**SENSUS HARIAN RAWAT JALAN**

**POLIKLINIK :**

**HARI / TANGGAL :**

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| **NO** | **NAMA PASIEN** | **NO RM** | **UMUR** | **CARA PEMBYARAN** | | | **KUNJUNGAN** | | **ASAL PASIEN** | | **KEADAAN PASIEN** | | | **DIAGNOSA** | **ICD 10** | **NAMA DOKTER** |
| **KPS** | **BPJS** | **SWT** | **B** | **L** | **DATANG SENDIRI** | **RUJUKAN** | **RAWAT** | **RUJUK** | **PULANG** |
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| **JUMLAH** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |

**KA.INST / ADMIN**

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