





Jl. LL. RE. Martadinata No. 135 Bandung Telp. (022)7271946

Penanggung Jawab : dr. S. M. SUSIANNA, R Sp.PK

NO. REG : 044M6N76DA  
 NAMA : Ny DAISY VALENTINE HANDOKO  
 PENGIRIM : dr. KARLINA JAYALAKSANA  
 KEL. PELANGGAN : PASIEN KLINISI  
 ALAMAT : JL DORSET 12 (D12) KOMP CITRA GREEN DAGO 001/009 Cidadap Bandung


TANGGAL REG : 12-08-2023 07:52:09  
 PID : DAD0051354  
 JENIS KELAMIN : Perempuan  
 TGL. LAHIR / USIA : 13-02-1984 / 39 tahun 5 bulan 30 hari  
 NO. TLP. / HP : 08122185708

JENIS PEMERIKSAAN	HASIL	NILAI RUJUKAN	SATUAN	METODE
<b>HEMATOLOGI</b>				
<b>HEMATOLOGI RUTIN</b>				
Hematologi Lengkap				
Hemoglobin ®	6,9 * Duplo	11,5 - 16,5	g/dL	SLS HEMOGLOBIN
Erytrosit ®	4,49	3,80 - 5,20	10 <sup>6</sup> /µL	IMPEDANCE WITH HDPC
Hematokrit ®	27 *	35 - 49	%	RBC PULSE HEIGHT DETECT
MCV	60 *	80 - 100	fL	CALCULATION
MCH	15 *	26 - 34	pg/cell	CALCULATION
MCHC	26 *	32 - 36	g/dL	CALCULATION
RDW	19,4 *	11,5 - 14,5	%	CALCULATION
Leukosit ®	5.360	3.600 - 10.600	/µL	LASER OPTICAL FLOWCYTO
Hitung Jenis				
• Eosinofil	2	0 - 3	%	LASER OPTICAL FLOWCYTO
• Basofil	1	0 - 2	%	LASER OPTICAL FLOWCYTO
• Neutrofil Batang	0	3 - 5	%	LASER OPTICAL FLOWCYTO
• Neutrofil Segmen	62	50 - 70	%	LASER OPTICAL FLOWCYTO
• Limfosit	26	18 - 42	%	LASER OPTICAL FLOWCYTO
• Monosit	9	2 - 11	%	LASER OPTICAL FLOWCYTO
Trombosit ®	304.000	150.000 - 450.000	/µL	IMPEDANCE WITH HDPC
Laju Endap Darah (LED) ®	9	0 - 25	mm/jam	WESTERGREEN
<b>KIMIA KLINIK</b>				
<b>FUNGSI LIVER</b>				
SGOT ®	11	0 - 31	U/L Opt 37° C	IFCC, without P-5-P.
SGPT ®	13	0 - 35	• U/L Opt 37° C	IFCC, without P-5-P.



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JENIS PEMERIKSAAN	HASIL	NILAI RUJUKAN	SATUAN	METODE
<b>PROFIL LEMAK</b>				
Panel Profil Lemak				
Cholesterol ®	133	Yang diinginkan : < 200 Batas tinggi : 200 - 239 Tinggi : > 239	mg/dL	CHOD PAP
Trigliserida ®	42	Normal : < 150 Batas tinggi : 150 - 199 Tinggi : 200 - 499 Sangat tinggi : ≥ 500	mg/dL	GPO PAP
HDL Cholesterol ®	42	Rendah : < 40 Tinggi : ≥ 60	mg/dL	DIRECT CHOD PAP
LDL Cholesterol Direct	81	Optimal : < 100 Mendekati Optimal : 100 - 129 Batas tinggi : 130 - 159 Tinggi : 160 - 189 Sangat tinggi : ≥ 190	mg/dL	DIRECT CHOD PAP
LDL/HDL Chol. Ratio	1,9	CARDIO RISK INDEX (CRI) < 3 : Resiko rendah 3 - 5 : Moderat > 5 : Resiko tinggi	-	CALCULATION
<b>FUNGSI GINJAL</b>				
Asam Urat ®	4,2	2,6 - 6,0	mg/dL	URICASE
<b>METABOLISME KARBOHIDRAT</b>				
Glukosa Darah Puasa ®	93	< 100 Diagnosis DM ≥ 126	mg/dL	HEXOKINASE





