## CITIZEN CHARTER CITY HEALTH OFFICE

## **Radiology Services**

This service caters residents and non-residents of Pasig City who needs diagnostic radiology services as a requirement for National Tuberculosis Program, School enrollment, Employment, Health cards and patients with complaint of respiratory ailment.

Office or Division:	Radiology Section	
Classification:	Simple	
Type ofTransaction:	G2C – Government to Citizens	
Who may avail:	Residents and Non-Residents of Pasig City	

	CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
1	NTP referral form for NTP patients.		Rural Health Units			
2	Evaluation Checklist (X-Ray selection must be check) for School enrollment, Employment and Health Cards requirements.		Validation Room			
3	Medical X-Ray Request for patients with complaint of respiratory ailment.		Rural Health Units, Private Physician, Hospital Physician			
#	CLIENT STEPS	OFFICE A	CTIONS	FEES TO	PROCESSING TIME	PERSON RESPONSIBLE

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Present Requirements.	Receive and assess requirement, Issuance of Checklist and Order of Payment. Advise client to pay the necessary fee.	None	5 mins	DELIMA, MARILYN
2	Proceed to the Cashier window and pay fee.	Receive the payment and issue official receipt.	Php 120	5 mins	CRUZ, ASUNCION L., CARPIO, JOANNA TRONO, JAYBEE MENODIADO, VIRGIE ANN DAVID, EMELITA
3.	Present the Checklist and Official receipt to Radiology Section window (Room 2).	Validate Checklist and Receipt. Identifies patient correctly. Obtain clinical data/history.	None	5 mins	GREGORIO, MA. RUBY P.
4.	Proceed to Radiology Section (Room 2) Dressing Room. Preparation of the patient (Area of interest is made free from metal objects).	Explain procedure to the patient. Preparation of the machine with appropriate technical eposure.	None	5 mins	CASTILLO, CORNELIO A. LUSTRE JR, ALFREDO B. MACANDILE, WENIFREDO C., MALLORCA, CHARMAINE B., SOLIS, KRIS ZHEL R.

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
5.	Proceed to Radiology (Room 2) exposure area where X-Ray procedure will perform.		None	5mins	CASTILLO, CORNELIO A. LUSTRE JR, ALFREDO B. MACANDILE, WENIFREDO C., MALLORCA, CHARMAINE B., SOLIS, KRIS ZHEL R.
6.	Return after One (1) working day for X-Ray result.	=	None	5mins	CASTILLO, CORNELIO A. LUSTRE JR, ALFREDO B. MACANDILE, WENIFREDO C., MALLORCA, CHARMAINE B., SOLIS, KRIS ZHEL R.
TOTAL:		Php 120	30 mins		

## **Feedback and Complaints**

FEEDBACK AND COMPLAINTS MECHANISM				
How to send feedback	Answer client feedback form and drop it in the designated comment and suggestion box at the section.			
How feedback is processed	<ul> <li>✓ Section Chief opens the drop box to record and compiles all feedback given every week.</li> <li>✓ Positive and negative feedbacks will convey to the concern personnel of the section.</li> <li>✓ For negative feedbacks, the concerned personnel must respond in written form addressed to City Health Officer within 72 hours upon receipt hereof.</li> <li>✓ Explanation of the personnel will be relayed to the client and kept to section's archive for record purposes.</li> </ul>			
How to file a complaint	Accomplish the client complaint form of the section. Submit the form to the Section Chief on duty for proper recording. To properly address complaint, make sure to provide the following information:  ✓ Name of complainant, contact number and date of complaint  ✓ Name of the person being complained.  ✓ Incident			

How complaints are processed	<ul> <li>✓ The Section Chief evaluates the submitted complaints. Thereafter evaluation, inquiry/analysis of the complaint will start.</li> <li>✓ The Section Chief will create a report and submit to the City Health Officer for appropriate action.</li> <li>✓ The Section Chief will give feedback to the client for the action taken</li> </ul>
Contact Information	For inquiries and follow-ups, clients may contact the City Health Office at 643-1111 loc 391