

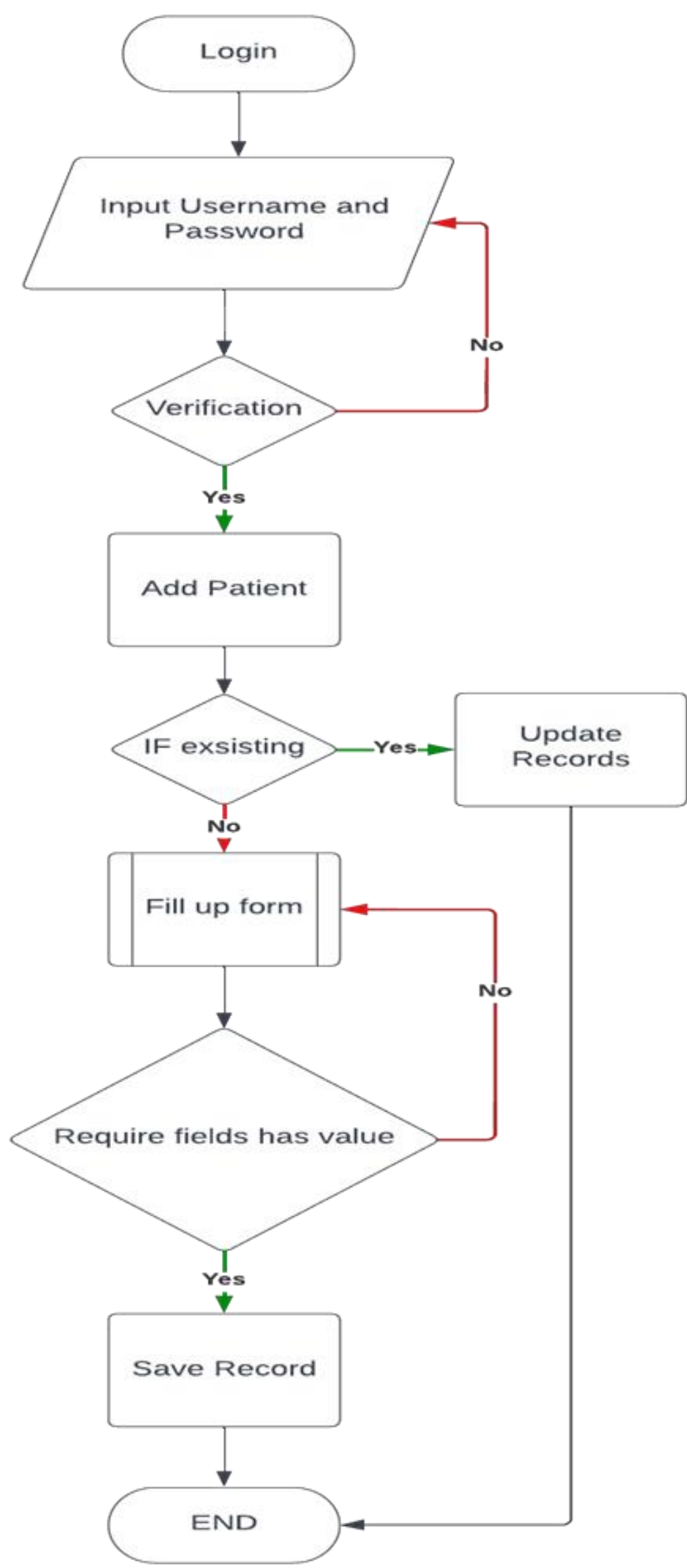
# **CareTeQ**

# **MASTER PATIENT**

# **REGISTRATION**

# **MANUAL**

# PATIENT REGISTRATION FLOWCHART



## Launching the Application

1. Open CareTeQ Master Patient Registration shortcut.



## Logging into the Application

1. Click Forgot Password.

CareTeQ Master Patient Registration


### Login Now

Username\*

Password\*

[Forgot Your Password?](#)

