


REQUIREMENTS FOR MEDICAL ASSISTANCE – ASSISTIVE MEDICAL DEVICES (QF/MAYORS/B002/0)

QF/MAYORS/B002/0	
	CITY GOVERNMENT OF MUNTINLUPA OFFICE OF THE MAYOR
<u>REQUIREMENTS FOR MEDICAL ASSISTANCE</u> <u>(ASSISTIVE MEDICAL DEVICES)</u>	
<input type="checkbox"/> WHEELCHAIR	<input type="checkbox"/> CANE (Tungkod)
<input type="checkbox"/> WALKER	<input type="checkbox"/> CRUTCHES (Saklay)
<ol style="list-style-type: none">1. Letter request or accomplished PAKAY REQUEST form (QF/Mayors/A0001/0) - 1 original2. Valid ID of patient and/or requestor (as proof of identity and residential address) - 1 original and 1 photocopy <i>UMID/Voter's ID/Postal ID/Driver's License/OSCA ID/Philhealth ID/Barangay ID/BIR or TIN ID/School ID (must be validated for the current school year)</i>3. Cedula of requestor (latest) - 1 original and 1 photocopy4. Medical Certificate or Clinical Abstract of patient (latest) - 1 original and 1 photocopy5. Barangay Certificate of Indigency of requestor - 1 original6. Picture of the patient (whole body) - 1 original	
Submit to: ADMIN DIVISION of MAYOR'S OFFICE 2nd Floor, Main Building, Cityhall of Muntinlupa	
Tel No.: (8)862 6577 / (8)862 2525 local 135	