

**OBJECTIVE:** To deprecate personnel from committing alike violations as well as

to maintain high ethical standard in workplace.

**COVERAGE:** This policy shall cover this section.

### **RESPONSIBILTIES:**

I. It shall be the responsibility of the Admitting head to strengthen the implementation of this policy.

II. It shall be the responsibility of the Human Resources Office to process all the Incidental report

### III. PROCEDURES:

1<sup>ST</sup> Offense Verbal warning

2<sup>nd</sup> Offense Incident Report

3<sup>rd</sup> Offense Issuance of memorandum

# ADMIN-ADMITTING SECTION DEFINITION OF TERMS

**ADMISSION** - The act or process of accepting someone into a hospital, clinic, or

other treatment facility as an inpatient.

**CENSUS-** A count of the population and property evaluation in early Rome.

**DAMA-** Discharge against Medical Advice.

**DIAGNOSIS-** The art or act of identifying a disease from its signs and symptoms.

**DISCHARGE-** The act of discharging or unloading.

**IHOMIS** - Integrated Hospital Operation and Management Information

System.

**MEDICO-LEGAL-** Pertaining to medicine or law or to forensic medicine.

Medical Jurisprudence.

**MEMORANDUM-** A usually brief communication written for interoffice circulation. **MORTALITY-** The number of deaths in a population during a given time or place.

**MORTALITY RATE-** The proportion of deaths to population. **PHILHEALTH-** Philippine Health Insurance Corporation.

**RT-PCR-** Reverse Transcription Polymerase Chain Reaction.

Rapid Antigen Test- Antigen tests are immunoassays that detect the presence of a

specific viral antigen, which indicates current viral infection. Antigen tests are currently authorized to be performed on nasopharyngeal, nasal swab, or saliva specimens placed directly into the assay's

extraction buffer or reagent.

### REFERENCE LIST:

https://www.merriam-webster.com/dictionary

https://www.google.com/search?q=philhealth+meaning&sxsrf=ALiCzsYrTva\_qRpkp-

PVsZpVaZQR9rWpxA%3A1653898669481&ei=rX2UYvv8HJqA1e8P0fWM2AQ&oq=philhea&gs\_lcp=Cgdnd3Mtd2l6 EAMYADIECAAQQzIQCC4QsQMQgwEQxwEQowIQQzIFCAAQkQIyCwgAEIAEELEDEIMBMgcIABCxAxBDMgQIAB BDMgUIABCRAjIFCAAQgAQyDQgAELEDEIMBEMkDEEMyBQgAEJIDOgcIIxDqAhAnOgoILhDHARDRAxAnOgQIIx AnOgsILhDHARCvARCRAjoRCC4QgAQQsQMQgwEQxwEQowI6BAguEENKBAhBGABKBAhGGABQvQRY9BIgrjdo AXABeACAAWWIAfYEkgEDNi4xmAEAoAEBsAEKwAEB&sclient=gws-wiz

https://www.google.com/search?q=rapid+antigen+test+meaning&sxsrf=ALiCzsbL2n-

XZhrSreFqXeVhPJIUPYUIOw%3A1653898599299&ei=Z32UYvHzEZHnwQOMt5iwCg&oq=rapid+antigen+&gs\_lcp=Cgdnd3Mtd2l6EAEYBjIHCAAQsQMQQzIHCAAQyQMQQzIFCAAQkgMyBQgAEJIDMgQIABB

# ADMIN-ADMITTING SECTION FORMS

		C		440 Quir	L NG ino Avenu SION AND D	e, C	ity Of	ParaÑ	Aque		UE				
SR. CITIZEN NO.				HOSP. HEALTH RE					0	LD HE	ALTH RE	C NO.			
PATIENT'S NAM	E: (L	ast)		(Given)			( Midd	le)		WAR	D/ROOM	/BED/S	SERVIC	E	
PERMANENT AI	ODRESS :				1	ΓEL. N	NO.		]	EX ] M ] F	100 100	[	CIVIL ST	[ ] SEP	[ ]N
BIRTHDATE	AGE		BIRTH PLA	ACE	NATIONALIT	Y	RELIGIO	N			00	CUPA	TION		
EMPLOYER (Ty	pe of Busine	ss)					ADDRE	SS						TEL. N	Ю.
FATHER'S NAM	E			MOTHER'S	(MAIDEN) NAM	ΛE		SPOUSE	NAME					TEL. N	10.
ADMISSION DATE : TIME :		DISCH DAT TIME	Ε:		TOTAL NO. OF DAYS	ADI	MITTING	PHYSICI	AN						
TYPE OF ADMIS  NEW	SSION:		] FORMER		2 2	RRED	Agency)						. 10		
SOCIAL SERVIO ALERT : ALLERGIC TO	E CLASSIFI	CATION:	HOSPITAL	LIZATION PL		l .	HEALT	[ ]( TH ANCE N		ı	] C3	15.00	[ ]D E OF IN ERAGE	SURANCE	Ē
DATA FURNISHE	ED BY : (sign	nature ove	er printed na	ame)		AD	DRESS	OF INFOR	RMANT				RELAT	TION TO P	ATIENT
ADMISSION DIA	GNOSIS:				<u> </u>										
PRINCIPAL DIAC												ICD C	ODE NO	D.	
PRINCIPAL OPE	RATION/PR	OCEDUR	= ·									ICPN	/ CODE		
OTHER OPERAT	ΠΟΝ(S) PRO	CEDURE	(S) :												
PLACE OF OCC		THING (E	JOBEJ	<u> </u>											
DISPOSITION [ ] DISCHAR [ ] TRANSF			] DAMA ] ABSCONI	DED			[ ] IN	TS ECOVERE MPROVED NIMPROV		[ ]	DIED -48 HOUR +48 HOUF			] AUTOPS ] NO AUTO	