Login

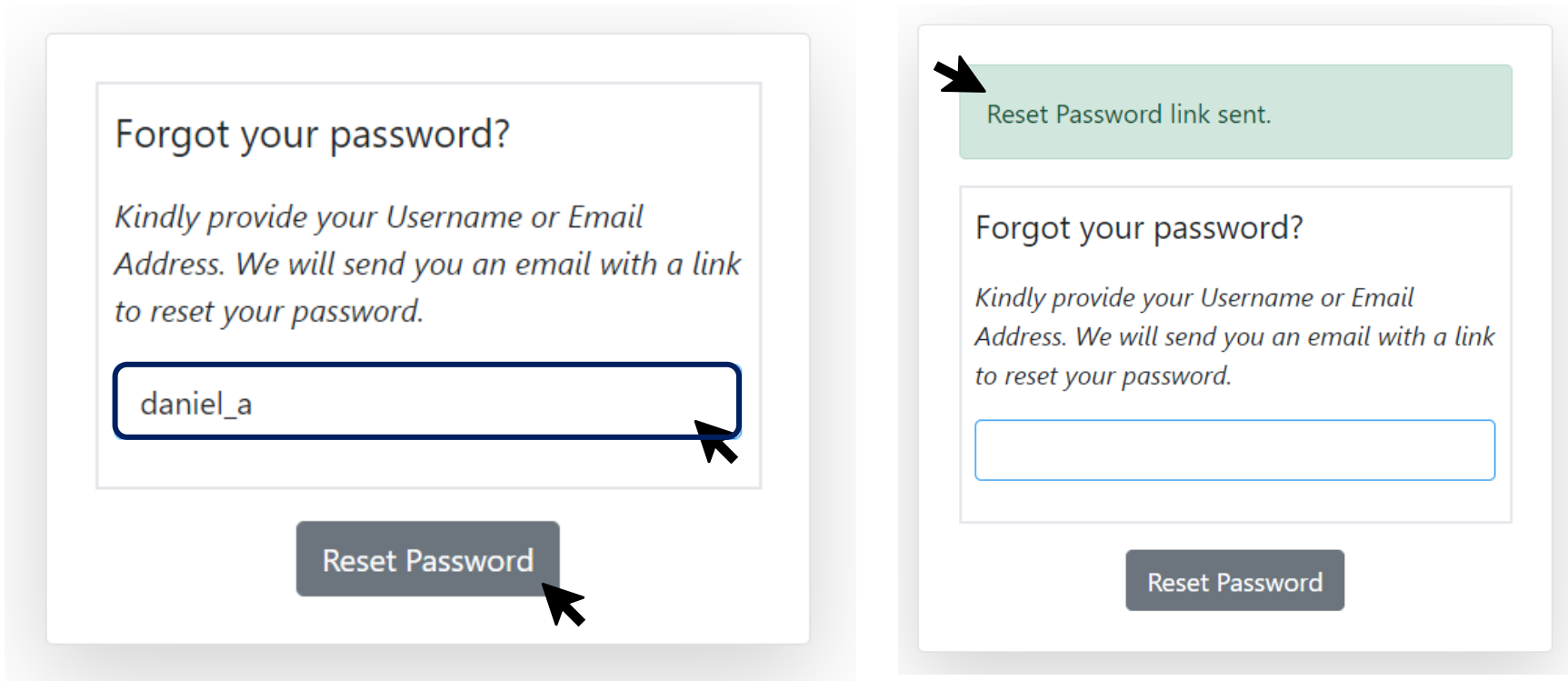


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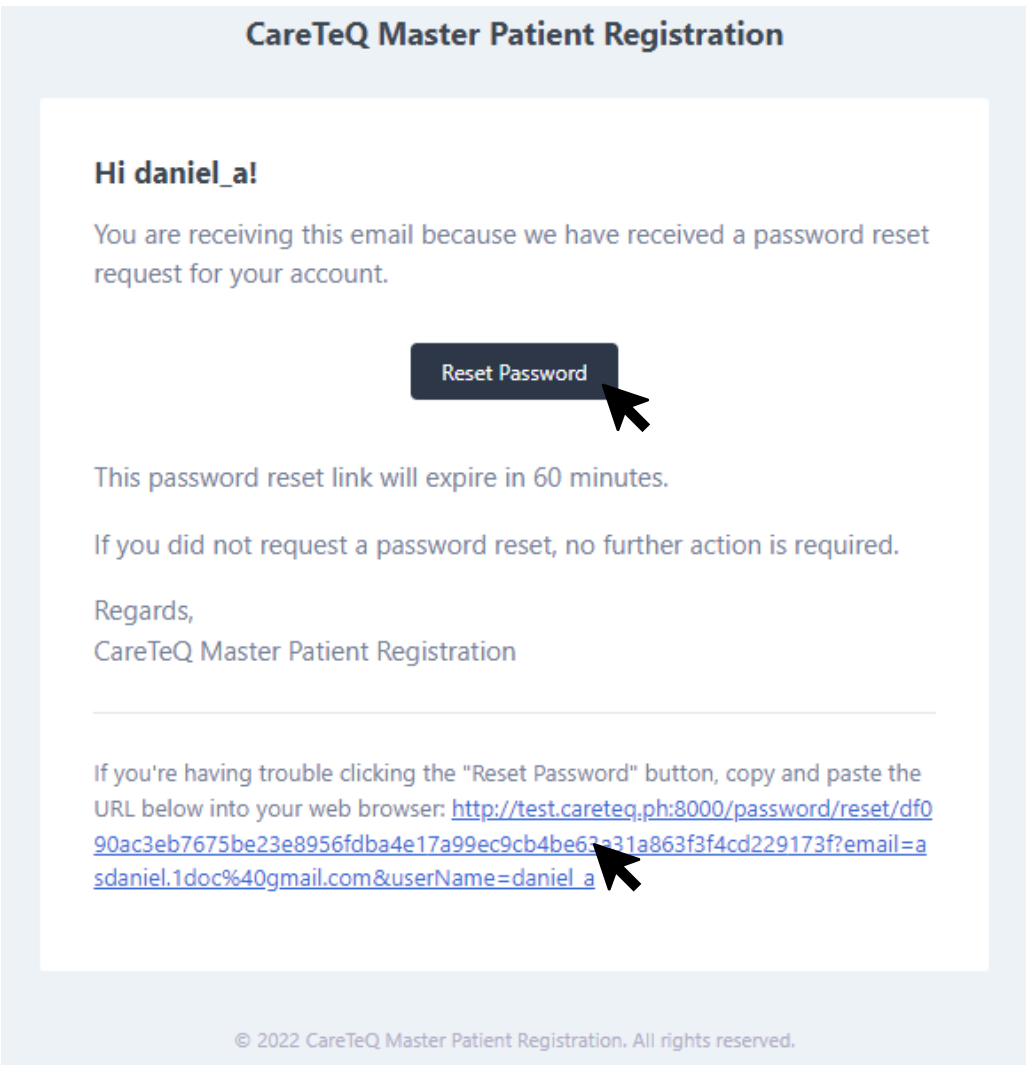
**Logging into the Application – Password Reset**

- 1. Input your Username or Email Address
- 2. Click Reset Password
- 3. A Reset Password notification will display



**Logging into the Application – Password Reset**

- 1. Check your email for the password reset instruction
- 2. Click Reset Password button or the Password Reset link. This will direct you to the CareTeQ Master Patient Registration reset page.



Logging into the Application – Password Reset

1. Enter desired password
- Note:** This should meet up the password complexity:
  - At least one uppercase
  - At least one lowercase
  - At least one special character or symbol
  - At least one number
  - At least 8 characters
2. Confirm the entered desired password. Password confirmation should match the first entered password.
3. Click on Reset Password
- Tip:** Click on the “eye button” to see entry.

Reset Password

Username

daniel\_a

Email Address

asdaniel.1doc@gmail.com

Password

Aly@1234

At least one uppercase

At least one lowercase

At least one special character or symbol

At least one number

At least 8 characters

Confirm Password

Aly@1234

Password match

Reset Password

Logging into the Application

1. Open the Master Patient Registration page
2. Enter assigned username
- Note:** This should be “lastname\_first letter of name/s”
3. Enter password
4. Click Login

CareTeQ Master Patient Registration

Login Now

Username\*


daniel\_a

Password\*

.....

