



Department of Dental Medicine
CITIZEN'S CHARTER
PROCEDURE IN CONSULTING AND AVAILING OF DENTAL SERVICES

Services Provided to: Patients, Hospital Employees
Days/Hours: Monday – Friday 7:00 a.m. – 5:00 p.m. (NO NOON BREAK)
Duration: 45 minutes – 2 hours (depending on the dental procedure)

Service Applied for	Who May Avail	Documentary Requirements	Detailed Steps and Duration	Maximum Processing Time	Processing Fee in PhP	Person in Charge Position, Unit/ Division
Oral Prophylaxis, Tooth Extraction, Tooth Restoration (TF), Odontectomy	Walk in Patients, Referred Patients and Hospital employees	Patient's Dental Health Card, Past Medical and Dental history	1. Go to the Department of Dental Medicine Registration Desk for registration and retrieval of dental record.	1 minute	None	Dental Aide
		Patient's Dental Health Card, Past Medical and Dental history	2. Proceed inside the Dental Clinic for initial assessment (including oral examination) and to know dental procedure needed to be done and the pre-procedure requirements. If pre-procedure is not required, proceed to Step 5.	4 minutes	None	Dentist
		Referral Letter Laboratory Request and Charge Form Official Receipt	3.1. If Dental radiographs and/ or medical clearance is/are required, accomplish the needed pre-procedure before proceeding to the next step.. 3.2. If pre-procedure laboratory examination such as Clotting Time- Bleeding Time is required, go back to the registration desk and wait for issuance of Laboratory Request and Charge Form for Clotting Time- Bleeding Time. Pay at the Cashier and go to the Laboratory Department, present the Official Receipt then undergo the test. Wait for the result.	2 minutes	None CT-BT P 40.00	Dental Aide/ Dentist Cashier Medical Technologist / Medical Laboratory Technician
		CT-BT Result/ Dental Radiographs/ Medical Clearance	4. Submit the results of required pre-procedure for assessment.	3 minutes	None	Dentist



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		Charge slip	5. Wait for the issuance of charge slip for the procedure to be done then proceed to Cashier and pay the corresponding amount.	1 minute	Oral Prophylaxis P 200.00 Tooth extraction P 150.00 Tooth restoration (TF) P 100.00 Odontectomy P 1000.00	Dental Aide/ Cashier
		Charge slip with cashier's payment confirmation Patient's Dental Form	6. Submit the charge slip with cashier's payment confirmation. If new patient, fill-out patient's information on the Dental Form. If old patient, proceed to Step 7.	3 minutes	None	Dental Aide
		Patient's Dental Form, Consent to Care Form	7. Go inside the Dental Clinic for oral examination, charting, getting of vital signs, signing of Consent to Care Form and performance of the dental procedure.	Oral Prophylaxis 38 minutes Tooth restoration (TF) 20 minutes Tooth Extraction 21 minutes Odontectomy 90 minutes	None	Dentist
		Post-Operative and Homecare Instructions/ Prescriptions	8. Listen to homecare instructions and receive prescriptions, if any.	5 minutes	None	Dentist



Republic of the Philippines
Department of Health
DR. JOSE FABELLA MEMORIAL HOSPITAL
Lope de Vega St., Sta. Cruz, Manila
Telephone Nos.: 734-5561 to 65; 733-8536 to 44



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		Patient Satisfaction Survey Department of Dental Medicine	9. Fill-out the Patient Satisfaction Survey Form.	5 minutes	None	Dental Aide
END OF TRANSACTION						