



**MUNICIPALITY OF TUBIGON**

# **CITIZEN'S CHARTER**





# **TUBIGON COMMUNITY HOSPITAL**

ADMINISTRATIVE SERVICES





11. AVAILING OF X-RAY SERVICES

Schedule of Availability of Service:  
8:00AM – 5:00PM Daily

Who May Avail of the Service:  
Anybody with a doctor’s request to help diagnose or manage a painful condition.

What are the Requirements:  
1. X-ray Request Form  
2. Official Receipt

Duration: 5-30 minutes

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	Form
1	Go to the PACD for inquiries.	Check if patient has request form.  Advise patient to go to the cashier for payment.	1-2 minutes	Krizia F. Manigo / Chielo Legaspi	Case to case basis depending on the X-ray request	X-ray Request Form
2	Pay desired examination:  ❖ Abdominal AP ❖ Ankle AP/L ❖ Arm AP/L ❖ Cervical Spine AP/L ❖ Cervical Spine AP/L/O ❖ Cervical Spine w/ Open Mouth ❖ Chest Bucky ❖ Coccyx ❖ Cranial ❖ CXR AP/L Pedia ❖ CXR L ❖ CXR LDR ❖ CXR PA ❖ CXR PA/LDR/LAT ❖ CXR PAL ❖ Elbow APL ❖ Forearm ❖ Font AP/O ❖ Hand AP/L ❖ Hips AP/L ❖ Knee AP/L ❖ Leg AP/L ❖ Lumbo Sacral AP/L ❖ Mandible AP/O ❖ Modified Sinuses ❖ Pelvic AP ❖ Shoulder APL ❖ Skull AP/L ❖ Skull Series ❖ Thoracic Lumbar AP/L ❖ Water’s View ❖ Water’s View LAT ❖ Wrist AP/L ❖ READING FEE	Receive X-ray Request, payment and issue official receipt.  Refers patient to the X-Ray Department	1-2 minutes	Cashier	330.00 330.00 352.00 330.00 750.00  500.00 275.00 550.00 550.00 280.00 198.00 198.00 198.00 550.00 385.00 275.00 330.00 440.00 330.00 300.00 330.00 550.00 550.00 350.00 390.00 275.00 275.00 330.00 900.00 850.00 275.00 550.00 275.00 55.00 to 110.00	X-ray Request Form
3	Present the X-ray request	Receives request and	5-10 minutes	Helda		X-ray