[Forgot Your Password?](#)

Login



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Searching or Adding Patient

1. Enter a patient name on the Search box to check if existing.

2. If not existing, Click on Add Patient

Master Patient List

Search Patients:

Enter Patient Name

Add Patient

Patients per Page:

10

Master Patient Index	Last Name	First Name	Middle Name	Ext.	Birth Date	Sex	No. of Visit
8780-7864-6907	AGUILAR	KIER	LUNA		02/03/1997	M	
8780-7864-6906	AGUILAR	KIER	LUNA		02/03/1997	M	
8780-7864-6905	FRANC	FRANC	FRANC		12/22/2006	M	7
8780-7864-6904	MENDOZA	MYLA	AYUBO		07/17/2000	F	2
8780-7864-6903	RICE	JERMAINE	HALVORSON		10/27/2022	NB	1
8780-7864-6902	KERLUKE	NAT	SPORER		10/27/2022	F	
8780-7864-6901	HESSEL	JERAMIE	LEHNER		10/27/2022	F	
8780-7864-6900	FAY	CLAIRE	WEST		10/27/2022	NB	
8780-7864-6899	LEMKE	AVIS	BRAKUS		10/26/2022	NB	
8780-7864-6898	TORPHY	DARION	MAYER		10/26/2022	M	

Showing 1 to 10 of 35 results

<

1

2

3

4

>

Adding Patient

1. Fill the required fields; with red mark (\*)

Note: Check the “Indigenous” checkbox if the patient is native

2. Click Register Patient after filling up the Patient Registration Form.

Patient Registration

Medical Record Number

Opt In to All

Personal Information

Indigenous

Status

Adult

First Name

Last Name

Middle Name

Ext.

Birthdate

Age

Civil Status

Sex

ID Type

ID Number

Place of Birth

Nationality

Religion

Occupation

Present Address

Country

Province

Municipality

Barangay

House No. & Street

Zip Code

Contact Information

Contact Type

Contact Number

Note

Email Type

Email

Note

Register Patient

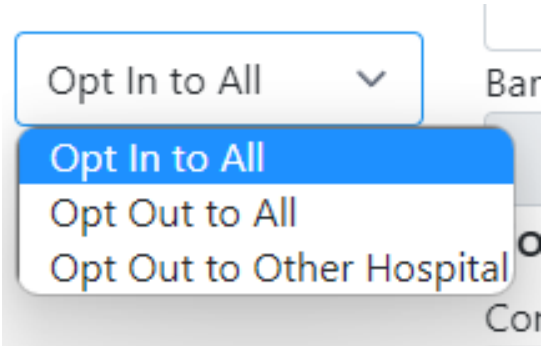
Unit G4, Sofia Tower, Don A. Roces Avenue, Barangay Laging Handa, Quezon City, Philippines 1103

Telefax numbers: +63 8277-6704; and +63 8441-1091

6 | Page

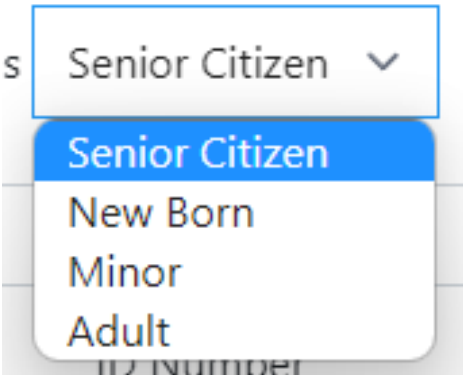
### Adding Patient - Record Restriction

1. Choose on the following patient record restriction:  
*Opt In to All* – patient record will be viewed and accessed to all registered hospital  
*Opt Out to All* – patient record will not be viewed and accessed to all hospital  
*Opt Out to Other Hospital* – patient record will not be viewed and accessed to other hospital



### Adding Patient – Age Determination

1. Choose on the following patient category status:  
*-Senior Citizen*  
*-Newborn*  
*-Minor*  
*-Adult*



3. After registering the patient, Patient Successful Registered notification will display.  
4. Hover your mouse and double click a certain patient name to update patient record.

Master Patient List

Patient Successfully Registered!

Search Patients:

Enter Patient Name

Add Patient

Patients per Page:

10

Master Patient Index	Last Name	First Name	Middle Name	Ext.	Birth Date	Sex	No. of Visit
8780-7864-6910	DANIEL	ALLY	OCANTE		05/07/2000	F	
8780-7864-6909	CUVEAS	RICHARD	SAYAT		11/11/2000	F	
8780-7864-6908	CUEVAS	ALY	SAYAT		03/23/2000	F	
8780-7864-6907	AGUILAR	KIER	LUNA		02/03/1997	M	
8780-7864-6906	AGUILAR	KIER	LUNA		02/03/1997	M	
8780-7864-6905	FRANC	FRANC	FRANC		12/22/2006	M	7
8780-7864-6904	MENDOZA	MYLA	AYUBO		07/17/2000	F	2
8780-7864-6903	RICE	JERMAINE	HALVORSON		10/27/2022	NB	1
8780-7864-6902	KERLUKE	NAT	SPORER		10/27/2022	F	
8780-7864-6901	HESSEL	JERAMIE	LEHNER		10/27/2022	F	

Showing 1 to 10 of 38 results

<

1

2

3

4

>

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Patient Information - Background Information

1. If relation’s address is same as patient, Click Same as Patient Address

2. Choose one Emergency Contact

3. Click Save Changes

Personal InformationBackground InformationHealth InsuranceMedical InformationHospital InformationFiles

Father's Information

Same As Patient Address

Set As Emergency Contact

Last Name

First Name

Middle Name

Ext

Contact Number

Country

Province

Municipality

Barangay

Address

Postal Code

Mother's Maiden Information

Same As Patient Address

Set As Emergency Contact

Last Name

First Name

Middle Name

Ext

Contact Number

Country

Province

Municipality

Barangay

Address

Postal Code

Spouse's Information

Same As Patient Address

Set As Emergency Contact

Last Name

First Name

Middle Name

Ext

Contact Number

Country

Province

Municipality

Barangay

Street

Postal Code

Emergency Contact Information

Relationship

Last Name

First Name

Middle Name

Ext

Contact Number

Country

Province

Municipality

Barangay

Address

Postal Code

View VisitCreate Visit

Save changes

Patient Information - Health Insurance (Member)

Personal InformationBackground InformationHealth InsuranceMedical InformationHospital InformationFiles

Provider

Health Care Provider Name:

If Others, Specify

ID/Account No.