# PRAMITA

## Laboratorium Medis



Jl. LL. RE. Martadinata No. 135 Bandung Telp. (022)7271946

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JENIS PEMERIKSAAN	HASIL	NILAI RUJUKAN	SATUAN	METODE
HbA1c	4,7	Normal < 5,7 Prediabetes 5,7 - 6,4 Diabetes >= 6,5 Sasaran Pengendalian DM : < 7,0	%	TURBIDIMETRIC INHIBITION
Estimated Average Glucose (eAG)	88		mg/dL	CALCULATION

Catatan :

Waktu Pengambilan Spesimen

Darah : 12-08-2023 08:19:59

® : Terakreditasi SNI ISO 15189 : 2012

Kini hasil laboratorium bisa dibuka di Web Pramita dan email anda.  
 Info lebih lanjut hubungi Customer Service kami

Printed by : Nanda Pramitalya J / 12-08-2023 10:55:59 / 04403834DA

Validasi Oleh



Jl. RE. Martadinata 135  
 Bandung 40114

**PRAMITA Lab***Mengutamakan Kualitas Diagnosis & Pelayanan***Laboratorium Klinik PRAMITA**

Jl. LLRE.Martadinata No.135 Telp.(022)7271946  
Bandung

No. Pasien : 04403834DAEL

No.RekMed :

Nama Pasien :

Tgl Periksa : 12/08/2023

Alamat :

Jam Periksa : 08:42:24

Jns Kelamin :

Dokter :

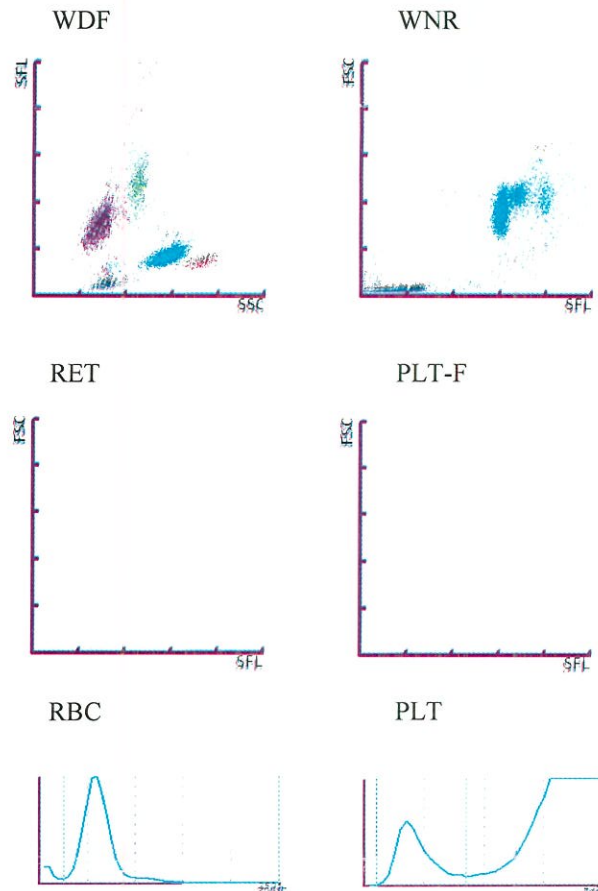
WBC	5.36	[10 <sup>3</sup> /uL]		
NEUT	3.39	[10 <sup>3</sup> /uL]	63.1	[%]
LYMPH	1.37	[10 <sup>3</sup> /uL]	25.6	[%]
MONO	0.46	[10 <sup>3</sup> /uL]	8.6	[%]
EO	0.11	[10 <sup>3</sup> /uL]	2.1	[%]
BASO	0.03	[10 <sup>3</sup> /uL]	0.6	[%]

RBC	4.49	[10 <sup>6</sup> /uL]
HGB	6.9	- [g/dL]
HCT	27.1	[%]
MCV	60.4	- [fL]
MCH	15.4	- [pg]
MCHC	25.5	- [g/dL]
RDW-SD	41.3	[fL]
RDW-CV	19.4	+ [%]

PLT	304	[10 <sup>3</sup> /uL]
MPV	8.7	- [fL]
PDW	9.6	[fL]
P-LCR	15.7	[%]
P-LCR	15.7	[%]

RET		[%]	[10 <sup>6</sup> /uL]
IRF		[%]	
LFR		[%]	
MFR		[%]	
HFR		[%]	
NRBC	0.01	[10 <sup>3</sup> /uL]	0.2 [%]

IG	0.02	[10 <sup>3</sup> /uL]	0.4 [%]
IPF		[%]	
RET-He		[pg]	



WBC IP Message

RBC IP Message

PLT IP Message

Microcytosis  
Hypochromia  
Anemia  
Iron Deficiency?

