Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur

BAGONG PILIPINAS

HEMODIALYSIS NOTIFICATION

FAMILY NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____

DATE: _____ STATION: _____

Date of Birth: _____ Age/ Sex: _____ CIVIL STATUS: _____ HRN: _____
Address: _____

DIAGNOSIS/ INDICATION FOR HD: _____

VASCULAR ACCESS ☐ INTRA-JUGULAR ☐ FEMORAL ☐ PERM CATH ☐ AVF

HBsAg ☐ Reactive ☐ Non-Reactive Date: _____ Hemoglobin: _____ Date: _____
Anti-HCV ☐ Reactive ☐ Non-Reactive Date: _____ Available Blood Unit: _____

HD PRESCRIPTION

Dialyzer: _____ Blood Flow Rate: _____ Anti-coagulant: _____
Frequency: _____ Dialysis Flow Rate: _____ Dose: _____
Duration: _____ UF Goal: _____
Dialysis Bath: _____

NAME OF ORDERING PHYSICIAN: _____
NOTIFIED BY: _____
RECEIVED BY: _____ DATE AND TIME RECEIVED: _____

Republic of the Philippines
Department of Health
MARGOSATUBIG REGIONAL HOSPITAL
Margosatubig, Zamboanga del Sur

BAGONG PILIPINAS

HEMODIALYSIS NOTIFICATION

FAMILY NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____

DATE: _____ STATION: _____

Date of Birth: _____ Age/ Sex: _____ CIVIL STATUS: _____ HRN: _____
Address: _____

DIAGNOSIS/ INDICATION FOR HD: _____

VASCULAR ACCESS ☐ INTRA-JUGULAR ☐ FEMORAL ☐ PERM CATH ☐ AVF

HBsAg ☐ Reactive ☐ Non-Reactive Date: _____ Hemoglobin: _____ Date: _____
Anti-HCV ☐ Reactive ☐ Non-Reactive Date: _____ Available Blood Unit: _____

HD PRESCRIPTION

Dialyzer: _____ Blood Flow Rate: _____ Anti-coagulant: _____
Frequency: _____ Dialysis Flow Rate: _____ Dose: _____
Duration: _____ UF Goal: _____
Dialysis Bath: _____

NAME OF ORDERING PHYSICIAN: _____
NOTIFIED BY: _____
RECEIVED BY: _____ DATE AND TIME RECEIVED: _____

FM-HDU-NOTIFICATION Revision: 3 Effectivity Date: October 10, 2025