

# ELECTRONIC PRESCRIPTION SLIP (EPRESS)

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

|                                         |                      |                                   |                                                                                  |
|-----------------------------------------|----------------------|-----------------------------------|----------------------------------------------------------------------------------|
| HCI NAME:                               | Case No.:            | HCI Accreditation No.             | Transaction No.:                                                                 |
| PIN (PhilHealth Identification Number): | Membership Category: | Membership Type:                  | <input checked="" type="checkbox"/> MEMBER<br><input type="checkbox"/> DEPENDENT |
| Patient Name (Pangalan ng Pasyente):    | Age (Edad):<br>0     | Contact No. (Numero ng Telepono): |                                                                                  |

# Rx

**USE GENERIC NAME**

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

Physician: \_\_\_\_\_  
 PRC LIC No.: \_\_\_\_\_  
 PTR No.: \_\_\_\_\_  
 S2 No. \_\_\_\_\_

Note:



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

Did you received the above-mentioned medicines?  
 (Natanggap mo ba ang mga gamot na nabanggit?)

\_\_ Yes (Oo) \_\_ No (Hindi)

Are you satisfied with the medicines you received?  
 (Nasiyahan ka ba sa mga gamot na natanggap mo?)



For your comment, suggestion or complaint:  
 (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: \_\_\_\_\_