Client Type

Member Type

Member Last Name

Member First Name

Member Middle Name

Ext.

Sex

Birthdate

Add Another Provider

View VisitCreate Visit

Save changes

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9 | Page

Patient Information - Health Insurance (Dependent)

***Note:** If patient is dependent, dependent provider form will appear.*

Personal Information

Background Information

Health Insurance

Medical Information

Hospital Information

Files

×

Provider

Health Care Provider Name:

If Others, Specify

ID/Account No.

Client Type

Member Type

Philhealth, Inc

123456

Dependent

Sponsored

Member Last Name

Member First Name

Member Middle Name

Ext.

Sex

Birthdate

DANIEL

ALLY

OCANTE

FEMALE

05-07-2000

Dependent Provider

Health Care Provider Name:

If Others, Specify

ID/Account No.

Client Type

Member Type

Philhealth, Inc

123456

Member

Select Member Type

Member Last Name

Member First Name

Member Middle Name

Ext.

Sex

Birthdate

Daniel

Leo

Son

MALE

02-09-1975

Add Another Provider

View Visit

Create Visit

Save changes

Patient Information - Medical Information

1. Enter patient’s height (cm), then it will be converted into (in)

2. Enter patient’s weight (kg), then it will be converted into (lb)

3. Enter patient’s height and weight, then BMI will be automatically computed and inputted

***Note:** Check on the following Personal and Social History checkbox if it exists on the patient*

***Note:** Enter patient allergies if applicable*

Personal Information

Background Information

Health Insurance

Medical Information

Hospital Information

Files

×

Height(cm):

Height(in):

Weight(kg):

Weight(lb):

Body Mass Index(BMI):

272

107.09

58

127.87

7.84

Allergies

Personal and Social History

Allergic to:

Smoker

Alcohol

Illicit Drugs

Sexually Active

Add Another Field

View Visit

Create Visit

Save changes

Patient Information - Hospital Information

Personal Information

Background Information

Health Insurance

Medical Information

Hospital Information

Files

×

Hospital Name	Medical Record Number (MRN)	Last Date Recorded	Total visit
Lingayen District Hospital (LDH)	8780-7864-6908		2

View Visit

Create Visit

Save changes

Unit G4, Sofia Tower, Don A. Roces Avenue, Barangay Laging Handa, Quezon City, Philippines 1103

Telefax numbers: +63 8277-6704; and +63 8441-1091

10 | Page

Patient Visit Record

1. Click Hospital Information tab

2. Hover your mouse and double click patient’s record

Personal Information

Background Information

Health Insurance

Medical Information

Hospital Information

Files

×

Hospital Name

Medical Record Number (MRN)

Last Date Recorded

Total visit

Lingayen District Hospital (LDH)

8780-7864-6908

2

View Visit

Create Visit

Save changes

3. Select such patient’s visit record to open

4. Click Print icon to print the visit record

5. Click PDF icon to download the record as PDF file

6. Click Excel icon to download the record as Excel file

View Visit

↓

↓

↓

×

NO.

Visit type

Start Date

End Date

Discharged By

1

Emergency Outpatient

12-02-2022

12-02-2022

daniel\_a

2

Emergency Outpatient

12-02-2022

12-02-2022

daniel\_a

7. View Patient Visit Record

View Visit

×

For Admission

Opt In to All

Master Patient Index

Name

Medical Record Number

Visit ID

Select Type of Visit

8780-7864-6908

CUEVAS, ALY SAYAT

123456

2022-000027

Emergency Outpatient

Hospital

Admit Date

Admit Time

Lingayen District Hospital (LDH)

12-02-2022

07:24 am

Chief Complaint

Initial Diagnosis

cough

Disposition

Discharged Date

Discharged Time

12-02-2022

03:25 pm

Final Diagnosis

ICD10 Code

ICD10 Description

Notes

J45991

Cough variant asthma

Other Diagnosis

Add ICD10

Treated

▼

Files – Search / Add Patient File

8. Enter a file name on the Search box

9. If no existing file/s, Click on Add File then Upload File box will appear

Personal Information

Background Information

Health Insurance

Medical Information

Hospital Information

Files

×

asd

Add File

No.

