



OSPITAL NG PARAÑAQUE



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Revision 2008,2014,2022

ANCILLARY DIVISION APPROVAL MATRIX

Section / Department

RADIOLOGY DEPARTMENT

Page 1 of 5

Policy Title:

APPENDICES

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Radialogic Technologist II

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Head, Medical Social Services
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Meda M. Calderon, RN, MAN
Chief Nurse

Approved by:



Redentor P. Alquiroz, M.D.
Chief of Clinics

Darius J. Sebastian, MD, MPH, PHSAE
Hospital Administrator

Jefferson R. Pagsisihan, MD, MHM
Hospital Director

APPENDICES

Appendix A | X-RAY REQUEST FORM

		OSPITAL NG PARAÑAQUE			
X-RAY/ULTRASOUND REQUEST					
NAME: _____		AGE/SEX _____		DATE: _____	
First Middle Last					
B-DAY: _____		AREA: _____		HOSPITAL NO. _____ Case No. _____	
EXAMINATION DESIRED:					

CLINICAL DATA:					
Present Illnesses: _____					

Current Medications:					

Request Prepared By _____		Requesting Physician _____		Radiologic Technologist _____	



OSPITAL NG PARAÑAQUE
Quirino Ave., La Huerta, Parañaque City
CHARGE TICKET

Name: _____

Date: _____ Section : _____

Particulars	Qty	U/P	Amount

Prepared By: _____

TOTAL _____
 Noted by: _____



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APPENDIX-C | RESULT FORM



OSPITAL NG PARAÑAQUE

Quirino Avenue, La Huerta, Parañaque City
Tel -825-4902 Email - ospitalngparañaque@yahoo.com
Philhealth Accredited



RADIOLOGY SECTION X-RAY/ULTRASOUND

NAME: _____ AGE: _____ SEX: _____
BIRTHDAY: _____ DATE DONE: _____ CASE NO. : 0
REQUESTING PHYSICIAN: 0 IHOMIS CASE NO. : 0
WARD: 0 ER/OPD: _____ HOSPITAL NO. : 0
EXAMINATION: _____

FINDINGS:

ROSINANTE C. GARCIA, RRT
Radiologic Technologist V

DONDEE JULES P. MOJICA, MD, FPCR
RADIOLOGIST/SONOLOGIST



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APPENDIX-E | MALASAKIT ACKNOWLEDGEMENT FORM



Ospital ng Parañaque

Quirino Ave. Parañaque, 1700 Metro Manila
Tel. Number: (02) 8825-8952



MALASAKIT CENTER

Office of the President - Socio Civic Project Fund

ACKNOWLEDGEMENT FORM

Nº 1203

Ako si _____, _____ taong gulang. Nakatira sa _____

Ay nagpapatunay, na ang mga sumusunod na medical na pamamaraan ay naisagawa ngayong araw na ito.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Pinapatunayan ni: _____

Attending Physician/Ancillary

Pasyente / kamag-anak

Petsa