# OSPITAL NG PARAÑAQUE AUTHORIZATION FOR SURGICAL TREATMENT



(WHOMEVER HE MAY DESIGNATE AS HIS ASSISTANTS) TO ADMINISTER SUCH TREATMENT AS IN NECESSARY, AND TO PERFORM THE FOLLOWING OPERATION(S)  (STATE NAME OF OPERATION(S) AND/OR PROCEDURES)  OR PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING. THE COURSE OF SAID OPERATIONS.  I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF	ME (LAST, FIRST, MIDDLE)			SEX	HOSPITAL NO.
(WHOMEVER HE MAY DESIGNATE AS HIS ASSISTANTS) TO ADMINISTER SUCH TREATMENT AS IN NECESSARY, AND TO PERFORM THE FOLLOWING OPERATION(S)  (STATE NAME OF OPERATION(S) AND/OR PROCEDURES)  OR PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING. THE COURSE OF SAID OPERATIONS.  I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF					
THE FOLLOWING OPERATION(S)  (STATE NAME OF OPERATION(S) AND/OR PROCEDURES)  OR PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING. THE COURSE OF SAID OPERATIONS.  I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF	I,THE UNDERSIGNE	D, A PATIENT IN OSPITAL NG PARA	AÑAQUE, HEREBY AUTHORIZ	E DR	AND
(STATE NAME OF OPERATION(S) AND/OR PROCEDURES)  OR PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING. THE COURSE OF SAID OPERATIONS.  I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF	(WHOMEVER HE MAY	Y DESIGNATE AS HIS ASSISTANTS)	TO ADMINISTER SUCH TREA		
OR PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING. THE COURSE OF SAID OPERATIONS.  I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF	THE FOLLOWING OPE				ADDITIONAL OPERATIONS
I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF		(STATE NAME OF	OPERATION(S) AND/OR PRO	OCEDURES)	
I AUTHORIZE THAT ANY SPECIMENS, TISSUES, OR PARTS REMOVED FROM THE PATIENT MAYBE DISPOSED OF IN ACCORDANCE WITHE HOSPITAL'S ESTABLISHED PRACTICE.  THE NATURE AND PURPOSE OF THE OPERATION THE RISKS INVOLVED AND THE POSSIBILITY OF COMPLICATIONS HAVE BEEN EXPLAINED TO ME BY DR		ARE CONSIDERED THERAPEUTICAL	LY NECESSARY ON THE BASI	S OF FINDINGS DURING	THE COURSE OF SAID
(STATE NONE OR NAME OF ANESTHETIC)  I AUTHORIZE THAT ANY SPECIMENS, TISSUES, OR PARTS REMOVED FROM THE PATIENT MAYBE DISPOSED OF IN ACCORDANCE WITHE HOSPITAL'S ESTABLISHED PRACTICE.  THE NATURE AND PURPOSE OF THE OPERATION THE RISKS INVOLVED AND THE POSSIBILITY OF COMPLICATIONS HAVE BEEN EXPLAINED TO ME BY DR I ACKNOWLEDGE THAT ME GUARANTEE OR ASSURANCE HAS BEEN MADE AS TO THE RESULTS THAT MAY BE OBTAINED.  I CERTIFY THAT I HAVE READ HIS CONSENT AND/OR THAT IT HAS BEEN EXPLAINED TO ME IN MY DIALECT. I FURTHER CERTIFY TO ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED BEFORE I AFFIXED MY SIGNATURE.  BY AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT  DATE AND TIME  SIGNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  SIGNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT			CH ANESTHETICS AS ARE CO	NSIDERED NECESSARY C	DR DESIRABLE WITH THE
THE HOSPITAL'S ESTABLISHED PRACTICE.  THE NATURE AND PURPOSE OF THE OPERATION THE RISKS INVOLVED AND THE POSSIBILITY OF COMPLICATIONS HAVE BEEN EXPLAINED TO ME BY OR			E OF ANESTHETIC)	ureta le pluma a meru	
EXPLAINED TO ME BY DR			TS REMOVED FROM THE PAT	TENT MAYBE DISPOSED	OF IN ACCORDANCE WITH
GUARANTEE OR ASSURANCE HAS BEEN MADE AS TO THE RESULTS THAT MAY BE OBTAINED.  I CERTIFY THAT I HAVE READ HIS CONSENT AND/OR THAT IT HAS BEEN EXPLAINED TO ME IN MY DIALECT. I FURTHER CERTIFY TO ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED BEFORE I AFFIXED MY SIGNATURE.  SNATURE OF WITNESS  DATE AND TIME  AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT  ATTENT IS A MINOR  YEARS OF AGE SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT  RELATIONSHIP TO PATIENT			RISKS INVOLVED AND THE P		
I CERTIFY THAT I HAVE READ HIS CONSENT AND/OR THAT IT HAS BEEN EXPLAINED TO ME IN MY DIALECT. I FURTHER CERTIFY TO ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED BEFORE I AFFIXED MY SIGNATURE.  SIGNATURE OF WITNESS  DATE AND TIME  AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT  ATTENT IS A MINOR  YEARS OF AGE  ATTENT IS UNABLE TO SIGN BECAUSE  GNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT		Hard and the same of the same	THE RESULTS THAT MAY BE		
AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT  ATIENT IS A MINORYEARS OF AGE ATIENT IS UNABLE TO SIGN BECAUSE  GNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT	GNATURE OF WITNESS		meno.	SIGNATURE OF PATIEN	т
AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT  ATIENT IS A MINORYEARS OF AGE ATIENT IS UNABLE TO SIGN BECAUSE  GNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT					
AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT  ATIENT IS A MINORYEARS OF AGE ATIENT IS UNABLE TO SIGN BECAUSE  GNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT		DATE AND TIME	THE YE COMPLETE TO MA	OTTASPERATOR	
RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT  ATIENT IS A MINORYEARS OF AGE ATIENT IS UNABLE TO SIGN BECAUSE  GNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT		THEFTHE			
ATIENT IS A MINORYEARS OF AGE  ATIENT IS UNABLE TO SIGN BECAUSE  GNATURE OF WITNESS SIGNATURE OF PATIENT'S REPRESENTATIVE  ATE RELATIONSHIP TO PATIENT		RELATIVE IN THE CASE OF A			
GNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT				YEARS OF ACE	
GNATURE OF WITNESS  SIGNATURE OF PATIENT'S REPRESENTATIVE  RELATIONSHIP TO PATIENT	ATIENT IS A MINOR	YEARS OF AGE			TIENT IS UNABLE TO SIGNED
ATE TRESTAN OF NINCHOLIS RELATIONSHIP TO PATIENT	ATIENT IS UNABLE TO SIG	GN BECAUSE			
ATE TRESTAN OF NINCHOLIS RELATIONSHIP TO PATIENT					
	GNATURE OF WITNESS	DISHATURE OF PATIENT'S KE	S	GNATURE OF PATIENT	S REPRESENTATIVE
3	ATE	THEST AND PARKET TO PATRENT	R	ELATIONSHIP TO PATIE	NT 3T
4	-2				



