratory Aide II
5. Client get the results	5. Release of Results	None	10 mins	STI Coordinator
				Nurse Attendant I
				Laboratory Aide II
6. Client proceeds to the physician for treatment.	6. Refer client to physician for treatment	none	15 mins	c/o CHO Physicians
7. Client undergo counselling	7. Counselling	none	20 mins	STI Coordinator



				Nurse Attendant I
				Laboratory Aide II
	Total:	P150.00	2 hours and	
			12 mins	
Queeing/Waiting Tim		nd time varies ir	the flow of conve	ersation and
		nlagga gantagt	Dartia O Daran	do 00171085500
For any inquiries/cor	nments/complaints,	please contact	: Portia O. Rogan	00 - 09171085509

PAP Smear					
Office or Division	SOCIAL HYGIEI	NE CLINIC			
Classification:	Simple				
Type of Transacti	on: G2C				
Who may avail:	Sexually Activ	e Female			
CHECKLIST	OF REQUIREM	ENTS:		WHERE TO	SECURE:
None					
CLIENT STEPS	AGENCY ACTIONS	FEES TO PAID	BE	PROCESSING TIME	PERSON RESPONSIBLE
1.Client /Patient register in logbook.	1.SHC Staff assis the client/pa- tient to register in logbook.	•		5 mins	STI Coordinator Nurse Attendant I Laboratory Aide II
2. Client proceed to CTO for payment	2. SHC Staff give charge slip for payment	P170.00		2 mins	City Treasurer's Office (CTO)
3. Client undergoes collection of specimen	3.1 Collection of specimen.	None		10 mins	STI Coordinator Nurse Attendant



	3.2 Specimen sent to Laboratory Section	None	15 mins	STI Coordinator Nurse Attendant I		
4. Client get the	4. Release of	None	2 mins			
result	result.			STI Coordinator		
				Nurse Attendant I		
	Total:	P170.00	34 mins			
Queeing/Waiting Tim	ne is not included and	time varies in the flo	ow of conversati	on and presented		
document/s.						
For any inquiries/comments/complaints, please contact: Portia O. Rogando-09171085509						

HIV, RPR and	HIV, RPR and HEPA B SCREENING (HBsAg) TEST				
Office or Divisio	n:				
Classification:					
Type of					
Transaction:					
Who may avail:					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Client undergo	1. Pre-	None	15 mins		
pre-counselling	counselling			STI Coordinator	
				Nurse Attendant I	
				Laboratory Aide II	
2. Client fill-up questionnaire form A and consent form	2. Filling-up of questionnaire form A and consent form.	None	30 mins	STI Coordinator	



1Extraction of blood 2 Centrifuge the blood sample. 4. Post- counsel- Ling and re- lease of result.	None None None	1 min. 30 mins 10 minutes	Nurse Attendant I Laboratory Aide II Laboratory Aide II Med. Tech. II Med. Tech III STI Coordinator
blood 2 Centrifuge the blood sample. 4. Post- counsel- Ling and re- lease of	None	30 mins	Laboratory Aide II Med. Tech. II Med. Tech III
blood 2 Centrifuge the blood sample. 4. Post- counsel- Ling and re- lease of	None	30 mins	Med. Tech. II Med. Tech III
the blood sample. 4. Post- counsel- Ling and re- lease of			Med. Tech. II Med. Tech III
the blood sample. 4. Post- counsel- Ling and re- lease of			Med. Tech III
counsel- Ling and re- lease of	None	10 minutes	STI Coordinator
lease of			1
			Nurse Attendant
			Laboratory Aide II
If REACTIVE: Send blood erum to Manila r confirmatory st			C/O SACCL San Lazaro, Manila
Bring EACTIVE atient to HACT BRTTH for aseline test and neck up.	None	5 hours	STI Coordinator
Total:	None	6 hours and 26 minutes	
is not included a	nd time varies	s in the flow of con	versation and
	Send blood rum to Manila confirmatory st Bring EACTIVE tient to HACT BRTTH for seline test and eck up. Total: is not included a	Send blood rum to Manila confirmatory st Bring EACTIVE tient to HACT BRTTH for seline test and eck up. Total: None is not included and time varie	Send blood rum to Manila rum to Manila confirmatory confirmatory st Bring None 5 hours EACTIVE Stend HACT BRTTH for seline test and eck up. 6 hours and 26 minutes is not included and time varies in the flow of commutation 5 hours



FEEDBACK AND COM	PLAINT MECHANISM
How to send a feedback:	1. By Serving feedback form or
	2. Thru cellphone number:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09171085509 – Portia O. Rogando
How feedbacks are processed?	1. By asking short and simple questions.
	2. Think of the experience it will give to the client.
	3. Pay attention to the feedback.
	4. Turn feedback into action.
	5. Share the feedback to all members of the office.
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)
	2. Write your complaint in the form and include the following:
	A. Complete name of the person you are complaining
	B. Date
	C. Time
	3. Drop the filled-up complaint form in the drop box located at PACD or
How complaints are processed?	1. Get The reason of complaints.
	2. Listen to the complainant.
	3. Acknowledge the problem.
	4. Get the facts.
	5. Offer a solution.
	 Talk to the concerned employee, and give a disciplinary action, if needed contact information of:
	09771833638 – Dr. Fulbert Alec R. Gillego
	09171085509 – Portia O. Rogando



