**ALAGANG PINOY TAGUBILIN**

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| **Name/ Pangalan:** | | | |  | | | | | | | **Age/Edad:** | | | | | | | **Sex/Kasarian:** | | | | | | | | | **Ward:** | | | | | | **Hospital Record No.:** | | | | | | | | | | | |
| **Address/ Tirahan:** | | | |  | | | | | | | **Admission/Petsa ng Pagpasok:** | | | | | | | | | | | | | | | | | | | | | | **Discharge/Petsa ng Paglabas:** | | | | | | | | | | | |
| **Diagnosis/Sakit:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Performed Procedures** | | | | | | **Date of Procedure** | | | | | **Physician/Surgeon** | | | | | | | | | | | | | | | **RVS** | | | | | | | | | | | | | | | | | | |
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| **Major Diagnostic Results/Pangunahing Resulta ng Pagsusuri** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Laboratory** | | |  | | | | | | | | | |  | | **X-Ray** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| **CT Scan** | | |  | | | | | | | | | |  | | **MRI** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Others** | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Home Medication / Gamot** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Intake/Oras ng Pag-inom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Medicine/  Ngalan ng Gamot | | | | | | Dosage/ Dosis | | | | | Morning/Umaga | | | | | | | | | | | Noon/Tanghali | | | | | | | | Afternoon/Hapon | | | | | | | | Night/Gabi | | | | | | |
| 6AM |  | | | |  | | | | | | 12NN | |  | | | | | |  | | | |  | | | 6PM |  | |  | |  | | |
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| Health Teaching/Pangunahing Paalalang Pangkalusugan  Low Salt Diet  Diabetic Diet  Low Fat  Low Protein Diet  Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Instructions/Karagdagang Paalala  Repeat  FBS  CBC  Urinalysis  (Diagnostic/Laboratory) | | | | | | | | | | | | | | Others: | | | | |  | | | | | | | | | |  | | | When: | | | |  | | | | | | |  | |
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| Monitoring: BP Monitoring | | | | |  | | | | | | | | | | | |  | | | | CBG Monitoring | | | | | | | | | |  | | | | | | | | | | | |  |
| Breastfeeding Instructions (for OB patients) | | | | | | | | | |  | | | | | | |  | | | | Additional Instructions: | | | | | | | | | | | | | |  | | | | | | | |  |
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| Patient’s Health Records / Talaan ng Kalusugan ng Pasyente  For Medical Certificate and copy of Patient’s Health Records, you may call Health Information Management at 0955-615-9510 or email at [records@zcmc.doh.gov.ph](mailto:records@zcmc.doh.gov.ph) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For TELECONSULTATIONS, you may contact thru: Hotlines: 991-2934 or 992-0052 local 207  Globe: 0953-445-5120 / 0953-445-5163 / 0975-632-4416 Smart: 0938-300-4137 / 0938-300-4147 / 0960-340-8263 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Assistance, you may approach ZCMC Public Affairs and Customer Care Unit (PACCU) or call via:  Globe: 0975-857-9750 / 0926-243-5850 / 0935-928-4701 Smart: 0947-495-1217 / 0947-495-1217 / 0947-496-3439 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand the above explanation given, I do hereby agree that I will have follow-up checkup/  Naiintindihan ko ang ibinigay na paliwanag sa itaas, ako ay sumasang-ayon na magkakaroon ng follow-up check-up sa: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Date of Follow-up Time  (Petsa ng Follow-up)/(Oras) | | | | | |  | | | | Need to bring  (Kailangang dalhin) | | | | | | | | | | | |  | | Signature over Printed name of Patient/Watcher  (Pirma sa ibabaw ng Pangalan ng Pasyente/Watcher) | | | | | | | | | | | | | | | | | |  | |
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|  | | Prepared by: | | | | | |  | | | | | | | | | | | | | | | | | | | | Noted by: | | | | | | | | | | |  | | | | | |
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|  | | Nurse on Duty | | | | | | |  | | | | | | | | | | | | | | | | | | | Resident on Duty | | | | | | | | | | | | |  | | | |