# OSPITAL NG PARAÑAQUE AUTHORIZATION FOR ADMISSION



NAME (LAST,FIRST,MIDDLE)		SEX	AGE	HOSPITAL NO.
CONSENT TO TREATME	ENT: The undersigned grants author	rity to Ospital ng Parañaque and	its staff to perfe	orm those procedures
	and treatments de	emed necessary for this patient		A STATE OF THE STA
RELEASE OF INFORMAT	TION: Authorization is hereby gra	anted to Ospital ng Parañaque a	nd its staff to d	that are all
	ord (1) to any person, corporations, or a	gency which is legally responsible	for all or any p	part of the hospital
PROCUREMENT OF INF	ORMATION: The under signed designa	ites and authorized Ospital ng Pa	rañague Hospit	al to be his agent
for the purpose of of re	endering such consent to other physician	ns, hospitals or clinics or may be r	necessary to ob	otain from them such
previou	s or current records, as are needed in the	e patient's medical care while in (	Ospital ng Parai	ñaque
CERTIFICATION: T	The undersigned certifies that he has rea	ad the foregoing and/or the foreg	oing has been	av eleje ed te
him in his dialect an	nd that he understands the nature and pu	urpose of these authorizations to	his full satisfac	ex-plained to
the patient,	or is duly authorized by the patient's	general agent execute the abo	ove and accep	t its terms.
			3HT 10 32092	THE NATURE AND PU
		•		
SIGNATURE	A TO LEAD THE RESERVE GENERALISKS IN			
	IE WITNESS	***************************************	010011071107	
SIGNATURE	PF WITNESS	TOTAL HASER TION OF CONTRICE TO	SIGNATURE (	OF PATIENT
SIGNATURE	F WITNESS	Ютвичимо во иот изгат вица	SIGNATURE	OF PATIENT
SIGNATURE		DATE	SIGNATURE	OF PATIENT
SIGNATURE		DATE	SIGNATURE	OF PATIENT
SIGNATURE	-	DATE	SIGNATURE	
SIGNATURE	THEFTAS TO EXCHANGE		SIGNATURE	
SIGNATURE	THEFTAS TO EXCHANGE	SIGNED BY THE PATIENT OR BY	SIGNATURE	
SIGNATURE	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH	SIGNED BY THE PATIENT OR BY	SIGNATURE	
SIGNATURE	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE	
SIGNATURE	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE	
SIGNATURE	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE O	
SIGNATURE C	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE	
	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE O	
ATIENT IS A MINOR	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH WHEN PATIENTS IS PHYSICAL	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE O	
ATIENT IS A MINOR	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH WHEN PATIENTS IS PHYSICAL	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE O	
ATIENT IS A MINOR	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH WHEN PATIENTS IS PHYSICAL	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR	SIGNATURE	
ATIENT IS A MINOR ATIENT IS UNABLE TO SIGN	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH WHEN PATIENTS IS PHYSICAL	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR LLY OR MENTALLY INCOMPETENT	ISIPOHTUA REVITATIBR VUINTMEM ROVERSIV BOURGES	TURE OF WITHESS WE'S A MINOR
ATIENT IS A MINOR ATIENT IS UNABLE TO SIGN	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH WHEN PATIENTS IS PHYSICAL	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR LLY OR MENTALLY INCOMPETENT	OF PATIENT'S F	TURE OF WITHESS WE'S A MINOR
ATIENT IS A MINOR ATIENT IS UNABLE TO SIGN	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH WHEN PATIENTS IS PHYSICAL	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR LLY OR MENTALLY INCOMPETENT	ISIPOHTUA REVITATIBR VUINTMEM ROVERSIV BOURGES	TURE OF WITHESS WE'S A MINOR
ATIENT IS A MINOR	AUTHORIZATION MUST BE THE NEAREST RELATIVE IN TH WHEN PATIENTS IS PHYSICAL	SIGNED BY THE PATIENT OR BY HE CASE OF MINOR OR LLY OR MENTALLY INCOMPETENT  SIGNATURE	ISIPOHTUA REVITATIBR VUINTMEM ROVERSIV BOURGES	RELATIVE IN ACABUM

# OSPITAL NG PARAÑAQUE

7	HEALTH RECORD NO.
	TYPE OF SERVICE

440	Quirino	Avenue, (	City of Para	ñaque	-		TYPE	OF SERVIC	E		
EMERGE	NCY / T	RIAGE	RECORD		CASE	ER	□ No	on- ER	MED	ICO-LEGAL	Yes No
PATIENT'S NAME:	(Last)			( Give	en )			( Middl	e)		
PERMANENTADD	RESS:										
TELEPHONE NO.:	NATIONA	LITY:	AGE:	BIRTH	DATE:		Male Female	CIVIL ST		Single	Married Separated
EMPLOYER:						TEL	EPHON	IE NO.: N	OΠFI	ED PROPER A	AUTHORITY:  Not Applicable
DATE AND TIME OF	PEGISTR	ATION:	BROUGHT BY								
DATE : TIME :	REGISTRO	Alloit.	Self Police	_	ily Men	mber _	Relative		end hers	Uknow	'n
CONDITIONS ON A	DDIVAL.						TEM	PERATURE			PULSE:
Good Fair		Shock	Comatose	Hemorr	hagic	DOA		cilla Or		Anal	POLSE.
BP:		CARDIAC	RATE:		RES	PIRATOR	YRATE	:	W	EIGHT.	
CHIEF COMPLAIN	IT:	ı								ALLERGIES:	
										CURRENT	MEDICATION:
PHYSICAL FINDIN											
TREATMENT: Can	i be contin	ued at the	back of sheet					IURSES N	OTES	S:	
DATE OF DISPOSIT	ION: DI	SPOSITION	•							CONDITIO	ON ON DISCHARGE:
TIME OF DISPOSIT		_	nd Sent Home	=		ion Imission	=	nsferred/Re	ferred		le cal
								<b>-</b>		-	
CLERK		Pa	tient Signature		1	NURSE ON	N DUTY		DOC	CTOR'S NAME	AND SIGNATURE

