

X-RAY PROCEDURES

Assess the patients' medical history, obtain consent, treatment plan and treat using various procedures.

Office or Division:	Radiology Unit: Diagnostic Section: X-RAY																					
Classification:	Simple																					
Type of Transaction:	G2C – Government to Citizen																					
Who may avail:	ER-Patient, Out-Patient and admitted Patient																					
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE																				
For Out-patient: Hospital Card (1 original copy) Radiology Request Form (1 original copy)		Out-Patient Department																				
For In-patient/ER-patient: Patient's Chart (1 original copy) Radiology Request Form (1 original copy)		Emergency Room																				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE																		
1. Proceed to Radiology Receiving Area and present Request Form <ul style="list-style-type: none"> • Out-patient: Patient • ER-Patient • In-patient 	1. Receive request form	None	2 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist</i> Radiology Unit <i>Nurse on Duty/Nursing Aide</i> Nursing Service Division																		
2. Proceed to X-Ray Room	2. Performs the procedure	None	15 Minutes *Depends on the number of requested procedures.	<i>Radiologic Technologist</i> Radiology Unit																		
3. Wait for the issuance of charge slip.	3. Issue Charge Slip	None	3 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist</i> Radiology Unit																		
4. Pay or settle bill at the Cashier	4. Receives payment and issue Official Receipt	<table border="1"> <tr> <td>CHEST PA</td> <td>₱300.00</td> </tr> <tr> <td>CHEST PA/L</td> <td>₱400.00</td> </tr> <tr> <td>CHEST ALV/ CONED DOWN</td> <td>₱250.00</td> </tr> <tr> <td>CHEST LATERAL</td> <td>₱250.00</td> </tr> <tr> <td>CHEST AP/ LATERAL (PEDIA)</td> <td>₱250.00</td> </tr> <tr> <td>CHEST LATERAL DECUBITUS</td> <td>₱250.00</td> </tr> <tr> <td>CHEST (PORTABLE)</td> <td>₱315.00</td> </tr> <tr> <td>RIBS/THORACIC CAGE</td> <td>₱400.00</td> </tr> <tr> <td>SKULL (PA/L)</td> <td>₱400.00</td> </tr> </table>	CHEST PA	₱300.00	CHEST PA/L	₱400.00	CHEST ALV/ CONED DOWN	₱250.00	CHEST LATERAL	₱250.00	CHEST AP/ LATERAL (PEDIA)	₱250.00	CHEST LATERAL DECUBITUS	₱250.00	CHEST (PORTABLE)	₱315.00	RIBS/THORACIC CAGE	₱400.00	SKULL (PA/L)	₱400.00	5 Minutes	<i>Collecting Officer on Duty</i> Cashier Unit
CHEST PA	₱300.00																					
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		MANDIBLE	₱700.00		
		MASTOID	₱500.00		
		TMJ	₱600.00		
		WATER'S VIEW	₱300.00		
		PARANASAL SINUSES	₱450.00		
		SUBMENT OVERTEX/TOWNES VIEW	₱250.00		
		ORBITS	₱450.00		
		NASAL BONES /SOFT TISSUE LATERAL	₱500.00		
		CERVICAL SPINE (AP/L)	₱450.00		
		CERVICAL SPINE (AP/L) + O	₱550.00		
		COCCYX	₱234.00		
		THORACIC SPINE	₱450.00		
		THORACIC SPINE OBLIQUE	₱468.00		
		LUMBOSACRAL SPINE	₱450.00		
		LUMBOSACRAL SPINE + OBLIQUE VIEW	₱550.00		
		SCOLIOTIC STUDY	₱900.00		
		ABDOMEN SUPINE AND UPRIGHT	₱500.00		
		ABDOMEN (PORTABLE)	₱375.00		
		PELVIS (AP)	₱300.00		
		PELVIS + FROG LEG	₱600.00		
		SHOULDER UNILATERAL	₱300.00		
		SHOULDER AP/O	₱450.00		
		ELBOW (UNILATERAL)	₱350.00		
		ANKLE (UNILATERAL)	₱350.00		
		FOOT (UNILATERAL)	₱350.00		
		HUMEROUS (UNILATERAL)	₱350.00		
		FEMUR (UNILATERAL)	₱350.00		
		LOWER LEG (UNILATERAL)	₱350.00		
		HAND (UNILATERAL)	₱350.00		
		WRIST (UNILATERAL)	₱350.00		
		EXTREMITY (UNILATERAL)	₱750.00		
		SKULL SERIES (ADULT)	₱468.00		
		SCAPULAR Y	₱234.00		
		FOREARM (UNILATERAL)	₱115.00		
		HIP JOINT (UNILATERAL) ADULT	₱234.00		
		KNEE (UNILATERAL)	₱117.00		
		(PEDIA)			
		BABYGRAM ABDOMEN (PEDIA)	₱150.00		
			₱350.00		

		<table border="1"> <tr> <td>SKULL SERIES (PEDIA)</td> <td>₱500.00</td> </tr> <tr> <td>ZYGOMA/CHEEK BONE</td> <td>₱150.00</td> </tr> <tr> <td>HIP JOINT (UNILATERAL) PEDIA</td> <td>₱234.00</td> </tr> </table>	SKULL SERIES (PEDIA)	₱500.00	ZYGOMA/CHEEK BONE	₱150.00	HIP JOINT (UNILATERAL) PEDIA	₱234.00		
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HIP JOINT (UNILATERAL) PEDIA	₱234.00									
5. Goes back to Radiology Receiving Area and present Official Receipt	<p>5. Encode the official receipt</p> <p>5.1 Informs the patient as to the date of release of Official Result</p>	None	2 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Unit</i>						
6. Proceeds to Radiology Receiving Area	6. Release of Official Result; Provide a digital copy (if requested)	None	<p>In-Patient & ER: within 24 Hours</p> <p>OPD: 3 working days</p>	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Unit</i>						