00-16 12/08/2023 08:44

1/1

**KLINIK JAYA SENTOSA**

Jl. Sunda No. 75  
Tel : 022-4264255

**RINCIAN REGISTRASI**

Pasien : (1074472) Ny. Daisy Valentine H  
No Trans : 382714 11-Aug-2023  
TimeSlot : 02 (Pagi)  
Unit : Klinik Umum  
Dokter : dr. Karlina Jayalaksana

**KARTU - Kartu Berobat**

1 Buah x 15,000 15,000

**U - Konsultasi dr.Karlina**

1 kali x 80,000 80,000

**U - Vitamin/Obat dr.Karlina**

1 kali x 5,000 5,000

Subtotal : 100,000  
Discount : 0

**TOTAL : 100,000**

Petugas : Risa





# Klinik Utama Jaya Sentosa

Jl. Sunda No. 75 BANDUNG

Telp. (022) 426-4255

## SURAT RUJUKAN

Kepada Yth. :

PROMATI 108

di

Mohon konsul & penatalaksanaan lebih lanjut atas pasien :

Nama : I. Daisy Vathenne H

Umur : 30 thn

Alamat : \_\_\_\_\_

1. Diagnosa

sus. mena def-beji + disipidemia

2. Pemeriksaan Penunjang : PRO OK 108

3. Terapi yang diberikan : \_\_\_\_\_

Atas perhatiannya, banyak terima kasih.

Bandung, 11 agst 2023

Dokter.vana Meruiuk

**KANTOR CABANG BANDUNG :**

● Jl. LL RE Martadinata 135, Telp. (022) 7271946, Fax. (022) 7234189

● Jl. Padjajaran 86, Telp. (022) 6021881, Fax. (022) 6021882

Website : <http://www.pramita.co.id> | E-mail : [martadinata@pramita.co.id](mailto:martadinata@pramita.co.id)

Jam operasional : 06.00 - 21.00 (Senin s/d Jum'at) | 06.00 - 20.00 (Sabtu) | Minggu dan hari besar libur

● Jl. Moh Toha 163, Telp. (022) 5201915, Fax. (022) 5222845

● Jl. Pasir Kaliki 215, Telp. (022) 82066333

● Jl. Amir Machmud 460 Cimahi, Telp. (022) 87800636, Fax. (022) 87800660

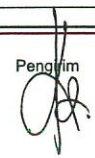
Nama Pasien	: <b>1 daisy Valentino</b>	Dokter	:
Alamat / Telp	:	Alamat	:
Umur	: <b>30 thn</b>	Telepon	:
	<b>Lk/Pr.</b>	Tanggal	:
Diagnosa / Keterangan Klinik :			

