

## **MUNICIPALITY OF TUBIGON**

## CITIZEN'S CHARTER





## MUNICIPAL HEALTH OFFICE

ADMINISTRATIVE SERVICES



## 5. AVAILING OF ANTI-TUBERCULOSIS DRUGS

**About the Service:** Tuberculosis has burdened the country for so many years .presently, it is still a major health hazard .The Municipal Health Office manages an anti-tuberculosis program. It is geared toward preventing and controlling the spread/transmission of tuberculosis (TB) in the community. the main objective is to identify and treats patients with TB by providing anti-tuberculosis medication for free using the DOTS.

**Schedule of Availability of Service:** Monday-Friday 8:00 a.m. – 5:00 p.m. without noon break **HOW TO AVAIL OF THE SERVICE:** 

Office or Division:			MUNICIPAL HEALTH OFFICE					
Classification:			SIMPLE					
Type	of Transaction	· ·	G2C – for Government Services whose					
Турс			client is the transacting public					
	CHECK	LIST OF REQUIREMENTS		WHERE TO SECURE				
1. For Philhealth Patient—Member Data Record (MDR								
2. Ref	erral slips							
3. Individual Treatment Record				Municipal Health Office				
4. Lab	oratory Results (	Sputum, Chest X-ray and other relat	:ed					
labora	itory results)							
Cton	Client	Agonov Action	Fees To	It will take	Daniel Daniel Hills			
Step	Client	Agency Action	be Paid	you	Person Responsible			
1	Approach	Enrollment of Patient	None	30 mins. to	PHN (Angelita			
	Public Health	a. Assess patient if eligible as		1 hr.	Libante)			
	Nurse for	National Tuberculosis Program						
	Assessment	(NTP) beneficiary						
		b. If not eligible, proceed to						
		Chest X-Ray for other categories						
		of treatment						
		c. If eligible, enroll patient and						
	issue NTP identification card							
		d. Give patient info-education about TB Disease and Control						
		and the Importance of the						
		Directly Observed Treatment						
		(DOTS) for Short Course with						
		his/her treatment partner						
		e. Refer the client to the						
		physician if there is other						
		medical complaint related to						
		his/her condition.						
		f. if not, proceed initial TB drug						
		supply to treatment partner						
		g. Inform patient about the						
		follow-up sputum examination						
		schedule.						
Fill-out the Client Satisfaction Rating Form								

Note: PPRF forms are available at the PACD table <u>free of charge</u>.

The 25-minute processing time is for <u>one client being served at one time.</u> The <u>time is extended when there are two or more clients.</u>

**END OF TRANSACTION**