File Name ↓

Date Uploaded

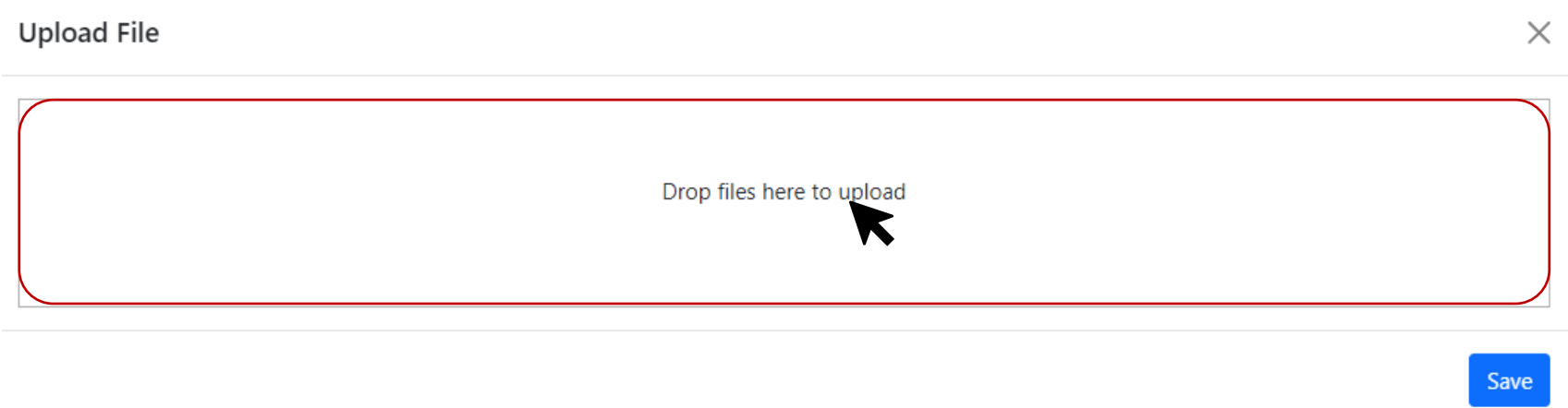
Showing 0 of 0 results

View Visit

Create Visit

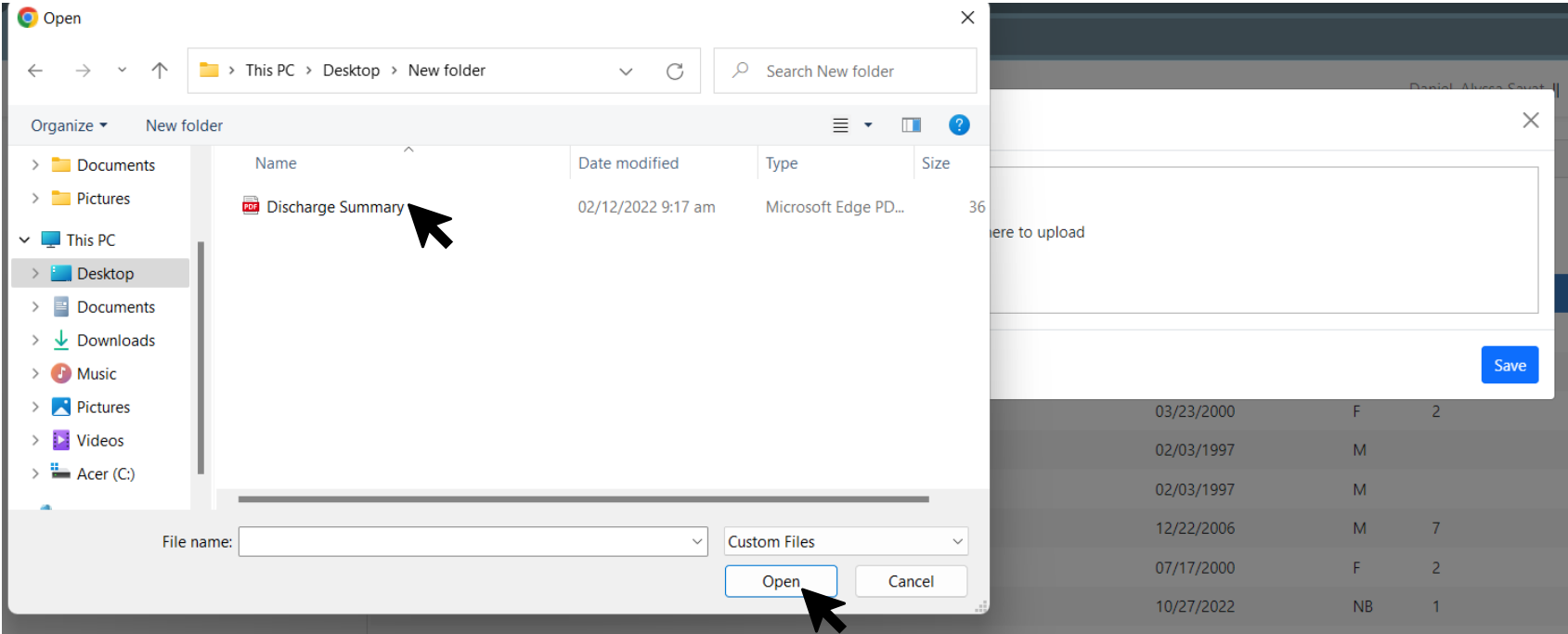
Save changes

10. Click the box or the “Drop files here to upload”

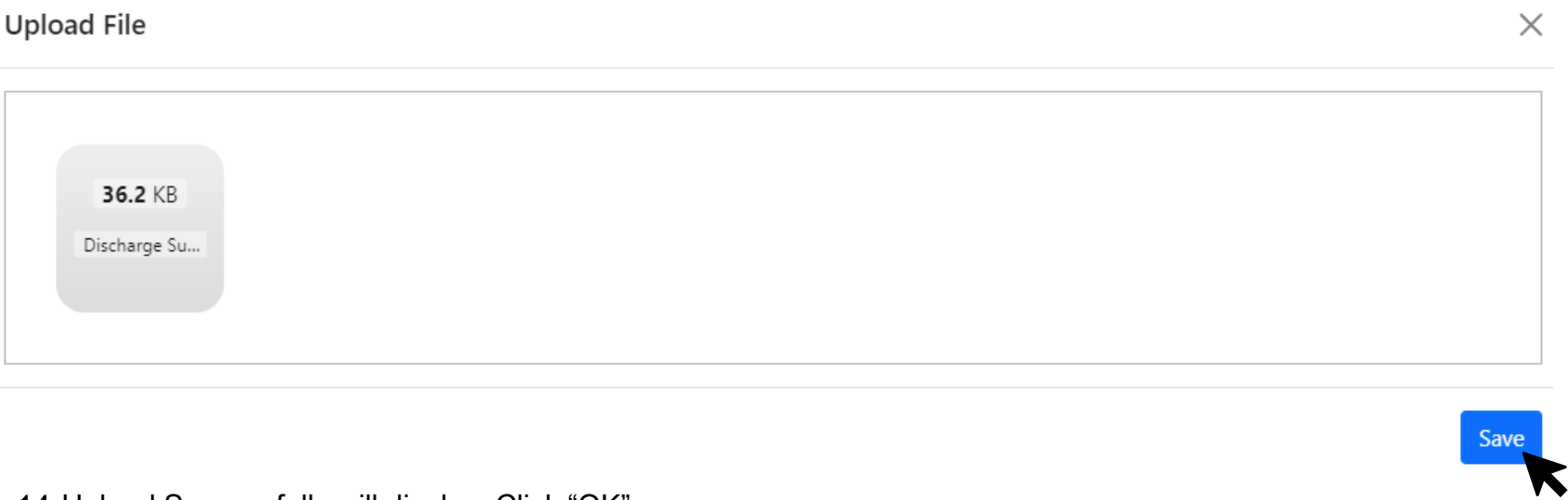


11. Choose file to upload

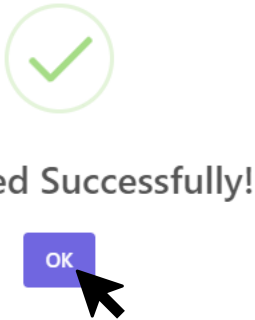
12. Click open



13. Click Save



14. Upload Successfully will display. Click “OK”



- Personal Information

Background Information

Health Insurance

Medical Information

Hospital Information

Files

✕

Add File

No.	File Name ↓	Date Uploaded
1	Discharge Summary.pdf	2022-12-02 07:32:04

Showing 1 of 1 results

View Visit

Create Visit

Save changes

### 3. View Uploaded File

## Create Visit

- ## 1. Click Create Visit

**NOTE:** Make sure to Click **“Save Changes”** before clicking Create Visit

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**Telefax numbers: +63 8277-6704; and +63 8441-1091**



Create Visit – Patient Visit Record Restriction

1. Choose on the following patient visit record restriction:  
*Opt In to All* – patient visit record will be viewed and accessed to all registered hospital  
*Opt Out to All* – patient visit record will not be viewed and accessed to all hospital  
*Opt Out to Other Hospital* – patient visit record will not be viewed and accessed to other hospital

un

Opt In to All

Opt In to All

Opt Out to All

Opt Out to Other Hospital

Create Visit – Outpatient Admission

1. Select type of visit:
  - *Inpatient*
  - *Emergency Outpatient*
  - *Outpatient*
2. Enter Admission Date
3. Enter Admission Time
4. Enter Chief Complaint
5. Enter Initial Diagnosis
6. Click Create Visit

Create Visit

For Admission

Master Patient Index

8780-7864-6910

Name

DANIEL, ALLY OCANTE

Medical Record Number

112233

Visit ID

2022-000024

Opt In to All

Select Type of Visit\*

Outpatient

Hospital

Lingayen District Hospital (LDH)

Admit Date\*

12-01-2022

Admit Time\*

07:13 am

Chief Complaint\*

fever

Initial Diagnosis

For Discharge

Discharged Date

mm-dd-yyyy

Discharged Time

--:-- --

Primary Final Diagnosis

