
	Department of Health SAN LAZARO HOSPITAL CITIZEN'S CHARTER MANUAL		DOCUMENT CODE:
			CC - AIDTM – 001 (CC-DEPARTMENT-SERIES NO.)
			REVISION NO.
			0 DATE EFFECTIVE June 1, 2019

DEPARTMENT: RADIOLOGY DEPARTMENT

PROCESS 1: RADIOLOGIC/ULTRASOUND PROCEDURE FOR IN-PATIENT

Schedule of Services:

Monday to Friday: 8:00am – 4:00pm (NO NOON BREAK)

Services Provided to: In-Patient

Requirements Needed: Request Form

Duration:

For Radiologic Procedure: 11-26mins.

For Ultrasound Procedure: 18-44 mins.

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive and log in request form	Official Request form	N/A	1-5 mins.	Rad Tech on Duty
2	Schedule the procedure (ultrasound only)	Official Request form	N/A	1-3 mins.	Rad Tech on Duty
3	Perform the Procedure	Official Request form	N/A	For Ultrasound 15-30 mins. For X-Ray 10-15mins.	Sonologist/Rad Tech on Duty
4	Release the official result	N/A	N/A	1-6mins. (results after 48hrs)	Rad Tech on Duty
END OF TRANSACTION					