<b>HEMATOLOGI</b> <input type="checkbox"/> Hematologi Lengkap <input type="checkbox"/> Hematologi Rutin <input type="checkbox"/> Hematologi Lengkap & Retic <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Lekosit <input type="checkbox"/> Hitung Jenis <input type="checkbox"/> Laju Endap Darah (LED) <input type="checkbox"/> Trombosit <input type="checkbox"/> Hematokrit <input type="checkbox"/> Eritrosit <input type="checkbox"/> MCV <input type="checkbox"/> MCH <input type="checkbox"/> MCHC <input type="checkbox"/> Eosinofil <input type="checkbox"/> Retikulosit <input type="checkbox"/> Hapus Darah <input type="checkbox"/> Golongan Darah ABO <input type="checkbox"/> Golongan Darah Rhesus <input type="checkbox"/> Faal Hemostasis <input type="checkbox"/> Waktu Perdarahan (BT) <input type="checkbox"/> Waktu Pembekuan (CT) <input type="checkbox"/> Protrombin Time (PT) <input type="checkbox"/> PT (INR) <input type="checkbox"/> aPTT <input type="checkbox"/> Fibrinogen <input type="checkbox"/> D - Dimer <input type="checkbox"/> TAT (Test Agregasi Trombosit) ● <input type="checkbox"/> Serum Iron (SI) <input type="checkbox"/> TIBC <input type="checkbox"/> Ferritin <input type="checkbox"/> Asam Folat <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> G-6-PD <input type="checkbox"/> Coomb's Test Direct <input type="checkbox"/> Coomb's Test Indirect <input type="checkbox"/> Viscositas Darah <input type="checkbox"/> Viscositas Plasma <input type="checkbox"/> B1 Plasma <input type="checkbox"/> Hb Elektroforesis <input type="checkbox"/> Malaria <input type="checkbox"/> Rumpel Leede <input type="checkbox"/> CD 4 <input type="checkbox"/> CD 8 <input type="checkbox"/> Neutrophil Lymphocyte Count Ratio (NLCR) <b>NEW</b>	<b>KIMIA KLINIK</b> <b>FAAL HATI</b> <input type="checkbox"/> SGOT <input type="checkbox"/> SGPT <input type="checkbox"/> Gamma-GT <input type="checkbox"/> Fosfatase Alkali (ALP) <input type="checkbox"/> Cholinesterase <input type="checkbox"/> Bilirubin <input type="checkbox"/> Bile Acid <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin <input type="checkbox"/> Globulin <input type="checkbox"/> Gamma Globulin <input type="checkbox"/> Potein Elektroforesis <b>LEMAK</b> <input type="checkbox"/> Kolesterol Total <input type="checkbox"/> Triglisirida ★ <input type="checkbox"/> HDL Kolesterol <input type="checkbox"/> LDL Kolesterol Direct <input type="checkbox"/> Lp (a) ● <input type="checkbox"/> Apo A1 ● <input type="checkbox"/> Apo B ● <b>FAAL GINJAL</b> <input type="checkbox"/> Urea N (BUN) <input type="checkbox"/> Creatinin <input type="checkbox"/> Asam Urat ● <input type="checkbox"/> Urea Clearance ●● <input type="checkbox"/> Creatinin Clearance ●● <input type="checkbox"/> Acid Phosphatase <input type="checkbox"/> Pros. Acid Phosphatase <input type="checkbox"/> eGFR <input type="checkbox"/> Cystatin C <b>GULA DARAH</b> <input type="checkbox"/> Glukosa Puasa ● <input type="checkbox"/> Glukosa 2 JPP <input type="checkbox"/> Glukosa Sewaktu <input type="checkbox"/> Test Toleransi (GTT) ● <input type="checkbox"/> Gestasional - TTGO <input type="checkbox"/> HbA1c <input type="checkbox"/> HOMA IR <input type="checkbox"/> Insulin ● <input type="checkbox"/> C - Peptide ● <input type="checkbox"/> Glycated Albumin <b>ELEKTROLIT</b> <input type="checkbox"/> Natrium <input type="checkbox"/> Kalium <input type="checkbox"/> Chlorida <input type="checkbox"/> Calcium <input type="checkbox"/> Fosfor Anorganik <input type="checkbox"/> Magnesium <input type="checkbox"/> Bicarbonat <b>JANTUNG</b> <input type="checkbox"/> CPK / CK <input type="checkbox"/> CKMB <input type="checkbox"/> LDH <input type="checkbox"/> Troponin T <input type="checkbox"/> HS Troponin I <b>NEW</b> <input type="checkbox"/> NT Pro BNP <input type="checkbox"/> Pro BNP <input type="checkbox"/> hs - CRP <b>KIMIA KLINIK LAIN</b> <input type="checkbox"/> P - Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> Adenosin Deaminase (ADA) <input type="checkbox"/> Urea Breath Test (UBT) <b>NARKOBA</b> <input type="checkbox"/> Amphetamine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Benzodiazepine <input type="checkbox"/> Opiat / Morphine <input type="checkbox"/> Cannabinoid <input type="checkbox"/> Cocain <input type="checkbox"/> Barbiturat <b>DRUG MONITORING</b> <input type="checkbox"/> Aspirin (Uji Respon Obat Aspirin) <input type="checkbox"/> P2Y12 (uji Respon Obat P2Y12)	