|  |  |
| --- | --- |
| Tanggal Cetak | :${tanggal\_cetak}  ${jam\_cetak}WIB |

**HASIL PEMERIKSAAN TANDA VITAL**

|  |  |  |
| --- | --- | --- |
| Nomor Rekam Medis | : | ${no\_rm} |
| Nama Pasien | : | ${nama\_pasien} |
| Tanggal Pemeriksaan | : | ${tanggal\_pemeriksaan} WIB |

|  |  |  |
| --- | --- | --- |
| Tekanan Darah | : | ${tekanan\_darah} mmHg |
| Detak Jantung | : | ${detak\_jantung} bpm |
| Suhu Tubuh | : | ${suhu\_tubuh} ° |
| Pernafasan | : | ${pernafasan} /menit |
| Tinggi Badan | : | ${tinggi\_badan} cm |
| Berat Badan | : | ${berat\_badan} kg |
| Keluhan Pasien | : | ${keluhan} |