ICD10 Code

Select ICD10

ICD10 Description

Notes

Other Diagnosis

Add ICD10

Create Visit

Unit G4, Sofia Tower, Don A. Roces Avenue, Barangay Laging Handa, Quezon City, Philippines 1103  
Telefax numbers: +63 8277-6704; and +63 8441-1091

14 | Page



1. Enter Discharged Date

2. Enter Discharged Time

3. Enter Chief Complaint

4. Select ICD

ICD10 Lists

Search

fever

CODE	Description	Group
R6883	Chills (without fever)	INTERNATIONAL
R509	Fever, unspecified	INTERNATIONAL
R5083	Postvaccination fever	INTERNATIONAL
R5082	Postprocedural fever	INTERNATIONAL
R5081	Fever presenting with conditions classified elsewhere	INTERNATIONAL
R502	Drug induced fever	INTERNATIONAL
M041	Periodic fever syndromes	INTERNATIONAL
I00	Rheumatic fever without heart involvement	INTERNATIONAL
D86.8	Sarcoidosis of other and combined sites; Uveoparotid fever [Heerfordt]	Local
A99	Unspecified viral hemorrhagic fever	INTERNATIONAL

5. Or input Notes (if patient’s case doesn’t exist on the MPR)

6. Select Disposition Type

7. Click Discharge

View Visit

For Admission

Opt In to All

Master Patient Index

8780-7864-6910

Name

DANIEL, ALLY OCANTE

Medical Record Number

112233

Visit ID

2022-000024

Select Type of Visit

Outpatient

Hospital

Lingayen District Hospital (LDH)

Admit Date

12-01-2022

Admit Time

07:13 am

Chief Complaint

fever

Initial Diagnosis

Disposition

Discharged Date

12-01-2022

Discharged Time

07:30 am

Final Diagnosis

ICD10 Code

R5083

ICD10 Description

Postvaccination fever

Notes

Other Diagnosis

Add ICD10

Recovered/Improved

Discharge

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16 | Page

8. Patient Successfully Discharged will display. Click “OK”



Patient Successfully Discharged



Create Visit and Discharge – Emergency Outpatient

1. Click Create Visit

Personal InformationBackground InformationHealth InsuranceMedical InformationHospital InformationFiles

Master Patient Index MPI

8780-7864-6910

Medical Record Number MRN

112233

Export PDF

Personal Information

Indigenous

Last Name \*

DANIEL

First Name \*

ALLY

Middle Name \*

OCANTE

Ext.

