

## 10. AVAILMENT OF DENTAL SERVICES

**Description of the Service: TO REDUCE THE PREVALENCE RATE OF DENTAL DISEASES BY PROVIDING PREVENTIVE,CURATIVE AND PROMOTE DENTAL HEALTH CARE TO OUR CLIENTS.**

<b>Office or Divisions:</b>	CITY HEALTH OFFICE-II
<b>Classification:</b>	SIMPLE
<b>Type of Transactions:</b>	GOVERNMENT TO CITIZEN
<b>Who may avail:</b>	CLIEF FROM BARANGAYS

<b>CHEKCLIST OF REQUIRMENTS</b>		<b>WHERE TO SECURE</b>		
1.) FOR MANOR PATIENT(WAIVER/PARENTS CONSENT)		- PATIENT		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.) SIGN IN TO CLIENT LOGBOOK AND GET NUMBER.	PATIENT LOGGED IN AND NUMBER GIVEN.	NONE	1MIN.	JOAN LAGGUI,RN NURSED INCHARGED
2) PROCEED TO ADMISSION AREA.	VITAL SIGNS TAKEN RECORDED	NONE	2 MINS	DIVIE BARCENA,RM MIDWIFE I
3) PROCEED TO DENTAL ROOM SIGN IN TO CLIENT LOGBOOK AND FILL UP ITR (INFORMATION TREATMENT RECORD)	NEW CLIENT: FILL UP ITR FORM OLD CLIENT: RETRIEVE THE ITR FORM	NONE	5 MINS	NELLY C. CAPUCHINO DENTAL AIDE
4) GO TO THE DENTAL ROOM	LOGGED-IN DENTAL LOGGED BOOK PATIENT ASSESSED, CONSULTED AND TREATED	NONE	30 MINS	DR. CHRISTINE EUNICE BULAN,DMD DENTIST-IV
FOR HIGH RISK CLIENT:	- REFER TO GFNDY MEMORIAL HOSPITAL DENTAL DEPARTMENT PATIENT GIVEN MEDICINE WITH INSTRUCTION	NONE	5 MINS	NELLY C. CAPUCHINO DENTAL AIDE
<b>TOTAL:</b>			<b>42 MINUTES</b>	
<i>(please use additional sheet/s if necessary</i>				