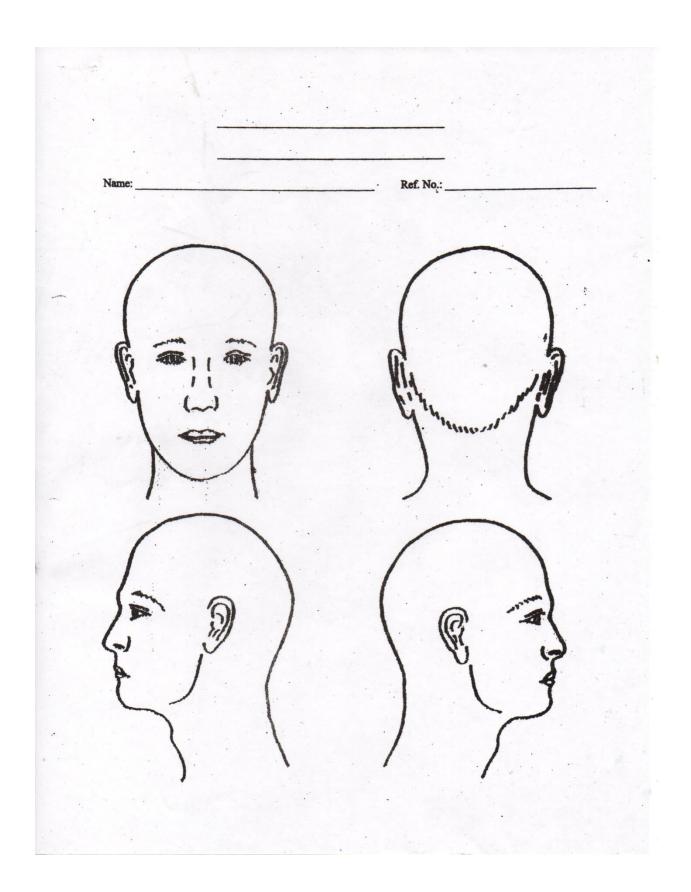
ospital no.; ime of Patient;	
ARAPATAN NG PASYENTE, MAGULANG AT K.	AANAK
a final management at may paggaland	. Walling Collingari sa raid, Iching on Managari
to the state of th	Paran Comension D Raining
Malaman ang mga pangalan ng Doktor at Na	rses at ang kanilang bahagi sa pangangalaga sa
to the second se	
<ul> <li>Malaman ang kalagayan ukol sa kanyang saki</li> </ul>	tat ang bhathyang pananon ng kanyang
line	
<ul> <li>Tumanggap ng inpormasyon sa mga paraan n</li> </ul>	ig panggagamot; ang pagsang-ayon o pagtanggi
Tumanggap ng maayos na pangangalaga sa a	ngkop na kapangiran, watang pang-anbuso s
<ul> <li>Makakuha ng mga kailangang papeles sa "Me</li> </ul>	edical Records" at makatiyak sa "confidentiality" n
mga lto.	and mearing results nito
Magkaroon ng paliwanag sa kalalabasan ng g	amutan o ang maning resulta nato
<ul> <li>Karapatang lumabas ng ospital kahit walang</li> </ul>	palulatulot ang doctor; kailangan ang pirma sa isan
<ul> <li>Malaman ang mga serbisyong kailangang bay</li> </ul>	yaran, suriin ang mga ito at humingi ng paliwanag
<ul> <li>Malaman kung may mga legal na aksyong ga</li> </ul>	agawin ang ospital sa paggamor sa pasy sanging
<ul> <li>Umasa na mabibigyan siya ng tulong sa mga</li> </ul>	makatuwirang kahilingan sa ilang natatanging
pangangailangan.	
UNGKULIN NG PASYENTE, MAGULANG AT K	AANAK
Magbigay ng totoo at ganap na impormasyon	na may kinalaman sa kanyang
<ul> <li>Magpahalaga at magbigay respeto sa ibang p</li> </ul>	asyente, empleyado at gayon din sa ibang mga
kasama.	gbigay ng tamang impormasyon sa pag-aayos ng
the state of Language normon 02:	THE DAVAIAL SA USDIKUS.
Makipag-ugnayan sa "Medical Social Service"	" para sa tulong sa mga bayarin sa ospital.
Sundin ang mga rekomendasyon ng Dektor	tungkoi sa mga pangalaw, ID ng mga bantay, tamar
Sundin ang mga patakaran at alituntunin uki	of sa friga Oras rig Datarry 20 - 6
pagtatapon ng basura at maging ang paghihi	wa-tawatay ng mga xo.
Petsa Oras	Lagda (Pasyente o Kamag-anak)
	Fatigalah at kaugnayan sa Pasyente
	Language de ganguayan an anolarino
	Saksi (Pangalan at Lagda)
Health Care Workers Attending to Patient	
Health Care Workers Attending to Patient:	Admitting Clerk Admitting Staff (Name, Signature & Position Tit



### MEDICO-LEGAL REPORT

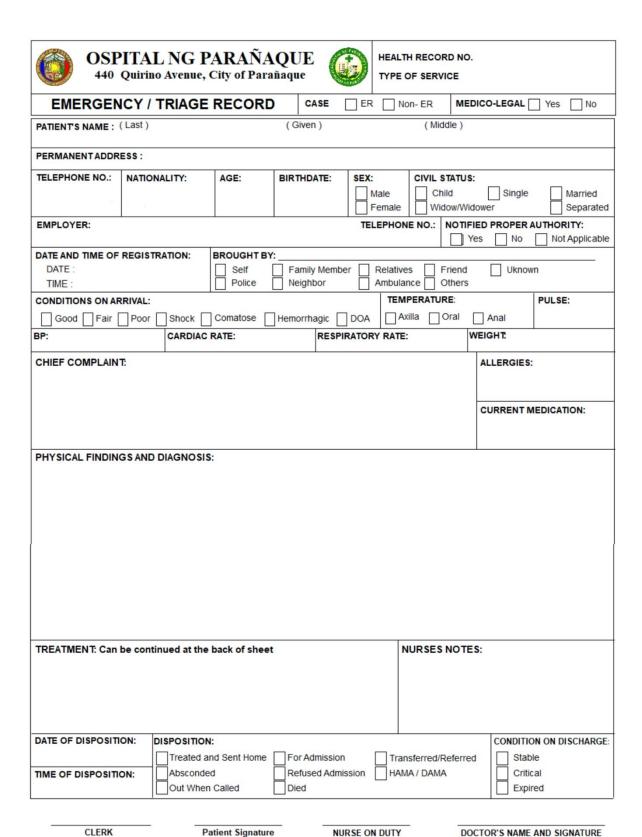
Nº 138761

This is to certify that	, years, male / female,
ingle / married / widow, of	
as treated / is confined at OSPITAL NG PARAÑAQUE.	
Date of examination	. ^
Time of examination	
Alleged nature of infliction	
Place of infliction	
Date of infliction	
Time of infliction	
INDINGS: (Use back space if necessary)	
,	
CONCLUSIONS:  1. The above described physical injuries are found in the body of the	subject, the age of which is compatible to the
<ol> <li>The above described physical injuries are found in the body of the alleged date of infliction.</li> </ol>	our look are ago of attrice to positionable to the
<ol> <li>The above described physical injuries are found in the body of the alleged date of infliction.</li> <li>Under normal conditions, without subsequent complication and / or</li> </ol>	deeper involvement present, but not clinically
<ol> <li>The above described physical injuries are found in the body of the alleged date of infliction.</li> <li>Under normal conditions, without subsequent complication and / or apparent at the time of the examination, the above described physical will incapacitate the victim for a period not less than days but not less than</li></ol>	deeper involvement present, but not clinically ical injuries will require medical attendance or
<ol> <li>The above described physical injuries are found in the body of the alleged date of infliction.</li> <li>Under normal conditions, without subsequent complication and / or apparent at the time of the examination, the above described physical physica</li></ol>	deeper involvement present, but not clinically ical injuries will require medical attendance or
<ol> <li>The above described physical injuries are found in the body of the alleged date of infliction.</li> <li>Under normal conditions, without subsequent complication and / or apparent at the time of the examination, the above described physical will incapacitate the victim for a period not less than days but not apparent.</li> </ol>	deeper involvement present, but not clinically ical injuries will require medical attendance or
<ol> <li>The above described physical injuries are found in the body of the alleged date of infliction.</li> <li>Under normal conditions, without subsequent complication and / or apparent at the time of the examination, the above described physical will incapacitate the victim for a period not less than days but not the conditions.</li> </ol>	deeper involvement present, but not clinically ical injuries will require medical attendance or
<ol> <li>The above described physical injuries are found in the body of the alleged date of infliction.</li> <li>Under normal conditions, without subsequent complication and / or apparent at the time of the examination, the above described physical will incapacitate the victim for a period not less than days but not apparent.</li> </ol>	deeper involvement present, but not clinically ical injuries will require medical attendance or



9		
Name:	Ref. No.:	_
	£3/	K
	}	
	1	

Name	Ref. No.
	and him
	Examiner





# OSPITAL NG PARAÑAQUE 440 Quirino Avenue, City Of ParaÑAque



DATE AND TIME OF VISIT:

HEALTH RECORD NUMBER. :

DATE :

		OPD RECORD		
PATIENT'S NAME :				
ADDRESS :	Last Name	First Name		Middle Name
ELEPHONE NO. :	BIRTHI	DATE : AGE :	STATUS :	SEX:
CCUPATION :		COMPANY		
FERRAL:			· .	
-		HISTORY		
HIEF COMPLAINT		meren		
DECENT II I NECC				
PRESENT ILLNESS				
WTAL GLOVE	F	PHYSICAL EXAMINATION		
VITAL SIGNS		WEIGHT	TEMPEDATURE	
HEIGHT:		WEIGHT:	TEMPERATURE RR:	
PULSE:		BF.	NN	
DIAGNOSIS				
PLAN				
LAN				
DATE AND TIME D	ISCHARGED IN OPD	DISPOSITION		
		Treated and Sent Home	Refused Admission	Out When Called
DATE :			CONSULTING DOCT	
CLERK		Patient's Signature	_	

### INSTRUCTIONS TO PATIENTS

-000-

Always bring this card when you come for consultation or treatment in the HOSPITAL and Out-Patient Department (DISPENSARY).

