



RS Harapan Bunda

## SURAT KETERANGAN DOKTER

### Medical Certificate

Dengan ini menerangkan bahwa:

*This is to certify that:*

Nama Lengkap : \_\_\_\_\_  
Name : \_\_\_\_\_  
Tanggal Lahir : \_\_\_\_\_  
D.O.B : \_\_\_\_\_

LERIA SIMANJUNTAK, Ny / P  
21/04/1975 48th 5bl 7hr  
RM : 104431 REG/OP: 31016-0494  
3175056104750008 BPJS Kesehatan

(tas Pasien)



- ☒ Perlu istirahat dari \_\_\_\_\_ s/d \_\_\_\_\_  
Sick leave from 16/10 to \_\_\_\_\_
- ☐ Dirawat di Rumah Sakit dari \_\_\_\_\_ s/d \_\_\_\_\_  
Is hospitalized from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Cuti Hamil. Perkiraan persalinan tanggal \_\_\_\_\_  
Maternity leave. Date of expected birth \_\_\_\_\_
- ☐ Rencana Tindak Lanjut \_\_\_\_\_  
Follow up plan \_\_\_\_\_

Jakarta, \_\_\_\_\_

16/10  
dr. Norine Sp. S. M. Kes  
Spesialis Saraf

SIP. 17/B.158/31.75.09.1005.01.072.5.2/3/-1.779.3/e/2020

\_\_\_\_\_  
Attending Physician

Keterangan: Lembar 1 : Pasien Lembar 2 : Rekam Medis

Jl. Raya Bogor Km 22 No. 44 Jakarta Timur 13830

Telp : (021) 8400257 – Fax : (021) 87781247 – IGD : (021) 87793802