PPMD TB DOTS Services



PPMD TB-DOTS

The PPMD TB-DOTS offers casefinding, sputum examination, and treatment for TB; promotes health and quality of life by preventing, controlling the spread of Tuberculosis

Casefinding

Office or Division:	PPMD TB DOTS SE	ERVI	CES			
Classification:	Simple	Simple				
Type of Transaction:	G2C					
Who may avail:	Presumptive TB (with	th co	ugh	of 2 weeks or mo	re)	
CHECKLIST OF REQU	IREMENTS:			WHERE TO	SECURE:	
Referral Forms			СН	O/Public/Private	;	
Chest X-Ray			СН	O/Private		
DSSM/Gene-Expert			СН	O/BDRL - BRTT	ГН	
CLIENT STEPS	AGENCY ACTIONS	FE TO PA	BE	PROCESSING TIME	PERSON RESPONSIBLE	
 1. The client proceeds to PPMD Unit for the services needed for TB management and treatment. 2. The client proceeds to PPMD Unit for sputum collection. 	 1.Interviews and evaluate clients for the services need. 2. Client/Patient is given a sputum 	Nor	-	20 mins 15 mins.	Nurse III Nurse Attendant I Medical Technologist II Nurse III	
	cup and proceeds to induction room for proper instruction on sputum collection				Nurse Attendant I Medical Technologist I	
3. The client/patient proceeds to PPMD Unit for registration/consultation/admission (client/patient with sputum positive result).	3 .Client/Patient is instructed to proceed to the process-ing area to submit	Nor	1e	15 mins.	<i>Nurse III Nurse</i> Attendant I	



	spu-tum speci- men.			Medical Technologist I
 The client/patient proceeds to PPMD Unit for registration/ consultation (client with sputum negative result.) and for certification of treatment. 	 Profiling and history taking of client/patient were taken for baseline re- cord. 	None	10 mins.	Nurse III
	4.1 Client/Patient is referred to doctor for medical con- sultation.	None		City Health Physicians
	4.2 Client/Patient is admitted and provided with NTP drugs for treatment regimen.	None	15 mins.	Nurse III Nurse Designate Medical Technologist II Nurse Attendant
	4.3 Client/Patient is given scheduled date of sputum col- lection and undergo health education	None	5 mins.	Nurse III Nurse Designate Medical Technologist II Nurse Attendant
	4.4 Client/Patient Is given scheduled date of sputum collection and undergo health education regarding	None	5 mins.	Nurse III



5 . Client will be prescribed medicines or will be given health education. 5.1 If needed, client/patient will be prescribed with medicines or will be given health education. None 30 mins. Nurse III 5 . Client/Patient education. 5.2 . Client/Patient is instructed when to return for follow-up check-up. None 10 mins. Nurse III		<u></u>			
is asked for the chest x-ray result and Chest x-ray result and Chest the x-ray result and the patient Physicians Nurse III Nurse III Nurse patient Nurse III S. Client will be prescribed medicines or will be given health education. 5.1 If needed, client/patient will be prescribed with medicines or will be given health education. None 30 mins. S. Client Proceed to CTO for payment 5.2 Client/Patient for follow-up check-up. None 10 mins. S. Client Proceed to CTO for payment 6.1 Client/Patient requested to Office (CTO) for medical. P50.00 2 mins c/o City Treasurer's Office (CTO) for medical. Gueeing/Waiting time is not included. Total: P50.00 2 hours & 17 minutes CHO Officer		•			
medicines or will be given health education.client/patient will be prescribed with medicines or will be given health education.Nurse /II5.2Client/Patient is instructed when to return for follow-up check-up.None to minutes10 mins.6. Client Proceed to CTO for payment6.1 Client/Patient requested to pay to City Treasurer's Office (CTO) for medical.P50.00 to minutes2 minsc/o City Treasurer's Office (CTO)6. 2 Signing of the medical certificate.6.1 Client Proceed to CHO Officer5 minutesCHO Officer6.2 Signing of the medical.5 minutesCHO OfficerCHO Officer0 ueeing/Waiting time is not included.Total:P50.00 to us to included.2 hours & 17 minutes		is asked for the chest x-ray result and CHO evaluates the x- ray result of the	None	5 mins	Physicians Nurse III Nurse
is instructed when to return for follow-up check-up.Image: Nurse III6. Client Proceed to CTO for payment6.1 Client/Patient requested to pay to City Treasurer's Office (CTO) for medical.P50.00 P50.002 minsc/o City Treasurer's Office (CTO)6. Client Proceed to CTO for payment6.1 Client/Patient requested to pay to City Treasurer's Office (CTO) for medical.P50.00 		client/patient will be prescribed with medicines or will be given health	None	30 mins.	Nurse III
paymentrequested to pay to City Treasurer's Office (CTO) for medical.Treasurer's Office (CTO) for medical.Treasurer's Office (CTO)6.2 Signing of the medical certificate.5 minutesCHO OfficerQueeing/Waiting time is not included.Total:P50.002 hours & 17 minutes		is instructed when to return for follow-up	None	10 mins.	Nurse III
medical certificate. Image: Certificate. Total: P50.00 2 hours & 17 minutes Queeing/Waiting time is not included. Image: Certificate.	 Client Proceed to CTO for payment 	requested to pay to City Treasurer's Office (CTO) for	P50.00	2 mins	Treasurer's
Queeing/Waiting time is not included.		medical		5 minutes	CHO Officer
		Total:	P50.00		
	Queeing/Waiting time is not included	·			·
			Cristina F	P. De Leon: 0917	7237060