Birthdate \*

05-07-2000

Age \*

22

Sex \*

FEMALE

Civil Status \*

SINGLE

ID Type

Select Type

ID Number

Place of Birth

LEGAZPI CITY

Nationality

FILIPINO

Religion

ROMAN CATHOLIC

Occupation

Address

Country \*

PHILIPPINES

Province \*

PANGASINAN

Municipality \*

POZORRUBIO

Barangay \*

INOMAN

House No. & Street \*

ZONE 2

Zip Code \*

2435

Contact Information

Contact Type \*

PERSONAL

Contact Number \*

09190978923

Note:

Add Contact

Add Email

View Visit

Create Visit

Save changes

2. Select Type of Visit

3. Enter Admission Date

4. Enter Admission Time

5. Enter Chief Complaint

6. Enter Initial Diagnosis

7. Enter Discharged Date

8. Enter Discharged Time

9. Select ICD

ICD10 Lists

Search

cough

CODE	Description	Group
R066	Hiccough	INTERNATIONAL
R059	Cough, unspecified	INTERNATIONAL
R058	Other specified cough	INTERNATIONAL
R054	Cough syncope	INTERNATIONAL
R053	Chronic cough	INTERNATIONAL
R052	Subacute cough	INTERNATIONAL
R051	Acute cough	INTERNATIONAL
J45991	Cough variant asthma	INTERNATIONAL
G4483	Primary cough headache	INTERNATIONAL
A3791	Whooping cough, unspecified species with pneumonia	INTERNATIONAL

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17 | Page

10. Or input Notes (if patient’s case doesn’t exist on the MPR)
11. Select Disposition Type
12. Click Create and Discharge

Create Visit

✕

For Admission

Opt In to All

Master Patient Index

8780-7864-6908

Name

CUEVAS, ALY SAYAT

Medical Record Number

123456

Visit ID

2022-000027

Select Type of Visit\*

Emergency Outpatient

Hospital

Lingayen District Hospital (LDH)

Admit Date\*

12-02-2022

Admit Time\*

07:24 am

Chief Complaint\*

cough

Initial Diagnosis

For Discharge

Discharged Date

12-02-2022

Discharged Time

03:25 pm

Primary Final Diagnosis

ICD10 Code

J45991

✕

ICD10 Description

Cough variant asthma

Notes

Other Diagnosis

Add ICD10

Treated

▼

Create & Discharge

13. Patient’s Visit Successfully Created and Discharged. Click “OK”

✓

Patient's Visit Successfully Created And Discharged

OK


Unit G4, Sofia Tower, Don A. Roces Avenue, Barangay Laging Handa, Quezon City, Philippines 1103

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18 | Page



- Personal Information | 
 Background Information | 
 Health Insurance | 
 Medical Information | 
 Hospital Information | 
 Files
X



**Personal Information**

☐ Indigenous

Last Name *	First Name *	Middle Name *	Ext.
DANIEL	ALLY	OCANTE	

Birthdate *	Age *	Sex *	Civil Status *	ID Type	ID Number
05-07-2000	22	FEMALE ▼	SINGLE ▼	Select Type ▼	

Place of Birth	Nationality	Religion	Occupation
LEGAZPI CITY	FILIPINO ▼	ROMAN CATHOLIC ▼	

---

**Address**

Country *	Province *	Municipality *
PHILIPPINES ▼	PANGASINAN ▼	POZORRUBIO ▼

Barangay *	House No. & Street *	Zip Code *
INOMAN ▼	ZONE 2	2435

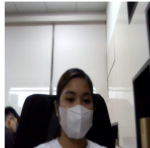
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**Contact Information**

Contact Type *	Contact Number *	Note:
PERSONAL ▼	09190978923	

[Add Contact](#)  
[Add Email](#)

View Visit
Create Visit
Save changes

- | Province of Pangasinan  |                               | Master Patient Record      |                              | Master Patient Index (MPI)<br>8780-7864-6910 |  |  |
|---|-------------------------------|----------------------------|------------------------------|--|--|---|
| Last Name:<br>DANIEL  | First Name:<br>ALLY           | Middle Name:<br>OCANTE     | Ext. Name:<br>N/A            |  |  |   |
| Sex :<br>FEMALE   | Birth Place :<br>LEGAZPI CITY | Birth Date:<br>May 07 2000 | Age :<br>22                  |  |  |   |
|   |                               |                            |                              |  |  |   |
| <b>Patient Information</b>  |                               |                            |                              |  |  |   |
| Nationality :<br>FILIPINO   | Occupation :                  | Marital Status :<br>SINGLE | Religion :<br>ROMAN CATHOLIC |  |  |   |
| Address :<br>ZONE 2 INOMAN POZORRUBIO PANGASINAN PHILIPPINES      |                               |                            |                              |  |  |   |
| Phone no. :<br>09190978923  |                               |                            |                              |  |  |   |
| <b>BACKGROUND DETAILS</b>   |                               |                            |                              |  |  |   |
| Father's Name :   |                               |                            |                              | Phone No. :<br>09096367377                   |  |   |
| Address :<br>ZONE 2 INOMAN POZORRUBIO PANGASINAN PHILIPPINES 2435 |                               |                            |                              |  |  |   |
| Mother's Name :   |                               |                            |                              | Phone No. :<br>09139647382                   |  |   |
| Address :<br>ZONE 2 INOMAN POZORRUBIO PANGASINAN PHILIPPINES 2435 |                               |                            |                              |  |  |   |
| Spouse Name :   |                               |                            |                              | Phone No. :                                  |  |   |
| Address :   |                               |                            |                              |  |  |   |
| <b>HEALTH MAINTENANCE ORGANIZATION (HMO) INFORMATION</b>          |                               |                            |                              |  |  |   |
| HMO:<br>Philhealth, Inc   | ID/Account No. :<br>123456    | Client Type :<br>Dependent | Member Type :<br>Sponsored   |  |  |   |
| Last Name :<br>DANIEL   | First Name :<br>ALLY          | Middle Name :<br>OCANTE    | Birthdate :<br>2000-05-07    |  |  |   |
| HMO:<br>N/A   | ID/Account No. :<br>N/A       | Client Type :<br>N/A       | Member Type :<br>N/A         |  |  |   |
| Last Name :<br>N/A  | First Name :<br>N/A           | Middle Name :<br>N/A       | Birthdate :<br>N/A           |  |  |   |
| <b>RESPONSIBLE FOR DEPENDENT</b>                                  |                               |                            |                              |  |  |   |
| HMO:<br>Philhealth, Inc   | ID/Account No. :<br>123456    | Client Type :<br>Member    | Member Type :<br>N/A         |  |  |   |
| Last Name :<br>Daniel   | First Name :<br>Leo           | Middle Name :<br>Son       | Birthdate :<br>1975-02-09    |  |  |   |
| Other HMO:<br>N/A   | ID/Account No. :<br>N/A       | Client Type :<br>N/A       | Member Type :<br>N/A         |  |  |   |
| Last Name :<br>N/A  | First Name :<br>N/A           | Middle Name :<br>N/A       | Birthdate :<br>N/A           |  |  |   |
| <b>EMERGENCY CONTACT</b>  |                               |                            |                              |  |  |   |
| Name of local friend or relative : (not living at same address)   |                               |                            |                              |  |  |   |
| Relationship to patient :   |                               |                            |                              |  |  |   |
| Home phone no. :  |                               |                            |                              |  |  |   |
| Telephone no. :   |                               |                            |                              |  |  |   |

