



Republic of the Philippines  
Department of Health  
**BAGUIO GENERAL HOSPITAL AND MEDICAL CENTER**  
**PHARMACY**

### CITIZEN'S CHARTER

IN PATIENTS - ONCOLOGY PHARMACY						
STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	RECEIVE CHEMOTHERAPY PROTOCOL	NONE	CHEMOTHERAPY PROTOCOL	1 MINUTE	PHARMACIST	
2	CHECK COMPLETENESS OF FORM AND DOSE	NONE	CHEMOTHERAPY PROTOCOL	1 MINUTE	PHARMACIST	3 MINUTES VERIFICATION OF DOSE
3	CHARGE MEDICINES TO PATIENT'S ACCOUNT IN HOMIS & PRINT CHARGE SLIP	NONE	CHEMOTHERAPY PROTOCOL	1-3 MINUTES	PHARMACIST	
4	PREPARE MEDICINES, LABELS AND FILL OUT CHEMOTHERAPY FORM	NONE	CHEMOTHERAPY PROTOCOL AND CHEMOTHERAPY FORM	1-3 MINUTES	PHARMACIST	5 MINUTES
5	DOUBLE CHECK PREPARED LABELS & MEDICINES FROM CHEMO PROTOCOL	NONE	CHEMOTHERAPY PROTOCOL	1 MINUTE	PHARMACIST	
6	RECONSTITUTION OF CHEMOTHERAPY DRUGS	NONE	CHEMOTHERAPY PROTOCOL/ LABEL	15 MINUTES	PHARMACIST	20 MINUTES DEPENDING ON THE PROTOCOL
7	DOUBLE CHECK PREPARED IV ADMIXTURES FROM CHEMOTHERAPY PROTOCOL	NONE	CHEMOTHERAPY PROTOCOL	1-2 MINUTES	PHARMACIST	
8	INFORM THE WARD THAT MEDICINE IS READY FOR PICK UP	NONE	CHEMOTHERAPY PROTOCOL	1 MINUTE	PHARMACIST	
9	RELEASE PREPARED MEDICINES TO NURSING ATTENDANT, CHARGE SLIP & CHEMO PROTOCOL FOR SIGNATURE	NONE	CHEMOTHERAPY PROTOCOL	5 MINUTES	PHARMACIST	
10	RETRIEVE SIGNED CHEMOTHERAPY PROTOCOL	NONE	CHEMOTHERAPY PROTOCOL	1 MINUTE	PHARMACIST	

OUT PATIENTS - ONCOLOGY PHARMACY W/ PHILHEALTH & MAIP						
STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	RECEIVE CHEMOTHERAPY PROTOCOL	NONE	CHEMOTHERAPY PROTOCOL PHILHEALTH AVAILMENT FORM AND GUARANTEE LETTER (MAIP)	1 MINUTE	PHARMACIST	
2	CHECK COMPLETENESS OF FORMS, PRESCRIPTIONS & DOSE CHECK LATEST UPDATED RECORD OF MAIP FUNDS DULY SIGNED BY PERSONNEL ASSIGNED IN MALASAKIT CENTER	NONE	PRESCRIPTION CHEMOTHERAPY PROTOCOL GUARANTEE LETTER (MAIP) PHILHEALTH AVAILMENT FROM(OPD PHILHEALTH) SENIOR CITIZENS/PWD - VALID ID & MEDICINES PURCHASE BOOKLET	2 MINUTE	PHARMACIST	3 MINUTE REFERRAL OF DOSE AND COMPLETION OF DOCUMENTARY REQUIREMENTS OF PATIENTS
3	CHARGE MEDICINES AND MEDICAL SUPPLIES USED TO PATIENT'S ACCOUNT IN HOMIS	NONE	CHEMOTHERAPY PROTOCOL	1-3 MINUTES	PHARMACIST	
4	PREPARE MEDICINES, LABELS AND FILL OUT CHEMOTHERAPY FORM	NONE	CHEMOTHERAPY PROTOCOL AND CHEMOTHERAPY FORM	1-3 MINUTES	PHARMACIST	5 MINUTES
5	DOUBLE CHECK PREPARED MEDICINES AND LABELS AGAINST CHEMOTHERAPY PROTOCOL	NONE	CHEMOTHERAPY PROTOCOL AND LABEL	1 MINUTE	PHARMACIST	
6	PREPARE IV ADMIXTURES OF CHEMOTHERAPY DRUGS	NONE	CHEMOTHERAPY PROTOCOL	15 MINUTES	PHARMACIST	20 MINUTES DEPENDING ON THE PROTOCOL
7	DOUBLE CHECK PREPARED MEDICINES AGAINST CHEMOTHERAPY PROTOCOL	NONE	CHEMOTHERAPY PROTOCOL	1-2 MINUTES	PHARMACIST	
8	INFORM ONCOLOGY NURSE THAT THE MEDICINES ARE READY FOR PICK UP	NONE	CHEMOTHERAPY PROTOCOL	1 MINUTE	PHARMACIST	
<b>OUT PATIENT - SALES</b>	RECEIVE PRESCRIPTION	NONE	PRESCRIPTION SENIOR CITIZENS/PWD - VALID ID & SENIOR CITIZENS BOOKLET		PHARMACIST	
STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	PRICE PRESCRIPTION & PRINT CHARGE SLIP	NONE	PRESCRIPTION SENIOR CITIZENS/PWD - VALID ID & BOOKLET	1 MINUTE	PHARMACIST	
2	INSTRUCT PATIENT TO PAY TO THE CASHIER	NONE	CHARGE SLIP	1 MINUTE	PHARMACIST	
3	RECEIVE CHARGE SLIP, OFFICIAL RECEIPT & COPY THE OR NUMBER	NONE	CHARGE SLIP OFFICIAL RECEIPT	1 MINUTE	PHARMACIST	
4	DISPENSE MEDICINE W/ PATIENT COUNSELLING	NONE		1-3 MINUTES	PHARMACIST	5 MINUTES