You will pay P\_50 if you lose or do not bring this card with you.

Kindly notify us in case of failure to keep the appointment and in case of change of address.

Laging dalhin itong tiket sa tuwing magpapatingin o magpapagamot sa HOSPITAL at sa DISPENSARIO.

Magbabayad kayo nang P<u>50</u> kung nawala o hindi dala ang tiket na ito.

Ipaalam lamang kung di makarating sa takdang araw at kung nagbago ng tirahan.

033733

### OSPITAL NG PARAÑAQUE

La Huerta, Parañaque Tel. 825-49-02 to 04

DATIENT'S	IDENTIFICATION	CADD
PALLENIS	IDENTIFICATION	CARD

Hospital	No.	Date
	Name	
Age	Sex_	
	Address	

### APPOINTMENTS

DATE	TIME	CLINIC	DOCTOR	DATE	TIME	CLINIC	DOCTO
							-

OB-SYNE WARD DISCHARGE GLEARANCE
Name of Patient:

OSPITAL NG PARAMAQUE

With Live baby : BOY / GIRL

Date: \_\_\_\_\_ Time:

NOD:

	STEP 1:	I-Double Check ang mga Detalye
02	STEP 2:	Pumirma sa chart (Bandang Ibaha)
ш	STEP 3:	Dalhin ang card sa cashier at bayaran
	STEP 4:	Dalhin ang chart sa Emergency room

	STEP 1:	I-Double Check ang mga Detalye Pumirma sa chart (Bandang Ibaba)
	STEP 2:	Pumirma sa chart (Bandang Ibaba)
	STEP 3:	Dalhin ang card sa cashier at bayaran  Dalhin ang chart sa OPD (4th floor)
J	STEP 4:	Dalhin ang chart sa OPD (4th floor)

### **CENSUS CHART**

ROOM	ICU - SECOND FL	
INTENSIVE CARE UNIT  4  5  6  TOTAL: SIGNATURE: NURSE ON DUTY:  NICU (CLEAN)  ROOM  BED NAME OF PATIENT  1  2  3  4  5  6  7  8  9  10  CRIB  12  3  4  4  5  6  7  8  9  10  NICU (SEPTIC)  (INCUBATOR)  1  2  (INCUBATOR)  1  2  (INCUBATOR)  1  2  3  4  5  6  7  8  9  10  NICU (SEPTIC)  (INCUBATOR)  3  4  5  (CRIB)  3  4  5  1  2  (CRIB)  3  4  5  1  2  (CRIB)  3  4  5  1  2  1  2  1  1  2  1  2  1  4  5  1  4  5  1  1  2  1  1  2  1  1  2  1  1  2  1  1	ROOM	BED NAME OF PATIENT
INTENSIVE CARE UNIT  4  5  6  TOTAL:  SIGNATURE:  NURSE ON DUTY:  NICU (CLEAN)  ROOM  BED NAME OF PATIENT  1  2  3  4  4  5  6  7  8  9  10  12  2  3  4  (CRIB)  5  6  7  8  9  10  NICU (SEPTIC)  NICU (SEPTIC)  (INCUBATOR)  1  2  (CRIB)  3  4  5  6  7  8  9  10  10  11  2  3  4  4  5  6  7  8  9  10  10  11  2  3  4  4  5  6  7  8  9  10  10  11  2  3  4  4  5  6  7  8  9  10  10  10  10  10  10  10  10  10		1
UNIT		
S   6   6     TOTAL :     SIGNATURE :     NURSE ON DUTY :     NICU (CLEAN)     ROOM	INTENSIVE CARE	3
S   6   6     TOTAL :     SIGNATURE :     NURSE ON DUTY :     NICU (CLEAN)     ROOM	UNIT	4
CRIB	11000000	
TOTAL: SIGNATURE: NURSE ON DUTY:  NICU (CLEAN)  ROOM  BED NAME OF PATIENT  1 2 3 4 4 5 6 7 8 9 10 10 2 3 4 4 5 6 6 7 8 9 10  NICU (SEPTIC)  NICU (SEPTIC)  (INCUBATOR)  1 2 (CRIB)  1 2 3 4 5 6 6 7 8 9 10 NICU (SEPTIC)		
SIGNATURE :   NURSE ON DUTY :	TOTAL .	
NICU (CLEAN)  ROOM    BED   NAME OF PATIENT		
NICU (CLEAN)  ROOM  BED NAME OF PATIENT  1 2 3 4 4 5 6 7 8 9 10 2 3 4 4 5 6 7 8 9 10 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
ROOM   BED   NAME OF PATIENT	NURSE ON DUIT	· .
ROOM   BED   NAME OF PATIENT	AUGU (GUEAN)	
(INCUBATOR)    1		
(INCUBATOR)  2 3 4 5 6 7 8 9 10 2 3 4 5 6 7 8 9 10 10 1 2 3 4 5 6 7 8 9 10 NICU (SEPTIC)  (INCUBATOR)  1 2 1 2 (CRIB)  1 2 (CRIB)  3 4 5 6 7 8 9 10 10 NICU (SEPTIC)	ROOM	BED NAME OF PATIENT
(INCUBATOR)  3 4 5 6 7 8 9 10 2 3 4 5 6 7 8 9 10 10 2 3 4 5 6 7 8 9 10 NICU (SEPTIC)  (INCUBATOR)  1 2 (CRIB)  3 4 5 6 7 8 9 10		1
(INCUBATOR)  4 5 6 7 8 9 10 Page 1 2 3 4 5 6 7 8 9 10 10    CRIB   5 6 7 8 9 10   NICU (SEPTIC)    (INCUBATOR)   1 2   (CRIB   3 4 5 1 2 (CRIB   3 4 5 1 2 (CRIB   3		2
(INCUBATOR) 5 6 7 8 9 10 P 2 1 2 2 3 4 4 5 5 6 6 7 8 8 9 10 NICU (SEPTIC) 1 2 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1		3
(CRIB)  6 7 8 9 10 Page 1 2 3 4 5 6 7 8 9 10 NICU (SEPTIC)  1 2 (INCUBATOR) 1 2 1 2 (CRIB) 3 (CRIB) 3 (CRIB)		4
(CRIB)  6 7 8 9 10 Page 1 2 3 4 5 6 7 8 9 10 NICU (SEPTIC)  1 2 (INCUBATOR) 1 2 1 2 (CRIB) 3 (CRIB) 3 (CRIB)	25 22	
T	(INCUBATOR)	
R   P   P   P   P   P   P   P   P   P		X 16 1
9 10 Page 1 2 3 4 4 5 6 7 8 9 10 NICU (SEPTIC)  (INCUBATOR) 1 2 2 1 1 2 1 1 2 1 1 1 1 2 1 1 1 1 1	-	
10		
(CRIB)  1 2 3 4 5 6 7 8 9 10  NICU (SEPTIC)  1 2 (INCUBATOR) 3 4 5 1 2 (CRIB) 3 (CRIB) 3		
(CRIB)  2 3 4 5 6 7 8 9 10  NICU (SEPTIC)  1 2 (INCUBATOR) 3 4 5 1 2 (CRIB) 3		
(CRIB)		
(CRIB)  4 5 6 7 8 9 10  NICU (SEPTIC)  1 2 (INCUBATOR) 3 4 5 1 2 (CRIB) 3		2
(CRIB) 5 6 7 8 9 10 NICU (SEPTIC) 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3
(CRIB) 6 7 8 9 10 NICU (SEPTIC) 1 2 (INCUBATOR) 3 4 5 5 1 2 (CRIB) 3 (CRIB) 3		4
Formula   Form	(cpin)	5
8 9 10 NICU (SEPTIC)    1   2	(CKID)	6
9 10 NICU (SEPTIC)    1   2		7
9 10 NICU (SEPTIC)    1   2		8
10  NICU (SEPTIC)  1	1	
1		
(INCUBATOR) 1 2 3 4 5 5 1 1 2 2 (CRIB) 3 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	NICH (SEPTIC)	
(INCUBATOR) 2 3 4 5 5 1 1 2 (CRIB) 3 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	THEO (SEI TIE)	4
(INCUBATOR) 3 4 5 5 1 1 2 (CRIB) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4 5 1 2 (CRIB) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(INICHE ATOR)	
5 1 2 (CRIB) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(INCUBATOR)	
1 2 (CRIB) 3		
(CRIB) 2 3		
(CRIB) 3		
	Machine Committee	2
	(CRIB)	3
[4 ]	381 11 80	4
5		
TOTAL:	TOTAL ·	
SIGNATURE :	SIGNATURE .	
NURSE ON DUTY:	112-24-313-4-7-1-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	

