

IMPORTANT REMINDERS: Please write in CAPITAL LETTERS and CHECK the appropriate boxes.

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

1. PhilHealth Accreditation Number (PAN) of HCI:

asdascas

2. Name of Health Care Institution:

asdascas

3. Address:

Building and Street Name

City/Municipality

Province

asdasd

asd

asd

PART II - PATIENT CONFINEMENT INFORMATION

1. Name of Patient:

Last Name

First Name

Name Extension

Middle Name

Xhoshiki

Zynnn louie

asdasd2

saga

2. Was patient referred by another HCI?

☒ Yes ☐ No

3. Confinement Period (From)

2026-01-23

Confinement Period (To)

2026-01-15

4. Patient Disposition

Recovered

5. Type of Accommodation

Private