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OR

**SATELLITE PHARMACY - IN PATIENTS**

STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	RECEIVE AND CHECK PRESCRIPTIONS FOR COMPLETENESS & VALIDITY	NONE	PRESCRIPTIONS RESTRICTED ANTIBIOTIC SURVEILLANCE (RAS) FORMS FOR RESTRICTED ANTIBIOTICS	2 MINUTES	PHARMACIST	10 MINUTE VERIFICATION OF APPROVAL OF RESTRICTED ANTIBIOTICS
2	CHARGE PRESCRIPTIONS TO PATIENT'S ACCOUNT IN HOMIS AND PRINT CHARGE SLIP	NONE	PRESCRIPTIONS	5 MINUTES	PHARMACIST	10 MINUTES - WAITING FOR CONFIRMATION OF APPROVAL OF RESTRICTED ANTIBIOTICS
3	PREPARE MEDICINES	NONE	PRESCRIPTION	5 MINUTES	PHARMACIST	
4	DISPENSE MEDICINES TO NURSE/NURSING ATTENDANT/ANESTHESIOLOGIST	NONE	PRESCRIPTION	5 MINUTES	PHARMACIST	
5	TALLY DISPENSED MEDICINES W/ NURSE/NURSING ATTENDANT/ANESTHESIOLOGIST	NONE	PRESCRIPTION CHARGE SLIP	5 MINUTES	PHARMACIST	
6	ISSUE PRESCRIPTION FOR SIGNATURE AND CHARGE SLIP TO NURSE/NURSING ATTENDANT/ANESTHESIOLOGIST	NONE	PRESCRIPTION CHARGE SLIP	3 MINUTES	PHARMACIST	
7	RETRIEVE SIGNED PRESCRIPTIONS FROM NURSE/NURSING ATTENDANT	NONE	PRESCRIPTION	2 MINUTES	PHARMACIST	

<b>IN PATIENTS &amp; ADMISSION - MAIN PHARMACY</b>						
STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	RECEIVE AND CHECK PRESCRIPTIONS FOR COMPLETENESS & VALIDITY	NONE	PRESCRIPTIONS RESTRICTED ANTIBIOTIC SURVEILLANCE (RAS) FORMS FOR RESTRICTED ANTIBIOTICS	2 MINUTES	PHARMACIST	10 MINUTE VERIFICATION OF APPROVAL OF RESTRICTED ANTIBIOTICS
2	CHARGE PRESCRIPTIONS TO PATIENT'S ACCOUNT IN HOMIS AND PRINT CHARGE SLIP	NONE	PRESCRIPTIONS	5 MINUTES	PHARMACIST	10 MINUTES - WAITING FOR CONFIRMATION OF APPROVAL OF RESTRICTED ANTIBIOTICS
3	PREPARE MEDICINES	NONE	PRESCRIPTION	20 MINUTES	PHARMACIST	
4	DISPENSE MEDICINES TO NURSE/NURSING ATTENDANT	NONE	PRESCRIPTION	10 MINUTES	PHARMACIST	
5	TALLY DISPENSED MEDICINES W/ NURSE/NURSING ATTENDANT	NONE	PRESCRIPTION CHARGE SLIP	10 MINUTES	PHARMACIST	
6	ISSUE PRESCRIPTION FOR SIGNATURE AND CHARGE SLIP TO NURSE/NURSING ATTENDANT RETRIEVE SIGNED PRESCRIPTIONS AND PHARMACY COPY OF CHARGE SLIPS	NONE	PRESCRIPTION CHARGE SLIP	3 MINUTES	PHARMACIST	