OSPITAL NG PA ADMITTING SEC ADMITTING CLE	TION	DATE: TIME:		
	- FOURTH FLOOR	THE .		
		DOOM NUME	doce	NAME OF PATIENT
HUUM NUMBER	BEC NAME OF PATIENT			NAME OF PATIENT
ROOM 401	A B	ROOM 406	B	4
PEDIA (PCAP)	C	(MALE	Č	
	Ä	SURGICAL	ñ	
ROOM 402	B	ROOM 407	Ä	
	C	(FEMALE	В	
	A	VARD)	С	
ROOM 403	В	ROOM 408	Α	
	Ç	(MALE	В	
ROOM 404	A	VARDI	C	
CTEMP. ROOM 405	B A	ROOM 409	A B	
	B	(ISOLATION	<u> </u>	
(FEMALE SURGICAL	č			
WARD	Ď			
TOTAL:	E 10	- to		
SIGNATURE:	15 15 15			
NURSE ON DUT	Υ			
OB WARD - THII	RD FLOOR		BAE	BY WARD
ROOM	BECMOTHER		BEL	BABY
noor	1		DEL	JUNUI
	2		8 0	\$
ROOM 301	3			
1000010100000	4			
	5		3	
ĝ.	1		3 9	3
ğ	2			
ROOM 302	3		(9) X	
(CS)	5			
	6		8	
	7		1	
Š.	i		3 8	
	3		3 8	
į.	3			
ROOM 303	4		3	
	5		1	
	6		3 8	
	8		-	
	1		3 2	
	2 3		3 8	
ROOM 304	3			
(TENT)	4		(d) (	
(ILMI)	5		_	
	6		3 2	
	1		3 3	
	2		9 9	
	3		3 8	
BOOM 305	4			
HUUM 303	5		(d) - 8	
	6			
	7			
	8		3 3	
	12			+
	3			
DOOM 200	4			
ROOM 306	5		ige X	
	6			
	7		3 - 1	
TOTAL	8			
TOTAL:	E n			
TOTAL:	~			
SIGNATURE:	45		3	
NURSE ON DUT	ŋ		1000	

EMERGENCY V	/ARD / TENT	COVID - 19 (OSPAR II ADMISSION)
W.	1	1
	2	2
(COVID)	3	3
	4	4
	5	5
TOTAL:	1	6
	1	7
	2	8
	3	9
	4	10
	5	11
(NON - COVID	6	12
	7	13
	8	14
	9	15
	10	
TOTAL :	10	16
IOIAL:	Ia I	17
	1 2	18
		19
	3	20
	4	21
	5	22
	6	23
	7	24
	8	25
	9	26
(PROBABLE/	10	27
SUSPECT)	11	28
	12	29
	13	30
	14	31
	15	32
	16	33
	17	34
	18	35
	19	36
	20	37
TOTAL :		38
edition.		39
ER TOTAL :	*	40
SIGNATURE :		TOTAL: 0
NURSE ON DU	TY:	SIGNATURE :
	57-57-52-	NURSE ON DUTY :
		TOTAL OF EATT 1

ADMISSIO	ONS			
1		40	0.5	
2				
3			33	
4			8	
5				
6				
7				
8		1.0	00	
9			8	
	0		-	
1			-	
	2	-	37	
	3	- 6	8	
	4		-	
	5	-	22	
-		- 1	98	
TOTAL: DISCHAR	GES			
1			30	
			02	
2			25	
3			52	
4			.8	
5			8	
6		-	25	
7			89	
8		7	-	4
9		200		*****
	0	uu	~	1
1		0	23	
1				
1			"	
	4			
	5	18	25	
	6			
	7		07	
	8		8	
1	9		25	
2	0			
TOTAL:			172	
i i				
OVERALL				
PEDIA W				
MEDICAL				
	D WITH BABY :			
NICU:				
ICU :	- A COLOR DE CONTRACTOR DE			
	NCY WARD/TENT:			
OSPAR II	1			
TOTAL A	DMITTED PATIENTS :			
and transfer in the contract of the second second second second	B. BERNAS	Note	d by :	
OIC-Admit	ting Section		Super	vising Administrative Officer