Export Master Patient List

1. Click Print icon, it will direct you to report generation page.

CareTeQ Master Patient Registration | Lingayen District Hospital (LDH)

Daniel, Alyssa Sayat || Logout

Master Patient List

Search Patients:

Enter Patient Name

Add Patient

Patients per Page:

10

Master Patient Index	Last Name	First Name	Middle Name	Ext.	Birth Date	Sex	No. of Visit
8780-7864-6900	FAY	CLAIRE	WEST		10/27/2022	NB	
8780-7864-6899	LEMKE	AVIS	BRAKUS		10/26/2022	NB	
8780-7864-6898	TORPHY	DARION	MAYER		10/26/2022	M	
8780-7864-6897	CHAMPLIN	EVERETTE	SMITHAM		10/26/2022	M	
8780-7864-6896	BLICK	SANDY	HAYES		10/26/2022	M	
8780-7864-6895	WIZA	ERNESTINA	MILLS		10/26/2022	F	
8780-7864-6894	WILDERMAN	MARQUES	COLLINS		10/26/2022	NB	
8780-7864-6893	CARROLL	NYASIA	HAAG		10/26/2022	F	
8780-7864-6892	SCHUPPE	ETHA	GUSIKOWSKI		10/26/2022	F	
8780-7864-6891	SPORER	MCKENNA	WYMAN		10/26/2022	M	

Showing 11 to 20 of 38 results

Print icon

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1. Click PDF icon to download as PDF file.
2. Click Excel icon to download as Excel file
3. Click Print icon to print the Master Patient List

**TIP:** You can reset the filter of report listing, edit the Start and End Date

CareTeQ Master Patient Registration | Lingayen District Hospital (LDH)

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Master Patient List

Lingayen District Hospital (LDH)

Search Patients:

Search Patient

Start

dd/mm/yyyy

End

dd/mm/yyyy

per Page:

10

Reset Filter

Print icon

Excel icon

PDF icon

No.	Master Patient Index	Last Name	First Name	Middle Name	Ext.	Date Registered	Address	Age	Visits
1	8780-7864-6910	DANIEL	ALLY	OCANTE		2022-12-02	POZORRUBIO	22	3
2	8780-7864-6909	CUVEAS	RICHARD	SAYAT		2022-12-02	LINGAYEN	22	
3	8780-7864-6908	CUEVAS	ALY	SAYAT		2022-11-21	CITY OF SANTA ROSA	22	2
4	8780-7864-6904	MENDOZA	MYLA	AYUBO		2022-10-27	LINGAYEN	22	2
5	8780-7864-6884	MURPHY	JOANA	ORN				24	
6	8780-7864-6881	MENDOZA	MYLA	AYUBO		2022-10-26	LINGAYEN	22	1
7	8780-7864-6880	PARAO	IVAN	CUEVAS	sr	2022-10-25	LINGAYEN	7	1

Showing 1 to 7 of 7 results

Unit G4, Sofia Tower, Don A. Roces Avenue, Barangay Laging Handa, Quezon City, Philippines 1103

Telefax numbers: +63 8277-6704; and +63 8441-1091

4. Double click the downloaded file

Master Patient List

Lingayen District Hospital (LDH)

Search Patients:

Search Patient

Start

dd/mm/yyyy

End

dd/mm/yyyy

per Page:

10

Reset Filter

No.	Master Patient Index	Last Name	First Name	Middle Name	Ext.	Date Registered	Address	Age	Visits
1	8780-7864-6910	DANIEL	ALLY	OCANTE		2022-12-02	POZORRUBIO	22	3
2	8780-7864-6909	CUVEAS	RICHARD	SAYAT		2022-12-02	LINGAYEN	22	
3	8780-7864-6908	CUEVAS	ALY	SAYAT		2022-11-21	CITY OF SANTA ROSA	22	2
4	8780-7864-6904	MENDOZA	MYLA	AYUBO		2022-10-27	LINGAYEN	22	2
5	8780-7864-6884	MURPHY	JOANA	ORN				24	
6	8780-7864-6881	MENDOZA	MYLA	AYUBO		2022-10-26	LINGAYEN	22	1
7	8780-7864-6880	PARAO	IVAN	CUEVAS	sr	2022-10-25	LINGAYEN	7	1

Showing 1 to 7 of 7 results

MasterpatientList (1).xls

MasterPatientList (...).pdf

Show all

5. View Master Patient List as PDF file

Province of Pangasinan

7580

Master Patient List

Lingayen District Hospital (LDH)

Patient/s for this cutoff: 7

Period: from December 2, 2022 to December 2, 2022

Total Patient/s 7


No.	Master Patient Index	Full Name	Age	Address	Registered	Visit
1	8780-7864-6880	PARAO, IVAN CUEVAS	7	LINGAYEN	10-25-2022	1
2	8780-7864-6881	MENDOZA, MYLA AYUBO	22	LINGAYEN	10-26-2022	1
3	8780-7864-6884	Prof. Laurence Lind	24		01-01-1970	
4	8780-7864-6904	MENDOZA, MYLA AYUBO	22	LINGAYEN	10-27-2022	2
5	8780-7864-6908	CUEVAS, ALY SAYAT	22	CITY OF SANTA ROSA	11-21-2022	2
6	8780-7864-6909	CUVEAS, RICHARD SAYAT	22	LINGAYEN	12-02-2022	
7	8780-7864-6910	DANIEL, ALLY OCANTE	22	POZORRUBIO	12-02-2022	3



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