How to send a feedback: 1. By Serving feedback form or 2. Thru the following cellphone numbers: 09771833638 - Dr. Fulbert Alec R. Gillego 09177237060 - Cristina P. de Leon 1. By asking short and simple questions. 2. Think of the experience it will give to the client. 3. Pay attention to the feedback. 4. Turn feedback into action. 5. Share the feedback to all members of the office. How to file a complaint? 1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD) 2. Write your complaint in the form and include the following: A. Complete name of the person you are com-Plaining B. Date C. Time 3. Drop the filled-up complaint form in the dropbox located at PACD or 4. Thru cellphone numbers above. 1. Get The reason of complaints. 2. Listen to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 - Dr. Fulbert Alec R. Gillego 09177237060 - Cristina P. de Leon 10917237060 - Cristina P. de Leon	FEEDBACK AND COMPLAINT MECHANISM				
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 5. Offerr a solution. 6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 - Dr. Fulbert Alec R. Gillego 		3. Acknowledge the problem.			
6. Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 09771833638 - Dr. Fulbert Alec R. Gillego		4. Get the facts.			
disciplinary action, if needed contact information of: 09771833638 - Dr. Fulbert Alec R. Gillego		5. Offerr a solution.			
09177237060 - Cristina P. de Leon		disciplinary action, if needed contact information			
		09177237060 - Cristina P. de Leon			



X-ray Unit



X-RAY SERVICES

Office or Division:	X-RAY UNIT				
Classification:	Simple				
Type of Transaction:	G2C				
Who may avail:	General Public				
	CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE:		
Official Receipt (OR)		City Treasurer's Office (CTO)			
Philhealth ID/MDR of Masa, NHTS, LGU paid (renewed, not expired)					
Examination Request		City Health Office Doctor			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Client proceeds to X- ray Unit, present examination request.	1. Receives accomplish-ec request.	None	2 mins	Radiologic Technologist Clerk RadTech	
 2.Client proceeds for pay-ment of the procedure and pays the fee OR Client presents Phil-Health Number. 	 2. Gives payment slip to client and ins-tructs client to pay the fee OR Receives and record the Phil-health Number. 	X-Ray: P120.00 Ultrasound : P900.00	4 mins.	City Treasurer's Office (CTO)	



3. Client/Patient presents proof of payment and proceeds to Radiology room on scheduled date	3. Give verbal ins-truction for prepa-ration prior to pro- cedure	None	3 mins.	Radiologic Technologist Clerk Radiologic Technician
4.Client Patient return on the scheduled date for re-lease of result	4.1 Registers patient's name and prepares for the x-ray or ultra-sound procedure		2 hours	Contractual Sonologist
	4.2 Instructs client/patient when to return for the result.	None	2 mins.	Radiologic Technologist Clerk Radiologic Technician
	Total:		2 hours and 11 mins	
Queeing/Waiting time is not included.				
For any inquiries/comment/complaint, please contact: Guadalyn D. Nuyda-09982199815				



FEEDBACK AND COMPLAINT MECHANISM			
How to send a feedback:	1. By Serving feedback form or		
	2. Thru the following cellphone number:		
	09771833638 – Dr. Fulbert Alec R. Gillego		
	09982199815 - Guadalyn G. Nuyda		
How feedbacks are processed?	1. By asking short and simple questions.		
	2. Think of the experience it will give to the client.		
	3. Pay attention to the feedback.		
	4. Turn feedback into action.		
	5. Share the feedback to all members of the office.		
How to file a complaint?	1. Secure a Form 3 (Complaint Form) from the Public Assistance and Complaint Desk (PACD)		
	2. Write your complaint in the form and include the following:		
	A. Complete name of the person you are com-		
	Plaining		
	B. Date		
	C. Time		
	3. Drop the filled-up complaint form in the dropbox located at PACD or		
	4. Thru celphone numbers above		
How complaints are processed?	1. Get The reason of complaints.		
	2. Listen to the complainant.		
	3. Acknowledge the problem.		
	4. Get the facts.		
	5. Offerr a solution.		
	 Talk to the concerned employee, and give a disciplinary action, if needed contact information of: 		
	09771833638 – Dr. Fulbert Alec R. Gillego		
	09982199815 - Guadalyn G. Nuyda		