### ENDORSEMENT ADMISSION CENSUS

BARANGAY	2:01AM - 6:00AN	:01AM - 6:00PN	01PM - 12:00M	TOTAL
BACLARAN		Contract to decomp	S P	10.05 - 0.00.00
BF HOMES				
DON BOSCO			* **	
DON GALO			1/4	
LA HUERTA				
MARCELO GREEN VIL	LAGE			
MERVILLE		- 3	3	
MOONVALK				
SAN ANTONIO			s =====	
SAN DIONISIO			8	
SAN ISIDRO				
SAN MARTIN DE POR	RES		1	
STO. NIÑO				
SUN VALLEY		i i		
TAMBO		3	3 3	
VITALEZ				
TOTAL			5	
<b>OUTSIDE COMMUNITY</b>	AREA			
TOTAL				
MALE		3	9	
FEMALE				
TOTAL				
CLINICAL STATISTIC	2:01AM - 6:00AN	:01AM - 6:00PN	:01PM - 12:00M	TOTAL
OB/GYNE	da a		2 50	
PEDIA				
MEDICINE				
SURGERY			,	
NICU		i i	5 71	
ORTHO				
TOTAL				
ADMISSION				
DISCHARGE				
SIGNATURE				
	1			
CLERK ON DUTY				

i						A	DN	IIT	TII	١G	SE	CT	10	N						ACCO! DATE:	MPLISH	MENT	REPOR	T
BARANGAY		1	-	. 8	2	80	, s	3	. 0		4	8 6		5			6	81	ù.	7	0,		TOTAL	
TEXTREMEST NOVES	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	<b>57</b> _	OPD	ADM
1 BACLARAN		8	9 - 9	-		35		. v	70	i	8 3	3 3		8				(4)			79	8	E - 3	
2 BF HOMES		0.0				0.				-0.				0.0			_	8/.				0		
3 DON BOSCO									1								_	100						
4 DON GALO																								
5 LA HUERTA						22												2			- 8			
6 MARCELO GREEN VILLAG	E								- 6	_									_		- 6			
7 MERVILLE		4				.0			0.0	4		2 3						(0)			- 0,	v		
8 MOONWALK		7				Se .			93	50.	9 -							ec.			- 03	9	9	
1 SAN ANTONIO		-							150	0	4 9							4			- 13	0.		
2 SAN DIONISIO																								
3 SAN ISIDRO		2				3			100									4			- 35	3	9	
4 SAN MARTIN DE PORRES						00			97	27											- 27	93		
5 STO. NIÑO																					100			
6 SUN VALLEY						100			100									900 900			- 88			
7 TAMBO									- 10												- 20			
8 VITALEZ																						20		
SUB-TOTAL									. 8									12			- 8			
OUTSIDE COMMUNITY																								
TOTAL		7				0			- 33	8	0	- 2		0		-		W.			- 3	8		
TOTAL NO. OF ER/OPD										t.		33							et.		- 3	0.		
LOST CARD							7		- 0	10		7							7		- 7	10		_
TOTAL NO. ML/MC									- 8	il.		-									- 8	13		_
MALE										7											_			
FEMALE		-				.0			0.0	4				-				16			- 0	-		
TOTAL		0				SC -	2		23	60	12										- 23	2		
	ER	-	OPD	ER		PD	ER	10	OPD	ER	-	PD	ER	-	OPD	ER	-	OPD	ER		PD	ER	-	PD
Ö OB/GYNE			0.0		+			-	,, ,	2.10							-	,,,,		-				
PEDIA			-								-													
MEDICINE					_			1		(X)	+			-						_		(0)		
SURGERY		-	-		- 0					8:		10		-8			-					86		
ORTHO			-		- 3			-		0	-			-	9		-			-		0		
NEW ML		- 6			-		5	- 1		(i)	+	- 8		-			- 8			- 1		10		
NEW MC		-	-	,	+		R	+		ik.	-	-		+	-		-		×	+		88	-	
Z TOTAL	<del>                                     </del>	-		-	+			-		19	- 10	-	_	-			-		5	+		19	-	
OB/GYNE PEDIA MEDICINE SURGERY ORTHO NEW ML NEW MC TOTAL OLD PATIENT	-	- 10	-		+		2	-		.0	-	- 9	_	-	-					- 1		.0		_
OLD TAILED	_								39	61		- 3		- 1		_			2		7/	62		
DEDIA	<del>                                     </del>								- 9	35		- 4									70	100		
PEDIA OMEDICINE	-								- 30	8											- 33	0		_
MEDICINE	_			-			3		- 55	00		-							8		- 00	60		_
S SURGICAL NICU	<u> </u>			-					- 61	70			-			-					- 33	-		_
S S NICU									- 31	12											- 31	20		
ORTHO									- 3												- 19			
101/10	<u> </u>									5											- 22	55		
LINICAL STATISTIC DISCHARGE							05			03									00			93		

3	TION: BARANGAY BACLARAN		Name of the least																						
3		à -			17	4000	- 5	701		•••	••	-	· ·	101	Same.	74 157			13-		DAT	E:	21 19	100 m 100	
3	DACLADANI	ER	1-7 OPD	ADM	ER	8-14 OPD	ADM	ER	15-21 OPD	ADM	ER	22-28 OPD	ADM	ER	29-31 OPD		ER	OPD	ADM	ER	nen	ADM	ER	OPD	ADM
3	DALLABAN						1,0		0.0			0.0			0.0	110111	- 100		110		-				1.0
3	BF HOMES	1 1		100	10								8			1 8			- 97	0	1			16	
	DONBOSCO						ì																		
4 4 1	DONGALO			(i)						4			1 1						7.4					- 7	
	LAHUERTA	8		8			4	- 7		3 8		8	3 3			1 1			- 65		- 8			- 8	
	MARCELO GREEN VILLA	GE								T i						, va									
	MERVILLE			19								8	1 8			9			1					78	
	MOONWALK									Ť															
	SAN ANTONIO			9			1			7			1			- 3			- 20						
	SANDIONISIO			98			-			1 1		100	- 9			3			- 9		1 3			- 8	
	SANISIDRO																								
	SAN MARTIN DE PORRES	8		27			-	- 1		5 4		-	9 %			. //			72		-			- 7	
	STO, NIÑO			88			4	- 0		9		9	4 3			4 8			- 93	0	- 8			- 3	
	SUN VALLEY									1						-									
	TAMBO			00			8 1			1 5		8	3 8			9			9.					- 72	
	VITALEZ			(1)	-		-			- 4			1			0.0			1/2					-	
0	SUB-TOTAL			9 1						4 4		-				· 10			- 17		, ,		-		_
3 3	OUTSIDE	2 1		0	5 8		8 4	59				60 1	0 0	$\vdash$	100 0	2 83			- 59	0 1	0 13		3 0	55	$\vdash$
3 3	TOTAL			(0)	2 3		-	23		-		60 - 1	2 - 3	$\vdash$	00	- 8			- 23	80-1	0 8	-	3 0	- 33	
- 1	TOTAL NO. OF ER/OPD			47	- 2			- 1	_	-		9	21 0	$\vdash$	100	9 9	_	-	- 3	2	9 8	$\vdash$		- 1	
	LOST CARD							6		- 1			- 3	$\vdash$		- 63			10	8).			4		
	TOTAL NO. ML/MC	5		-			-			-				$\vdash$		- 8			-0	.0			š		
	MALE MALE	0. 3		00			A 1	1		8 8			2 5						100	(0)			3		
	FEMALE	2		12	2 0		4	-2		- 0		-	2 2			2 2		- 2	1/2				-	_ 8	
	TOTAL			9 1		_				9 8					-	, W			- 55		-			_	
	CLINICAL STATISTIC	ED		OPD	ED		OPD	ED		OPD	ED	_	OPD	ED		OPD	ED		OPD	ED		OPD	ED		OPD
	OB/GYNE	Ln	-	DED	LD	-	JED	Ln	+	DED	Ln	+	טרט	Ln	+	UFD	Ln	9 8	DED	Ln	273	DFD	Ln	200	JED
	PEDIA				-	- 0	- 3		-	- 8		-				- 39				%	(5)			- 86	
l≌ F	MEDICINE		-	_		+			+	- 22		+			-	- 22		-		.0	- 0		-	-0	
무유리	SURGERY		- 5			1	- 1		+	36		-	- 0		-	- 60		72		10	- 33		Š.	100	
AL STA	ORTHO		+	-	5.	+	- 3		+			+			+	- 72		_		20.	- 10			- 200	
절따	NEW ML	-	+		-	-			+	- 4		-	-	-	+	- 25		-		10	-		r .	- 89	
j ⊦	NEW MC				0		-	2	+			+	- 19			59		- 23		00	- 2	_	8	- 65	
13 F	TOTAL		- 123	-	0	-	- 0		+	_		+	- 8		-	- 23		- 22		30	- 85	_	23	- 80	
	OLD PATIENT	8	- 13	3		-	- 8	į.	1	3		-	1			66		1		60	- 27		9	90	
	OB/GYNE		-			- 13		ę.	-			-	- 3		- 1	- 4		-1-	33	8	10		Ť	27.	
	PEDIA			-			-			-			- 7	$\vdash$		- 8			- 83	.0		_	ő.		
일일	MEDICINE	2		-			-			-			-	$\vdash$		- 6			- 02	100		-	9		
들절	SURGICAL	2			8		-	8		- 1				-		- 2			70	10			3		
0.2	NICU	-		$\rightarrow$			-	-		- 4			÷	$\vdash$		- 9			- 22	33		_	8		
	ORTHO	-		_			_			-				$\vdash$		- 51			- 199				3		
F	TOTAL			-			-			- 3			- 2	$\vdash$		- 8			- 3	Si .		-	3		_

