

SOUTHERN PHILIPPINES MEDICAL CENTER
Department of Obstetrics & Gynecology
ULTRASOUND CENTER FOR WOMEN

INFORMED CONSENT TO TREATMENT OR PROCEDURE

1. I hereby request Dr. _____, and or such assistants or designees may be selected by him/ her, to perform the treatment or procedure(s) requested.
2. The treatment, procedure(s) necessary to treat or diagnose my condition *has* have been explained to me by the above physician, and I understand the nature it to be: *MD*

I have been made aware of the benefits, risk, and possible complications that are associated with the treatment, procedure(s) described above, as well as the feasible alternatives, if any.

Date: 5-22-24 9AM

Name and Signature of Patient

SPMC-F-UCW-01

Effectivity: October 23, 2023

Rev. 0

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FOR HRN
MARGARITA ISABEL AMOROSO, MD FPOGS FPSUOG
OBSTETRICIAN GYNECOLOGIST/ OB GYN ULTRASOUND SUBSPECIALIST

Fellow, Philippine Obstetrical and Gynecological Society
Fellow, Philippine Society of Ultrasound in Obstetrics and Gynecology
ROOM 206 FABIE GENERAL HOSPITAL
PELAYO/LEGASPI STREET, DAVAO CITY
0933-403-1553/ 0945-825-8357

DATE: May 14 2024
NAME: Calabia Annie Grace
AGE/SEX: 29 Female
ADDRESS:

R_x SPMC UCW

Maam Daylen/ Maam Liza

Request: 3d 4d TVS -

Consider Mullerian anomaly

MARGARITA ISABEL AMOROSO, MD, FPOGS, FPSUOG

License no.: 108958

PTR No.: 9348385

SOUTHERN PHILIPPINES MEDICAL CENTER

Institute of Women and Neonatal Health - Department of Obstetrics and Gynecology

ULTRASOUND CENTER FOR WOMEN

OUT PATIENT SERVICES PROCEDURE REQUEST FORM

Please write legibly and complete all the required information

DATE: 5-16-24 HBN: 3608204 OB () GYNE () EMP: _____ G/P _____

NAME: Calabria, Annie Grace AGE: 24 ADDRESS: D.C

PATIENT'S HISTORY: _____

PELVIC FINDINGS: _____

INITIAL DIAGNOSIS/IMPRESSIONS: to consider mullerian anomaly

REQUESTING PHYSICIAN (Please print name and sign) [Signature]

Please put a check mark (/) or highlight the box of the requested procedure

PROCEDURE	CODE	RATE
Biophysical Scoring Single w/o pf	TAS-OB4	450
Biophysical Scoring Single RF	RF-OB4	150
Biophysical Scoring Twins w/o pf	TAS-OB3	900
Biophysical Scoring Twins RF	RF-OB3	300
Biophysical Scoring Triplets w/o pf	TAS-OB6	1350
Biophysical Scoring Triplets RF	RF-OB6	450
Cervical Length/Placental Location	TVS-OB14	350
Cervical Length/Placental Location RF	RF-OB14	150
Congenital Anomaly Scan Single w/o pf	TAS-OB10	1100
Congenital Anomaly Scan Single RF	RF-OB10	700
Congenital Anomaly Scan Twin w/o pf	TAS-OB11	2200
Congenital Anomaly Scan Twin RF	RF-OB11	1400
Congenital Anomaly Scan Triplets w/o pf	TAS-OB12	3300
Congenital Anomaly Scan Triplets RF	RF-OB12	2100
Fetal 3D/4D Face Scan w/o PF	RF-3D/4D	2000
Fetal 3D/4D Face Scan RF	RF-3D/4D	2000
Gyne 3D/4D Ultrasound w/o pf	3D/4D-GYN	3000
Gyne 3D/4D Ultrasound RF	RF-3D/4D-G	2000
GYNE DOPPLER w/o PF	TVS-GYN4	1100
GYNE DOPPLER RF	RF-GYN4	700
GYNE ULTRASOUND GUIDED w/o PF	TVS-GYN7	3000
GYNE ULTRASOUND GUIDED RF	RF-GYN7	2000
Gyne USD Guided Paracentesis w/o PF	TVS-GYN8	3000
Gyne USD Guided Paracentesis RF	RF-GYN8	2000
HSSG without PF	TVS-GYN10	1750
HSSG RF	RF-GYN10	2540

PROCEDURE	CODE	RATE
OB DOPPLER w/ PF	TVS-OB7	1100
OB DOPPLER RF	RF-OB7	700
OB DOPPLER TWINS w/o PF	TAS-OB8	2200
OB DOPPLER TWINS RF	RF-OB8	1400
OB DOPPLER TRIPLETS w/o PF	TAS-OB9	3300
OB DOPPLER TRIPLETS RF	RF-OB9	2100
ONCO ULTRASOUND w/o PF	ONCO	1150
ONCO ULTRASOUND RF	RF-ONCO	850
Pelvic Floor Ultrasound w/o PF	TVS	1100
Pelvic Floor Ultrasound RF	RF-TV5	1300
PLACENTAL DOPPLER w/o PF	RF-PO1	1100
PLACENTAL DOPPLER RF	RF-PO1	700
Pregnancy Evaluation Single w/o PF	TAS-OB	300
Pregnancy Evaluation Single RF	RF-OB	150
Pregnancy Evaluation Twins w/o PF	TAS-OB1	600
Pregnancy Evaluation Twins RF	RF-OB1	300
Pregnancy Evaluation Triplets w/o PF	TAS-OB2	900
Pregnancy Evaluation Triplets RF	RF-OB2	450
SISH w/o PF	TVS-GYN3	8000
SISH RF	RF-GYN3	2540
Transabdominal Ultrasound w/o PF	TAS-GYN2	350
Transabdominal Ultrasound RF	RF-GYN2	150
Transrectal Ultrasound w/o PF	TR5	350
Transrectal Ultrasound RF	RF-TR5	150
Transvaginal Ultrasound w/o PF	GYN3	350
Transvaginal Ultrasound RF	TVS-GYN4	150

REMARKS:

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ROOM 206 FABIE GENERAL HOSPITAL

PELAYO/LEGASPI STREET, DAVAO CITY

0933-403-1553/ 0945-825-8357

DATE: March 02 2024
NAME: Calabia, Annie Grace
AGE/SEX: 29 Female
ADDRESS:

R_x

TSH
SGPT
S. CREATININE
CBC
URINALYSIS
LIPID PROFILE
75 GRAMS OGTT (FBS, 1ST HOUR, 2ND HOUR)

FOR THE OGTT: SNACKS AT 10:30 PM THEN START
FASTING/ NPO. BE AT THE LAB BY 6:30AM



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