

ULTRASOUND PROCEDURES

| Office or Division: | Radiology Unit: Diagnostic Section: ULTRASOUND | | | | | | | | |
|---|--|-----------------------------------|------------------|---------------------------------------|--|--|--|--|--|
| Classification: | Simple | | | | | | | | |
| Type of Transaction: | G2C – Government to Citizen | | | | | | | | |
| Who may avail: | | t-Patient and Admitted | | | | | | | |
| CHECKLIST OF REQU | | WHERE TO SECURE | | | | | | | |
| For Out-patient: |) | Out-Patient Departme | | | | | | | |
| Hospital Card (1 original copy) Radiology Request Form (1 original copy) | | | | | | | | | |
| Radiology Request Form (Foriginal copy) | | | | | | | | | |
| For In-patient/ ER-patient: | | Emergency Room | | | | | | | |
| Patient's Chart (1 original co | ppy) | 5, | | | | | | | |
| Radiology Request Form (1 | | | | | | | | | |
| CLIENT STEPS | AGENCY | FEES TO | PROCESSIN PERSON | | | | | | |
| | ACTIONS | BE PAID | G TIME | RESPONSIBLE | | | | | |
| 1. Proceed to Radiology | 1. Receives | None | 10 Minutes | Radiologic | | | | | |
| Receiving Area and | request form | | | <i>Technologist</i> Radiology Unit | | | | | |
| present Request Form | 1.1.000 | | | Radiology Offic | | | | | |
| Out notiont, Dotiont | 1.1 Gives verbal and | | | | | | | | |
| Out-patient: Patient | written | | | | | | | | |
| | instructions | | | | | | | | |
| ER-Patient | for | | | Nurse on | | | | | |
| In-patient | preparation | | | Duty/Nurisng Aide | | | | | |
| | prior to the | | | Nursing Service | | | | | |
| | , procedure | | | Division | | | | | |
| | | | | | | | | | |
| | 1.2 Inform the | | | | | | | | |
| | Patient/NOD | | | | | | | | |
| | of the | | | | | | | | |
| | schedule | None | 60 Minutes | Radiologic | | | | | |
| | 2. Performs the procedure | None | 60 Minutes | Technologist | | | | | |
| | the procedure | | | Radiology Unit | | | | | |
| | | | | 0. | | | | | |
| 3. Wait for the issuance of | 3. Issue | None | 3 Minutes | Radiologic | | | | | |
| Charge Slip | charge slip | | | Technologist | | | | | |
| | | | | Aide/ Radiologic Technologist | | | | | |
| | | | | Radiology Unit | | | | | |
| | | | | r taulorogy or m | | | | | |
| 4. Pay or settle bill at the | 4. Receives | | 5 Minutes | Collecting officer | | | | | |
| Cashier | payment and | 1 ORGAN (INCLUDING | | on duty | | | | | |
| | issue Official | (INCLODING RLQ) ₱800.00 | | Cashier Unit | | | | | |
| | Receipt | 2D ECHO ₱2,500.00 | | | | | | | |
| | | HBT ₱1,000.00 | | | | | | | |
| | | UPPER ABDOMEN ₱1,200.00 | | | | | | | |
| | | LOWER | | | | | | | |
| | | ABDOMEN (KUBP or KUB | | | | | | | |
| | | + PELVIC) ₱1,200.00 WHOLE | | | | | | | |
| | | ABDOMEN ₱2,400.00 | | | | | | | |
| | | TRANSRECT AL | | | | | | | |
| | | (PROSTATE or PELVIC) ₱1,500.00 | | | | | | | |
| | | KUB ₱1,000.00 | | | | | | | |
| | | P1,000.00 | | l | | | | | |



| | | BREAST (BILATERAL) | ₱1,500.00 | | QUEZON CI |
|--------------------------|-------------------------------|-----------------------|-----------|---------------|---------------------------------------|
| | | THYROID | ₱1,200.00 | | |
| | | NECK | ₱1,500.00 | | |
| | | CRANIAL | ₱950.00 | | |
| | | SCROTAL WITH | | | |
| | | DOPPLER INGUINOSCR | ₱1,350.00 | | |
| | | OTAL | | | |
| | | DOPPLER | ₱1,500.00 | | |
| | | FAST | ₱1,500.00 | | |
| | | CHEST | ₱800.00 | | |
| | | CHEST MAPPING | | | |
| | | UNILATERAL CHEST | ₱1,200.00 | | |
| | | (BILATERAL) | ₱1,700.00 | | |
| 5.Goes back to Radiology | 5. Encode the | None | | 2 Minutes | Radiologic |
| Receiving Area and | Official | | | | Technologist |
| present Official Receipt | Receipt | | | | Aide/ Radiologic |
| | | | | | <i>Technologist</i> Radiology Unit |
| | 5.1 Informs | | | | rtadiology Offic |
| | the patient as to the date of | | | | |
| | release of | | | | |
| | Official Result | | | | |
| 6. Proceeds to Radiology | 6. Release of | None | | In-Patient & | Radiologic |
| receiving area | Official | | | ER: within 24 | Technologist |
| | Result; | | | Hours | Aide/ Radiologic Technologist |
| | Provide a | | | OPD: 3 | Radiology Unit |
| | digital copy (if requested) | | | working days | |
| | | 1 | | | |
| | | | | | |