March and the Control of the Control	CENSUS ( 2:01AM - 6:00AF	6:01AM -		01PM - 12:00M	TO	TAI
BARANGAY	ER	ER	OPD	ER	ER	OPD
BACLARAN			9			d 3
BF HOMES	8 18		-	8 0		8 3
DON BOSCO	***			1		
DON GALO						(0)
LA HUERTA						
MARCELO GREEN VILLA	GE					**
MERVILLE						8 8
MOONVALK				1 1		
SAN ANTONIO	* *		-	4 4		80 0
SAN DIONISIO	8 9					8 - N
SAN ISIDRO				1 1		-
SAN MARTIN DE PORRE	S			N 10		9 9
STO. NIÑO				1		
SUN VALLEY				1		**
TAMBO						8 9
VITALEZ						
TOTAL	1		100	4		20 X
OUTSIDE COMMUNITY A	RFA		167	3 3		8 - 8
TOTAL	1					50 0
TOTAL (ER & OPD)	8 8		719	1 1		87 9
-	2:01AM - 6:00AF	6:01AM -	6-00PM	01PM - 12:00M	ER	OPD
MALE	2.01AM - 0.00AF	0.011111	1	- 12.00m		0. 0
FEMALE	9					10 2
TOTAL				1 "		
IUIAL			22			r A I
	2.011M 6.001	6-01AM	6-00PM	LOIDER 12-00ER	TO	
	2:01AM - 6:00AF	6:01AM -	-	:01PM - 12:00M FR	TO	
CLINICAL STATISTIC	2:01AM - 6:00AF ER	6:01AM - ER	6:00PM OPD	:01PM - 12:00M ER	ER	
CLINICAL STATISTIC OB/GYNE			-			
CLINICAL STATISTIC  OB/GYNE  PEDIA			-			
CLINICAL STATISTIC  OB/GYNE  PEDIA  MEDICINE			-			
CLINICAL STATISTIC  OB/GYNE  PEDIA			-			
CLINICAL STATISTIC  OB/GYNE  PEDIA  MEDICINE  SURGERY			-			
CLINICAL STATISTIC  OB/GYNE  PEDIA  MEDICINE  SURGERY  ORTHO			-			
CLINICAL STATISTIC  OB/GYNE PEDIA MEDICINE SURGERY ORTHO EENT ML MC			-			
CLINICAL STATISTIC  OB/GYNE PEDIA MEDICINE SURGERY ORTHO EENT ML			-			
CLINICAL STATISTIC  OB/GYNE PEDIA MEDICINE SURGERY ORTHO EENT ML MC TOTAL			-			
CLINICAL STATISTIC  OB/GYNE PEDIA MEDICINE SURGERY ORTHO EENT ML MC			-			
CLINICAL STATISTIC  OB/GYNE PEDIA MEDICINE SURGERY ORTHO EENT ML MC TOTAL  OLD PATIENT LOST CARD			-			
CLINICAL STATISTIC  OB/GYNE PEDIA MEDICINE SURGERY ORTHO EENT ML MC TOTAL  OLD PATIENT LOST CARD  ADMISSION			-			
CLINICAL STATISTIC  OB/GYNE PEDIA MEDICINE SURGERY ORTHO EENT ML MC TOTAL  OLD PATIENT LOST CARD			-			OPD

	12:01AM-6:00AM	6:01AM-	6:00PM	6:01PM-12:00AM	ТО	TAL
BARANGAY	ER	ER	OPD	ER	ER	OPD
BACLARAN					- 7	
B.F HOMES						
DON BOSCO						
DON GALO	60 0				9	
LA HUERTA						
MARCELO GREEN						
MERVILLE	(b) (c) (c) (d)					
MOONWALK						
SAN ANTONIO	SS 55					
SAN DIONISIO	50					
SAN ISIDRO						
SMDP	(3) 1 2 (c) 1				9	
STO. NIÑO						
SUN VALLEY			1			
TAMBO		200			- 33	
VITALEZ		ay	)			
TOTAL:	58		9) V			
OTHER CITIES	ev					
TOTAL:						
ML	92 18	1				
MC						
MALE						
FEMALE						
TOTAL:					. 3	
NEW PATIENT						
OLD PATIENT						
TOTAL:	2) 2			Ž.		
ADMISSIONS				Î		
DISCHARGED				3		
CLERK ON DUTY:						
DA	TE:					

## $\underline{CERTIFICATION}$

DATE:	
This is to certify that  Male/Female, Single/Married of	yrs. old,
Is currently admitted / confined in this Hospital since: to	
This certification is issued upon request for PHILHEALTH purpose	oses.
<b>DIANNE B. BERNAS</b> OIC- ADMITTING OFFICE	
Admitting Diagnosis:	