



I. PROVISION OF READY TO USE THERAPEUTIC FOOD

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Anthropometric measurement and Mid Upper Arm Circumference 11.5 cm and below 2. Passed Appetite Testing		Municipal Health Office/ Rural Health Units/ Barangay Health Stations		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Reassessment of Anthropometric measurement and Mid Upper Arm Circumference	Municipal Health Office	None	5 minutes	<i>MNAO Designate</i>
2. Medical History and Management	Municipal Health Office	None	5-10 minutes	<i>Dr. Bolaños, Dr. Cantorne, Dr. Tan</i>
3. Health Education	Municipal Health Office	None	5-10 minutes	<i>MNAO Designate</i>
4. Enrollment to Outpatient Therapeutic Care	Municipal Health Office	None	5-10 minutes	<i>MNAO Designate</i>
5. Referral to In Patient Therapeutic Care	Municipal Health Office	None	5-10 minutes	<i>MNAO Designate</i>
END OF TRANSACTION				



II. VOLUNTARY HIV TESTING

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Voluntary HIV Testing 2. Signed Inform Consent			Municipal Health Office	
CLIENT STEPS	AGENCY ACTIONS	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client directly may go directly to the laboratory room.	Municipal Health Office	None		
2. Completely filled up voluntary and informed consent	Municipal Health Office	None	3-5 minutes	<i>Client</i>
3. Completely filled up Client Tracking Sheet	Municipal Health Office	None	5 minutes	<i>Marty Arcayera, RMT, S. De Jesus, RN, M. Benaid RN, E. Segundo RN, B. Sargento RM</i>
4. Pricking for Rapid HIV Screening	Municipal Health Office	None	1-3 minutes	<i>Marty Arcayera, RMT, S. De Jesus, RN, M. Benaid RN, E. Segundo RN, B. Sargento RM</i>
5. Releasing of result	Municipal Health Office	None	5-15 minutes	<i>Marty Arcayera, RMT, S. De Jesus, RN, M. Benaid RN, E. Segundo RN, B. Sargento RM</i>
6. Counseling	Municipal Health Office	None	5-15 minutes	<i>E. Segundo RN</i>
7. Referral to BMC Treatment Hub	Municipal Health Office	None	5 minutes	<i>E. Segundo RN, M. Arcayera, RMT</i>
END OF TRANSACTION				



III. DENGUE RAPID NS1 TESTING

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Client febrile for 1- 5 days 2. Positive Tourniquet test 3. Physician's Request		Municipal Health Office/ Rural Health Unit/ Barangay Health Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client seek consultation	Municipal Health Office	None		
2. Physical Assessment, History Taking including Tourniquet Test	Municipal Health Office	None	5 minutes	<i>RHMs/ PHNs</i>
3. Medical Consultation and Management	Municipal Health Office	None	5 minutes	<i>Dr. Bolaños, Dr. Cantorne, Dr, Tan</i>
4. Blood extraction	Municipal Health Office	None	3-5 minutes	<i>M. Arcayera, RMT</i>
5. Releasing of Result	Municipal Health Office	None	10-15 minutes	<i>M. Arcayera, RMT</i>
6. Referral	Municipal Health Office	None	10-15 minutes	<i>Dr. Bolaños, Dr. Cantorne, Dr, Tan</i>
END OF TRANSACTION				



IV. HEPATITIS B SCREENING

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Physician's Request		Municipal Health Office/ Rural Health Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client seek consultation	Municipal Health Office	None		
2. Physical Assessment, History Taking	Municipal Health Office	None	5 minutes	<i>RHMs/ PHNs</i>
3. Medical Consultation and Management	Municipal Health Office	None	5 minutes	<i>Dr. Bolaños, Dr. Cantorne, Dr. Tan</i>
4. Blood extraction	Municipal Health Office	None	3-5 minutes	<i>M. Arcayera, RMT</i>
5. Releasing of Result	Municipal Health Office	None	10-15 minutes	<i>M. Arcayera, RMT</i>
6. Referral	Municipal Health Office	None	10-15 minutes	<i>Dr. Bolaños, Dr. Cantorne, Dr. Tan</i>
7. Household Contact Tracing	Municipal Health Office	None	10-15 minutes	<i>Dr. Bolaños, Dr. Cantorne, Dr. Tan RHMs/ PHNs</i>
END OF TRANSACTION				



V. DENTAL SERVICES

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. List of requirements for in respective agency (school, employment, etc)		Municipal Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client requested for dental certificate	Municipal Health Office	None		
2. Oral Assessment, History Taking	Municipal Health Office	None	5-10 minutes	<i>Dentist</i>
3. Releasing of Certificate	Municipal Health Office	None	5 minutes	<i>Dentist</i>
END OF TRANSACTION				



VI. FLUORIDE APPLICATION

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Individual Treatment Record 2. Signed and completed filled out Informed Consent		Municipal Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client seek consultation	Municipal Health Office	None		
2. Oral Assessment, History Taking	Municipal Health Office	None	5-10 minutes	<i>Dentist</i>
3. Application of Fluoride	Municipal Health Office	None	5 minutes	<i>Dentist</i>
END OF TRANSACTION				



VII. SEALANT APPLICATION

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Individual Treatment Record 2. Signed and completed filled out Informed Consent		Municipal Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client seek consultation	Municipal Health Office	None		
2. Oral Assessment, History Taking	Municipal Health Office	None	5-10 minutes	<i>Dentist</i>
3. Application of sealant	Municipal Health Office	None	5 minutes	<i>Dentist</i>
END OF TRANSACTION				



VIII. TOOTH EXTRACTION

Office or Division:	OFFICE OF THE MUNICIPAL HEALTH OFFICER			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All citizens			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Individual Treatment Record		Municipal Health Office		
2. Signed and completed filled out Informed Consent		Municipal Treasurer's Office		
3. Receipt of Payment				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client seek consultation	Municipal Health Office	None		
2. Oral Assessment, History Taking	Municipal Health Office	None	5-10 minutes	<i>Dentist</i>
3. Tooth Extraction	Municipal Health Office	77 Php per tooth	5 minutes	<i>Dentist</i>
4. Prescribing Necessary medicines	Municipal Health Office	None	5 minutes	<i>Dentist</i>
END OF TRANSACTION				