



DENTAL DEPARTMENT

SERVICE NAME: DENTAL CHECK-UP/CONSULTATION

Office or Division:	Dental Department				
Classification:	Simple				
Type of	G2C, G2G				
Transaction:					
Who May Avail:	Patients at the 0	Out-Patien	t Department		
CHECKLIST OF REC	QUIREMENTS		WHERE TO RE	QUEST	
Health declaration form	າ	Triage			
Medical Record			Record Section		
Mouth Examination (M	E) Chart		epartment		
Charge Slip			epartment		
Patient's Consent Forn	1		epartment		
Appointment Slip		Cashier	epartment		
Official Receipt		FEES			
CLIENT STEPS	AGENCY ACTION	TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Wait for your name to be called.	Receives the patient's medical record, writes his/her name on the log book, calls the patient and hands the record to the Dentist on duty.	None	5 min.	Dental Aide	
2. Wear the disposable headcap, shoe cover and patient's gown given by the Dental Aide.	Helps the patient wear the headcap, shoe cover and patient's gown.	None	5 min.	Dental Aide	
3. Fill up the patient's ME chart and signs the patient's consent form	Receives the patient	None	5 min.	Dentist	
4. Tell the Dentist on duty your dental problem, answer the questions asked by the Dentist.	Takes a Medical and Dental history of the patient, ask for the	None	20 min.	Dentist	

throws it on the yellow garbage can.patient's gown and put it in a container.Removes the patient's gown and hands it over to the Dental Aide.container.7. Go to the cashier to pay the fees.Receives payment and gives the receipt to the patient	5 min.	Dental Aide Cashier
yellow garbage can. Removes the patient's gown and hands it over to the	5 min.	Dental Aide
diposable head cappatient,and shoe cover,receives the		
Dental Aide for your appointment.	5 min.	Dentist





SERVICE NAME: ORAL PROPHYLAXIS

Office or Division:		Dental				
Classification:		Simple				
Type of Transaction:		G2C, G2G				
Who May Avail:		Patients at	the Out-Pat	ient Department		
CHECKLIST OF RE	QUIRE	MENTS		WHERE TO RE	QUEST	
Health declaration form			Triage			
Medical Record			Medical Re	ecord Section		
Mouth Examination (ME) Chart	t	Dental Dep	partment		
Charge Slip			Dental Dep	partment		
Patient's Consent Form			Dental Dep	partment		
Appointment Slip			Dental Dep	partment		
Official Receipt			Cashier			
CLIENT STEPS		GENCY CTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Arrive on time for your appointment.	logboo the pa tempe asks ti to rub alcoho the pa dispos cap, s	ntment ok. Check tient's rature, he patient hands with ol, gives tient sable head hoe cover atient's	None	5 minutes	Dental Aide	
2. Show to the Dental Aide the receipt of the fees paid.	Checks the receipt, writes the patient's name and details on the log book.		None	5 minutes	Dental Aide	
3. Wear the headcap, shoe cover and patient's gown	Helps the patient wear the head cap, shoe cover and patient's gown.		None	5 minutes	Dental Aide	
4. Follow the Dental Aide to the Dental Operatory	to the and ha the Pa	the patient Operatory and over atient's file Dentist	None	5 minutes	Dental Aide	

5. Cooperate while the Dentist is performing Oral Prophylaxis.	Perform Oral Prophylaxis on the patient.	None	45 minutes	Dentist
6. Listen to the Dentist for post-operative instructions.	Advises the patient on the condition of his/her teeth and gums. Gives post-operative instructions and writes a prescription for medicines to be taken if needed.	None	5 minutes	Dentist
7. Remove the disposable head cap and shoe cover, throws it on the yellow garbage can. Removes the patient's gown and hands it over to the Dental Aide.	Helps the patient, receives the patient's gown and put it in a container.	None	5 minutes	Dental Aide
8. Coordinate with the Dental Aide for your next appointment. (if needed)	Checks the appointment logbook for available slots acceptable to the patient. Issues a charge slip for procedures to be done and other miscellaneous fees for the next appointment.	None	5 minutes	Dental Aide
9. Go to the cashier to pay the fees.	Receives payment and gives the receipt to the patient	None		Cashier
	TOTAL:	None	1hr. 20 min.	





SERVICE NAME: TOOTH EXTRACTION

Office or Divisio Classification: Type of Transac Who May Avail: CHECKLIST OF Health declaration Medical Record Mouth Examinatio Charge Slip Patient's Consent	tion: REQUIREN n form on (ME) Cha	Triage Medical Record Section rt Dental Department Dental Department		EST	
Appointment Slip			Dental Departme Dental Departme		
Official Receipt CLIENT STEPS	AGENCY		Cashier FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive on time for your appointment.	Checks the appointment logbook. Check the patient's temperature, asks the patient to rub hands with alcohol, gives the patient disposable head cap, shoe cover and patient's gown.		None	5 minutes	Dental Aide
2. Show to the Dental Aide the receipt of the fees paid.	Checks the receipt, writes the patient's name and details on the log book.		None	5 minutes	Dental Aide
3. Wear the headcap, shoe cover and patient's gown	Helps the patient wear the head cap, shoe cover and patient's gown.		None	5 minutes	Dental Aide
4. Follow the Dental Aide to	Lead the pa the Operato hand over t	ory and	None	5 minutes	Dental Aide

