



Department of Health  
**SAN LAZARO HOSPITAL**

**CITIZEN'S CHARTER  
MANUAL**



DOCUMENT CODE:

CC-MS-PD-001

REVISION NO.

0

DATE EFFECTIVE  
June 1, 2019

**DEPARTMENT: PHARMACY - H4 OPD**

**PROCESS 1: DISPENSING ARV DRUGS FOR HIV/AIDS PATIENT**

**Schedule of Services:**

Monday to Friday: 8:00am – 4:00pm (No noon break)

**Services Provided to:**

Out-patient

**Requirements Needed:**

Prescription/Follow-up form or Enrollment form

**Duration:**

10 minutes

<b>Step</b>	<b>Activities</b>	<b>Forms</b>	<b>Fees</b>	<b>Response Time</b>	<b>Person Responsible</b>
1	Check prescription/Enrollee booklet and follow-up form	Prescription/Follow-up form or Enrollment form	None	3 mins.	Pharmacist
2	Transcribe prescription to their booklet	Health Regimen booklet	None	5 mins.	Pharmacist
3	Fill-out prescription	Prescription/Follow-up form or Enrollment form	None	2 mins.	Pharmacist
END OF TRANSACTION					