**LAPORAN KUNJUNGAN PASIEN INSTALASI GAWAT DARURAT (IGD)**

**JAM 00.00 s/d 24.00**

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| **NO** | **NAMA PASIEN** | **NO RM** | **UMUR** | **CARA PEMBAYARAN** | | | **KUNJUNGAN** | | **ASAL PASIEN** | | **TINDAK LANJUT** | | | | **TANGGAL** | | **MATI DI IGD** | **DEATH ON ARRIVAL (DOA)** | **DIAGNOSA** | **NAMADOKTER** |
| **KPS** | **BPJS** | **SWT** | **B** | **L** | **DATANG SENDIRI** | **RUJUKAN** | **RAWAT JALAN** | **RAWAT INAP** | **RUJUK** | **PULANG** | **MASUK** | **PULANG** |
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| **JUMLAH** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

KA.INS IGD / ADMIN

(..................................)