the Dental Operatory	Patient's file to the Dentist			
5. Cooperate while the Dentist is performing Tooth Extraction.	Perform Tooth Extraction on the patient.	None	45 minutes*	Dentist
6. Listen to the Dentist for post operative instructions.	Advises the patient on the condition of his/her teeth and gums. Gives post- operative instructions and writes a prescription for medicines to be taken if needed.	None	5 minutes	Dentist
7. Remove the disposable head cap and shoe cover, throws it on the yellow garbage can. Removes the patient's gown and hands it over to the Dental Aide.	Helps the patient, receives the patient's gown and put it in a container.	None	5 minutes	Dental Aide
8. Coordinate with the Dental Aide for your next appointment. (if needed)	Checks the appointment logbook for available slots acceptable to the patient. Issues a charge slip for procedures to be done and other miscellaneous fees for the next appointment.	None	5 minutes	Dental Aide
9. Go to the cashier to pay the fees.	Receives payment and gives the receipt to the patient	None		Cashier





SERVICE NAME: TOOTH RESTORATION

Office or Divisio	n:	Dental					
Classification:			mple				
	Type of Transaction:		62C, G2G				
Who May Avail:		Patients at	the Out-Pa	tient Department			
CHECKLIST OF		REMENTS		WHERE TO RE	QUEST		
Health declaration	n form		Triage				
Medical Record		-		ecord Section			
Mouth Examination	on (ME)	Chart	Dental De				
Charge Slip			Dental De				
Patient's Consent	t Form		Dental De				
Appointment Slip Official Receipt			Dental De Cashier	parimeni			
CLIENT STEPS	۸۵	SENCY	FEES	PROCESSING	DEDGON		
CLIENT STEPS		CTION	TO BE PAID	TIME	PERSON RESPONSIBLE		
1. Arrive on time for your appointment.	Checks the appointment logbook. Check the patient's temperature, asks the patient to rub hands with alcohol, gives the patient disposable head cap, shoe cover and patient's gown.		None	5 minutes	Dental Aide		
2. Show to the Dental Aide the receipt of the fees paid.	Checks the receipt, writes the patient's name and details on the log book.		None	5 minutes	Dental Aide		
3. Wear the headcap, shoe cover and patient's gown	Helps the patient wear the headcap, shoe cover and patient's gown.		None	5 minutes	Dental Aide		
4. Follow the Dental Aide to	Lead the patient to the Operatory and hand over		None	5 minutes	Dental Aide		

the Dental Operatory	the Patient's file to the Dentist			
5. Cooperate while the Dentist is performing Tooth Restoration.	Perform Tooth Restoration on the patient.	None	40 minutes	Dentist
6. Listen to the Dentist for post- operative instructions.	Advises the patient on the condition of his/her teeth and gums. Gives post-operative instructions and writes a prescription for medicines to be taken if needed.	None	5 minutes	Dentist
7. Remove the disposable head cap and shoe cover, throws it on the yellow garbage can. Removes the patient's gown and hands it over to the Dental Aide.	Helps the patient, receives the patient's gown and put it in a container.	None	5 minutes	Dental Aide
8. Coordinate with the Dental Aide for your next appointment. (if needed)	Checks the appointment logbook for available slots acceptable to the patient. Issues a charge slip for procedures to be done and other miscellaneous fees for the next appointment.	None	5 minutes	Dental Aide
9. Go to the cashier to pay the fees.	Receives payment and gives the receipt to the patient	None		Cashier

	TOTAL:	None	1hr. 15 min.	
PILIPINAS	PANGKALAHATANG I (Quezo Seminary Te	on City General / Road, EDSA, el. No. (02) 863	zon NG LUNGSOD QUE Hospital) Quezon City	ZON BRSS

DENTAL DEPARTMENT

FEEDBACK AND COMPLAINTS MECHANISM

How to send a feedback	Answer the client feedback form and drop it at the designated suggestion box in front of the Dental Department. Feedbacks can also be filed via electronic mail: <u>qcghmisystem@gmail.com</u>
How feedbacks are processed	Every Friday, the Public Relations Officer opens the suggestion box, complies and records all feedbacks. All feedbacks and answers of the concerned offices are forwarded to the Hospital Director and is then relayed to the citizen.
How to file a complaint	The complainant shall proceed to the Public Assistance Desk. The Public Assistance Desk Officer (PADO) shall interview the complainant and request for a written complaint. Complaints can also be filed via electronic mail. Make sure to provide the following information: - Name of Complainant - Contact no. of Complainant - Name of person's being complained - Incident - Evidence
How complaints are processed	The PADO shall receive the written complaint and will forward the complaint to the Hospital Director. The Hospital Director calls the attention of the concerned Division Head The Division Head will initiate investigation and will submit a report to the Hospital Director. The PADO will give the feedback to the client. For inquiries and follow-up, you may contact: 8-863-08-00 local 122
	QCGH: <u>www.qcgh.org</u>

<u>qcghmisystem@gmail.com</u> 8-863-08-00 PCC: 8888 CCB: 0908-881-6565(SMS)