

**CITIZENS CHARTER
DENTAL OFFICE**

DENTAL SERVICES:

The Dental Health program is a response to help decrease the high incidence rate of dental caries and periodontal diseases in our country and increase accessibility, especially to the indigent who cannot afford or have limited / no access to dental health care services.

Services include; consultation/ oral examination, counselling/ dental health education, tooth extraction, oral prophylaxis, scaling and polishing for pregnant mothers, fluoride varnish treatment for infants, fluoride application for students in public elementary schools and Day care centers with daily tooth brushing drills, panoramic/ cephalometric radiograph, tooth restoration and sealants.

FEES:

Fees to be collected per dental treatment availed at the dental office at Pasig City hall are listed below.

Office or Division:	DENTAL OFFICE/ CITY HEALTH OFFICE
Classification:	Simple
Type of Transaction:	G2C - Government to Citizens
Who may avail:	Pasigueños and non-pasigueños (dental services provided at dental office Pasig City hall)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Identification cards: voter's ID/ senior's ID/ Philhealth ID	COMELEC/ Senior citizen's office/ Philhealth office
2. Referral slip coming from a licensed dentist (if needed)	Referring dentist (government or private dentist)
3. If below 18 years old, must be accompanied by a parent or guardian	n/a

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
			Pasigueno	Non-Pasigueno		
1	<p>The patient will go to the dental health office at Pasig city hall and present any of the following documents:</p> <p>A. For Pasigueños:</p> <p>a.1) identification cards (with address): either voter's ID or Senior Citizen's ID, or Philhealth ID</p> <p>a.2) Referral slip coming from a licensed government or private dentist</p> <p>B. For Non- Pasiguenos:</p> <p>b.1) Recent prescription or referral from other dentists</p>		NONE	NONE		Patient

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
			Pasigueno	Non-Pasigueno		
	<p>may it be from any government or private clinic/ company / agency</p> <p>b.2) Just present any valid ID</p>					
2	Approach the Dental Aide/ Dental Assistant	<p>Dental Aide/ Dental Assistant shall:</p> <ol style="list-style-type: none"> 1. Triaging. 2. Admit the patient for consultation and dental treatment 3. Check the necessary documents required and check whether the patient is a Pasigueño or non-Pasigueño 4. Let the patient fill up necessary forms (covid-19 questionnaires) and individual treatment record (ITR) if he is a new patient. 5. For old patients, look for patient record 	NONE	NONE	10 minutes	<p>Alma Bejarin</p> <p>Desiree Jean Aragon</p> <p>Raiza Jill Garcia</p>

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
			Pasigueno	Non-Pasigueno		
		<p>FORMS USED:</p> <ul style="list-style-type: none"> - Individual Treatment Record - Dental Certificate - Libreng Pustiso form - Utilization form - Requisition form - Prescription pad - covid-19 questionnaires <p>4. Take the vital signs of the patient (BP, etc.) and record it in the individual treatment record (ITR)</p> <p>5. Refer the patient to the Dentist</p>				
3	Approach the Dentist	<p>The dentist in charge shall:</p> <ol style="list-style-type: none"> 1. Provide oral examination/consultation 2. Check the history of the patient 3. Provide necessary dental treatment needed by the patient. 4. Prescribe medicines. <p>TREATMENTS PROVIDED:</p> <ol style="list-style-type: none"> 1. Oral Examination 2. Tooth Extraction 3. Tooth Restoration <ol style="list-style-type: none"> a. temporary filling b. permanent filling c. pit and fissure sealant 	<p>-</p> <p>P 120.00</p> <p>P 200.00</p>	<p>-</p> <p>P 150.00</p> <p>P 250.00</p>	<p>10 minutes to 1 hour depending on the dental treatment provided</p>	<p>Dr. Ben Hur Hernandez</p> <p>Dr. Ziela Elita Angelica Locquiao</p> <p>Dr. Laurice Marie Arabella Magpali</p>

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
			Pasigueno	Non-Pasigueno		
		4. Fluoride Treatment	P 250.00	P 300.00		
		5. Oral Prophylaxis	P 240.00	P 300.00		
		6. Panoramic/ Cephalometric Radiograph	P 240.00	P 300.00		
		7. Referral to other dentist/ dental health facility	-	-		
		8. Dental Health Education and counselling	-	-		
		9. Relief of pain -consultation/ prescription	-	-		
	4. Approach the Dental Assistant for issuance of order of payment for treatment/s done	Issue order of payment for the treatment/s done	NONE	NONE	5 minutes	Alma Bejarin Desiree Jean Aragon Raiza Jill Garcia
	5. Pay at the Cashier	Receive payment and issue official receipt	NONE	NONE	5-10 minutes	Cashier
	6. Go back to Dental Office and approach the Dental Assistant and have the receipt photocopied	Photocopy the official receipt for records purposes	NONE	NONE	5-10 minutes	Alma Bejarin Desiree Jean Aragon Raiza Jill Garcia

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
			Pasigueno	Non-Pasigueno		
TOTAL:			Depends on dental treatments done	Depends on dental treatments done	30 minutes to 2 hours depending on the dental treatment done	

Feedback and Complaints

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Through Telephone hotline, online (email) or suggestion boxes
How feedback is processed	Feedbacks received verbally through face to face or through telephone conversations are assessed and responded immediately. Non-verbal, online or written feedbacks will be assessed and then be forwarded to the persons concerned.
How to file a complaint	Through Telephone hotline, online (email) or complaint boxes
How complaints are processed	Handling and investigations of complaints require individuals with specific expertise and is managed according to the specific procedures defined by the person in charge depending on the complaint. If complaints are dental in nature, the dentist in charge will be the one to attend to the patient. But if it concerns other problems other than dental procedures, it will be escalated to the next higher authority for assessment and for probable solutions.
Contact Information	Pasig City Health Office: (02) 8643-1111 loc 391 Email: pasigcityhealth@gmail.com