



OFFICE OF THE ONE STOP SHOP

PASIG CITY DRUG TESTING LABORATORY
Pasig City Health Office
Tel. no. 8643-1111 local 392 to 393 , Fax no. 640111
Email address- pasig.cityhealth@gmail.com

**ONE STOP SHOP REMOTE MEDICAL SERVICES
REQUEST FORM**

APPLICATION DATE: _____

Name of Company: _____

Address: _____

Unit/ Flr. /No.

Street

Subdivision

BARANGAY

CITY

Contact Person/s: 1. _____ Landline No.: _____ Cell phone no.: _____

2. _____ Landline No.: _____ Cell phone no.: _____

No. of Employees to be examine: _____

(Please Check Appropriate Medical Services Needed

Nature of Business: Food Non-Food

NEEDED SERVICES OFFERED (CHECK APPROPRIATE CIRCLE)

A. FOOD PACKAGES

B. NON-FOOD REQUIREMENTS

Chest X-RAY

Chest X-RAY

Drug Test

Drug Test

Fecalysis

RATE: P270.00

Urinalysis

RATE: P 300.00

INDIVIDUAL PRICE

<input type="radio"/>	Chest X-RAY-	P120.00
<input type="radio"/>	Drug Test-	P150.00
<input type="radio"/>	Fecalysis-	P37.00
<input type="radio"/>	Urinalysis-	P38.00
<input type="radio"/>	Validation Fee-	P50.00

Please Note:

NO Employment Consultation/VALIDATION FEE for those who will avail the above mentioned packages A & B only.

Minimum Clients – 50 Persons

Preferred Date of Examination: _____ Location: _____

Additional Requirments:

- Google map of the company (Pasig City Hall to Company Address via satellite)/Land mark
- Master list of employees (4 copies food, for non-food 3 copies)
- MOA (MEMORANDUM OF AGREEMENT DOWNLOADABLE)

IMPORTANT REMINDER:

Payment should be done atleast(1)one week ahead before the schedule of medical examination.

For more downloadable forms refers pls go to (<https://www.pasigcity.gov.ph/>)

Received by: _____ Date: _____

(PRINTED) OSS OFFICER NAME AND SIGNATURE

For more information, please look for **MISS ROSARIO (CHATO) GRANADINO.**