<b>OUT PATIENT - SALES/MAIN PHARMACY</b>						
<b>PATIENT/S - PRESENT PRESCRIPTION AT WINDOW 4 PRIORITY WILL BE GIVEN TO SENIOR CITIZENS, PWD &amp; PREGNANT WOMEN</b>						
STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	RECEIVE & CHECK PRESCRIPTION/S FOR COMPLETENESS, VALIDITY & AVAILABILITY OF PRESCRIBED MEDICINES OR MEDICAL SUPPLIES *Return prescriptions of non-PNF medicines to patient/watcher	NONE	PRESCRIPTION <b>SENIOR CITIZENS/PWD</b> - VALID ID & MEDICINES PURCHASE BOOKLET	3 MINUTES	PHARMACIST	
2	PRICE PRESCRIPTIONS INFORM TOTAL AMOUNT TO THE PATIENT & PRINT CHARGE SLIP	NONE	PRESCRIPTION <b>SENIOR CITIZENS/PWD</b> - VALID ID & MEDICINES PURCHASE BOOKLET	5 MINUTES	PHARMACIST	7 MINUTES ADJUSTMENT OF THE QUANTITY OF MEDICINES TO BE PAID NOT TO EXCEED A SPECIFIED AMOUNT
3	INSTRUCT PATIENT TO PAY TO THE CASHIER & TO QUEUE AT WINDOW 2 AFTER PAYING FOR THE DISPENSING OF PAID MEDICINES/SUPPLIES	NONE	CHARGE SLIP	3 MINUTES	PHARMACIST	



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4	RECEIVE CHARGE SLIP, OFFICIAL RECEIPT & COPY THE OFFICIAL RECEIPT #	NONE	CHARGE SLIP OFFICIAL RECEIPT	3 MINUTES	PHARMACIST	
6	DISPENSE MEDICINE W/ PATIENT COUNSELLING	NONE	PRESCRIPTION CHARGE SLIP	5 MINUTES	PHARMACIST	
<b>OUT PATIENT - PHILHEALTH, w/ MAIP &amp; PCSO GUARANTEE LETTERS</b>						
<b>PATIENT - PRESENT PRESCRIPTION/S AT WINDOW 4</b>						
<b>PRIORITY WILL BE GIVEN TO SENIOR CITIZENS, PWD &amp; PREGNANT WOMEN</b>						
STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	RECEIVE & CHECK PRESCRIPTIONS & DOCUMENTS FOR COMPLETENESS, VALIDITY, LATEST UPDATE AND DATE OF VALIDITY	NONE	PRESCRIPTION <b>SENIOR CITIZENS/PWD</b> - VALID ID & MEDICINES PURCHASE BOOKLET <b>MAIP &amp; PCSO BENEFICIARIES</b> - GUARANTEE LETTERS <b>OPD PHILHEALTH</b> - PHILHEALTH AVAILMENT FORM <b>HEMODIALYSIS PATIENTS</b> - REFILL FORM FOR ERYTHROPOEITIN ALFA/BETA	3 MINUTES	PHARMACIST	5 MINUTES - ADDITIONAL INSTRUCTIONS TO PATIENTS TO COMPLETE REQUIREMENTS OR HAVE THEIR DOCUMENTS UPDATED
2	RETRIEVE & CHECK LATEST OPD ENCOUNTER IN HOMIS	NONE		2 MINUTES	PHARMACIST	
3	CHARGE PRESCRIPTIONS TO PATIENT'S ACCOUNT IN HOMIS MAXIMUM AVAILMENT FOR MAIP PATIENTS - 1 MONTH CONSUMPTION ONLY FOR MAINTENANCE MEDICINES ERYTHROPOETIN - 1 PREFILLED SYRINGE ONLY PER SCHEDULE	NONE	PRESCRIPTION	5 MINUTES	PHARMACIST	
4	PRINT 2 COPIES OF CHARGE SLIPS & ISSUE TO PATIENT/WATCHER FOR SIGNATURE	NONE	CHARGE SLIP	3 MINUTES	PHARMACIST	
5	RETRIEVE 1 COPY OF THE SIGNED CHARGE SLIP	NONE	CHARGE SLIP	5 MINUTES	PHARMACIST	
7	DISPENSE MEDICINES/MEDICAL SUPPLIES TO PATIENT WITH COUNSELLING	NONE	PRESCRIPTION	5 MINUTES	PHARMACIST	

