PhilHealth
Your Partner in Health

ELECTRONIC PRESCRIPTION SLIP (EPRESS)

To be filled-out by the facility (Pupunan ng Pasilidad)

HCI NAME:	Case No.:	HCI Accrediation No.	Transaction No.:
PIN (PhilHealth Identification Number):	Membership Category:	Membership Type: ☒ MEMBER ☐ DEPENDENT	
Patient Name (Pangalan ng Pasyente):	Age (Edad): 0	Contact No. (Numero ng Telepono):	

Rx

USE GENERIC NAME

Physician: _____
PRC LIC No.: _____
PTR No.: _____
S2 No. _____

Next Dispensing Date: _____
(Petsa ng susunod na bigay ng gamot)

Note:

To be filled-out by the patient (Pupunan ng Pasyente)

Did you received the above-mentioned medecines?
(Natanggap mo ba ang mga gamot na nabanggit?) _Yes (Oo) _No (Hindi)

Are you satisfied with the medecines you received?
(Nasiyahan ka ba sa mga gamut na natanggap mo?) ☐ HAPPY ☐ NEUTRAL ☐ SAD

For your comment, suggestion or compliaint:
(Para sa iyong komento, mungkahi o reklamo):

_____

_____

Note:
Accomplished form shall be submitted to Konsulta Provider(Ang kumpletong form ay dapat isumite sa tagapagbigay ng Konsulta)

PhilHealth Identification Number of Patient: _____