

Siloam Hospitals Lippo Village Jl. Siloam No. 6 Lippo Village 1600 - Tangerang 15811, INDONESIA Telp. (021) 80646900 Fax. (021) 5460921

INVOICE

Registration No / MR: OPA2303211124 / 01-16-15-69

: AHNAF DZAKIANDRA SYUHUD

RT/RW 005/013

Invoice No

: OIV2303210937

Name

Invoice Date

: 21-Mar-2023 16:58

Address

: GRAHA RAYA BINTARO CLUSTER ADENA BLOK SA 8 NO 11

Registration Date

: 21-Mar-2023 15:38

Patient Type

: PRIVATE

Primary Doctor

: dr. Dina Garniasih, SpA (K)

No	Name	Description	Qty	UOM	Amount	Disc.	Patient
	CONSULTATION AND VISIT						
1	OPD CONSULTATION I_3	dr. Dina Garniasih, SpA (K)	1		350.000	0	350.000
	PROCEDURE AND THERAPY			1	1		
2	PPD (MANTOUX TEST)	dr. Dina Garniasih, SpA (K)	1		320.000	0	320.000
	DRUGS					***************************************	
3	AZOMAX 200MG/5ML-15ML DRY SYR	PHARMACY OUTPATIENT 2ND FLOOR	1	FLS	155.095	0	155.095
4	FLUIMUCIL 100MG/5ML-75ML DRY SYR	PHARMACY OUTPATIENT 2ND FLOOR	1	FLS	89.910	0	89.910
5	INTRIZIN 5MG/5ML-60ML SYR	PHARMACY OUTPATIENT 2ND FLOOR	1	FLS	110.889	0	110.889
	CONSUMABLES AND MEDICAL SUPPLIES					***************************************	
6	SYRINGE 1ML SS+01T2613 TUBERCULIN TERUMO	OPD PEDIATRIC	.1	PCS	19.703	0	19.703
		P2 10 0 000	SU	B TOTAL :	1.045.596	0	1.045.596
		ACLULIA 7	ADMIN	CHARGE:			70.000

ADMIN CHARGE:

70.000

ROUNDING:

TOTAL:

1.115.600

PAYMENT:

1.115.600

BALANCE:

1.115.600

IN WORDS PATIENT:

Satu juta seratus lima belas ribu enam ratus rupiah

PATIENT RECEIPT / KUITANSI:

Туре	Date	Payment Mode	Account No	Account Name	Description	Cashier	Patient
Payment	21/03/23	Credit Card	XXXXXXXXXXX3733		MANDIRI, Ref No: .	Monica Monalisa Rumetor	1.115.600

-PT Siloam International Hospitals Tbk NPWP: 01.788.139.2-054.000

-Invoice ini berlaku sebagai Faktur Pajak sesuai dengan Peraturan

-Direktur Jendral Pajak No. 27/PH/2011, Tanggal 19 September 2011

-Harga BKP Sudah Termasuk Pajak Pertambahan Nilai

-Reservasi Rawat Jalan Call Center 1 500 181 (Sen-Sabtu 07.00-22.00)

-Klinik Hari Minggu (Sunday Clinic) 08.00-12.00

-Beberapa Klinik Spesialis kami buka hingga pkl 24.00 (Senin-Jumat)

-Emergency Ambulance 24 hours service 1 500 911

-Hasil Radiologi dalam bentuk CD

-Siloam at Home hadir untuk memberikan layanan homecare terpercaya untuk Anda.

-Hubungi WhatsApp kami pada nomor 0811-1950-181

TOTAL: CASHIER Monica Monalisa Rumetor

Suara Anda sangat berarti. Bantu kami mewujudkan pelayanan yang berorientasi pada pasien. Scan barcode berikut!



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PRESCRIPTION (COPY)

	: AHNAF DZAKIANDRA SYUHUD	Doctor Name		dr. Dina Garniasih, SpA (K)
Patient Name	1161569	Specialty :	: F	PEDIATRICS
Mr. No		Presc. Date	: :	21 Mar 2023 15:38
DOB	: 30 Sep 2016	Adm. No	: (OPA2303211124
Age	6Y 5M 21D	Payer		PRIVATE
Gender	: Male	1 t dyci		
Status Kehami	lan · -	Alergi Obat	:	
TB / BB	: 119cm / 21.8kg			
AZOMAX 200MG/5ML-15ML DRY SYR Jumlah: 1 FLS 1 X SEHARI 1 SENDOK OBAT (5ML) Rute: ORAL Tanggal: 21-Mar-2023 Pemberian: DIMINUM SESUDAH MAKAN, ANTIBIOTIK-HA		SKAN DILARUTKAN TGL	5	det STABIL HINGGA KOCOK DAHULU
R/	INTRIZIN 5MG/5ML-60ML SYR Jumlah: 1 FLS 1 X SEHARI 5 ML Rute ORAL Tanggal 21-Mar-2023 Pembenan SESUDAH MAKAN	d	let	-
R/	FLUIMUCIL 100MG/5ML-75ML DRY SYR Jumlah: 1 FLS 3 X SEHARI 5 ML Rute: ORAL Tanggal: 21-Mar-2023 Pemperian, SESUDAH MAKAN		-6	der

P.C.C

Mengetahui

dr. Dina Garniasih, SpA (K)

SIP: 446.5/146/SP/III/-Dinkes/2018