**OUT PATIENTS - COSTING OF MEDICINES & MEDICAL SUPPLIES**

<b>OUT PATIENT - PHILHEALTH, w/ MAIP &amp; PCSO GUARANTEE LETTERS</b>						
<b>PATIENTS WILL QUEUE AT WINDOW 2</b>						
<b>PRIORITY WILL BE GIVEN TO SENIOR CITIZENS, PWD &amp; PREGNANT WOMEN</b>						
STEP	ACTIVITY	FEE	DOCUMENTARY REQUIREMENTS	MAXIMUM TIME	RESPONSIBLE PERSON/EMPLOYEE	ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON
1	RECEIVE & CHECK PRESCRIPTIONS & DOCUMENTS FOR COMPLETENESS & VALIDITY	NONE	PRESCRIPTION <b>HEMODIALYSIS PATIENTS</b> - LATEST CLINICAL ABSTRACT FOR THE LAST 3 MONTHS	3 MINUTES	PHARMACIST	
2	PRICE PRESCRIPTIONS *MAXIMUM QUANTITY TO BE PRICED IS ONE (1) MONTH CONSUMPTION OF MAINTENANCE MEDICINES	NONE	PRESCRIPTIONS	4 MINUTES	PHARMACIST	
3	PRINT & ISSUE COSTING/CHARGE SLIP TO PATIENT/WATCHER	NONE	PRESCRIPTION	4 MINUTES	PHARMACIST	6 MINUTES REVISIONS IN PATIENT'S DATA



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<b>OPD SATELLITE PHARMACY</b>						
<b>PATIENTS - PRESENT PRESCRIPTION AT THE COUNTER</b>						
<b>PRIORITY WILL BE GIVEN TO SENIOR CITIZENS, PWD &amp; PREGNANT WOMEN</b>						
<b>STEP</b>	<b>ACTIVITY</b>	<b>FEE</b>	<b>DOCUMENTARY REQUIREMENTS</b>	<b>MAXIMUM TIME</b>	<b>RESPONSIBLE PERSON/EMPLOYEE</b>	<b>ALLOWABLE PERIOD OF EXTENSION/ACCEPTABLE REASON</b>
1	RECEIVE PRESCRIPTION CHECK COMPLETENESS, VALIDITY & AVAILABILITY OF PRESCRIBED MEDICINE/S OR MEDICAL SUPPLIES *Return prescriptions of non-PNF medicines to patient/watcher	NONE	PRESCRIPTION SENIOR CITIZENS/PWD - VALID ID & SENIOR CITIZENS BOOKLET	3 MINUTES	PHARMACIST	
2	PRICE PRESCRIPTIONS, INFORM TOTAL AMOUNT TO THE PATIENT & PRINT CHARGE SLIP	NONE	PRESCRIPTION SENIOR CITIZENS/PWD - VALID ID & SENIOR CITIZENS BOOKLET	3 MINUTES	PHARMACIST	5 MINUTES ADJUSTMENT OF THE QUANTITY OF MEDICINES TO BE PAID EQUIVALENT TO A SPECIFIED AMOUNT
3	RECEIVE PAYMENT OF PRESCRIPTIONS FROM PATIENT AND ENDORSE IT TO THE CASHIER INSTRUCT PATIENT TO WAIT FOR NAME TO BE CALLED	NONE	PRESCRIPTION CHARGE SLIP	3 MINUTES		
3	RETRIEVE PAID MEDICINES FROM CASHIER & COPY THE OFFICIAL RECEIPT NUMBER ON THE CHARGE SLIP	NONE	PRESCRIPTION CHARGE SLIP OFFICIAL RECEIPT	3 MINUTES	PHARMACIST	
4	PREPARE MEDICINES & CALL OUT THE NAME OF THE PATIENT	NONE	PRESCRIPTION CHARGE SLIP OFFICIAL RECEIPT	3 MINUTES	PHARMACIST	
6	DISPENSE MEDICINE W/ PATIENT COUNSELLING RETURN PARTIALLY FILLED PRESCRIPTIONS TO PATIENTS INSTRUCT PATIENTS THAT FILLED PRESCRIPTIONS WILL BE RETAINED BY THE PHARMACY	NONE	PRESCRIPTION CHARGE SLIP	5 MINUTES	PHARMACIST	