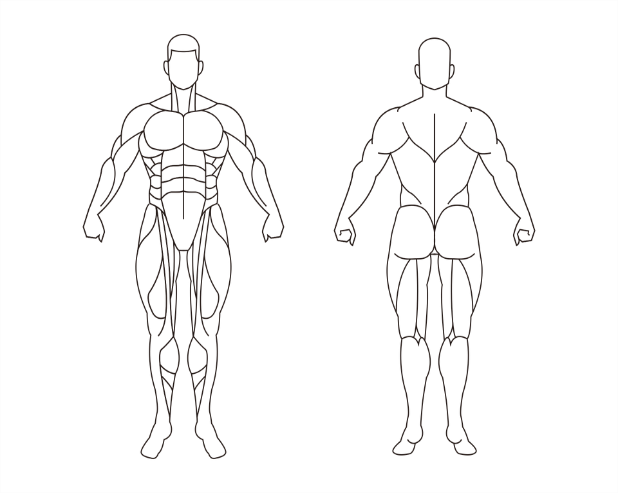
|  |  |
| --- | --- |
| Tanggal Cetak | :${tanggal\_cetak} |

**HASIL PEMERIKSAAN PASIEN**

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

|  |  |  |
| --- | --- | --- |
| **SUBJECTIVE** |  |  |
| Keluhan Utama | : | ${keluhan\_utama} |
| Riwaya Penyakit | : | ${riwayat\_penyakit} |



|  |  |  |
| --- | --- | --- |
| **OBJECTIVE** |  |  |
| Tekanan Darah | : | ${tekanan\_darah} |
| Denyut Nadi | : | ${denyut\_nadi} |
| Suhu Tubuh | : | ${suhu\_tubuh} |
| Respirasi | : | ${respirasi} |
| Pemeriksaan Fisik | : | ${pemeriksaan\_fisik} |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **ASSESMENT** |  |  |
| Diagnosis | : | ${diagnosis} |
| Prognosis | : | ${prognosis} |

|  |  |  |
| --- | --- | --- |
| **PLAN** |  |  |
| Resep Obat | : | ${obat\_manual} ${obat\_db} |
| Catatan | : | ${edukasi} |

|  |  |  |
| --- | --- | --- |
|  |  | **Rumah Sakit Hamori**  **${id\_dokter}** |