<b>IMMUNOLOGI</b> <b>HEPATITIS</b> <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAg Kuantitatif <input type="checkbox"/> Anti HBs <input type="checkbox"/> Anti HBs Titer <input type="checkbox"/> Anti HBc <input type="checkbox"/> Anti HBc IgM <input type="checkbox"/> HBeAg <input type="checkbox"/> Anti HBe <input type="checkbox"/> Anti HAV <input type="checkbox"/> Anti HAV IgM <input type="checkbox"/> Anti HCV <input type="checkbox"/> Anti HCV IgM <input type="checkbox"/> HBV DNA Kuantitatif (PCR) <input type="checkbox"/> HCV RNA Kuantitatif (PCR) <b>TORCH</b> <input type="checkbox"/> Panel TORCH <input type="checkbox"/> Anti Toxoplasma IgM <input type="checkbox"/> Anti Toxoplasma IgG <input type="checkbox"/> Toxoplasma IgG Avidity <input type="checkbox"/> Anti Rubella IgM <input type="checkbox"/> Anti Rubella IgG <input type="checkbox"/> Anti CMV IgM <input type="checkbox"/> Anti CMV IgG <input type="checkbox"/> Anti CMV IgG Avidity <input type="checkbox"/> Anti HSV 2 IgM <input type="checkbox"/> Anti HSV 2 IgG <input type="checkbox"/> Anti HSV 1 IgM <input type="checkbox"/> Anti HSV 1 IgG <b>PRE NATAL SCREENING</b> <input type="checkbox"/> sFlt-1 / PlGF Ratio <input type="checkbox"/> Soluble FMS-Like Tyrosine Kinase-1 (sFlt-1) <input type="checkbox"/> Placental Growth Factor (PlGF) <input type="checkbox"/> Free Beta HCG <input type="checkbox"/> PAPP-A <input type="checkbox"/> NIPT <input type="checkbox"/> (Non-Invasive Prenatal Testing) <b>STD</b> <input type="checkbox"/> VDRL <input type="checkbox"/> TPHA <input type="checkbox"/> Anti HIV <input type="checkbox"/> Anti HIV Screening <b>IMUNOSEROLOGI LAIN</b> <input type="checkbox"/> Widal <input type="checkbox"/> Anti-DHF IgM <input type="checkbox"/> Anti-DHF IgG <input type="checkbox"/> NS 1 <input type="checkbox"/> Anti-DHF Rapid <input type="checkbox"/> Seramoeba <input type="checkbox"/> Malaria (ICT) <input type="checkbox"/> H. Pylori IgG <input type="checkbox"/> H. Pylori IgM <input type="checkbox"/> Anti Chlamydia IgM <input type="checkbox"/> Anti Chlamydia IgG <input type="checkbox"/> IgM Anti Salmonella <input type="checkbox"/> Helicobacter Antigen <input type="checkbox"/> Chikungunya IgM <input type="checkbox"/> TB IGRA <input type="checkbox"/> Anti SARS-CoV-2 S-RBD <b>NEW</b> (Kuantitatif) <input type="checkbox"/> Anti SARS-CoV-2 S-RBD <b>NEW</b> (Kuantitatif) Titer <input type="checkbox"/> SARS CoV-2 Antigen Test <b>NEW</b> <input type="checkbox"/> SARS CoV-2 Antigen Test (Nasal) <b>NEW</b> <b>AUTOIMUN DAN PROTEIN SPESIFIK</b> <input type="checkbox"/> Rheumatoid Arthritis Kuantitatif <input type="checkbox"/> Rheumatoid Arthritis Kualitatif <input type="checkbox"/> CRP Kualitatif <input type="checkbox"/> CRP Kuantitatif <input type="checkbox"/> ASTO / ASO Kuantitatif <input type="checkbox"/> ASTO / ASO Kualitatif <input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> IgA <input type="checkbox"/> C3-Complement <input type="checkbox"/> C4-Complement <input type="checkbox"/> ANA Test <input type="checkbox"/> Anti - ds DNA <input type="checkbox"/> ACA IgG <input type="checkbox"/> ACA IgM <input type="checkbox"/> Anti B2 - Glycoprotein 1 IgG <input type="checkbox"/> Anti B2 - Glycoprotein 1 IgM <input type="checkbox"/> ANA (IF) <input type="checkbox"/> ANA Panel Test <input type="checkbox"/> Anti CCP Antibodi <input type="checkbox"/> LE Test <input type="checkbox"/> Interleukin 6 (IL-6) <b>NEW</b>	<b>IMMUNOLOGI</b> <b>PENANDA TUMOR</b> <input type="checkbox"/> AFP <input type="checkbox"/> CEA <input type="checkbox"/> PSA Total <input type="checkbox"/> Free PSA <input type="checkbox"/> Ca 15-3 <input type="checkbox"/> Ca 125 <input type="checkbox"/> Ca 19-9 <input type="checkbox"/> NSE <input type="checkbox"/> SCC <input type="checkbox"/> CA125 & HE4 ( ROMA) <b>ENDOKRIN</b> <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> TSH-s <input type="checkbox"/> Free T4 <input type="checkbox"/> TRAb (TSH Receptor Antibody) <input type="checkbox"/> TSH Neonatus Screening <input type="checkbox"/> LH <input type="checkbox"/> FSH <input type="checkbox"/> Prolaktin <input type="checkbox"/> Testosteron <input type="checkbox"/> Estradiol <input type="checkbox"/> Progesteron <input type="checkbox"/> Beta-HCG <input type="checkbox"/> Growth Hormon <input type="checkbox"/> Cortisol <input type="checkbox"/> AMH (Anti Mullerian Hormon) <input type="checkbox"/> DHEAs <b>ALERGI</b> <input type="checkbox"/> IgE Total <input type="checkbox"/> Eosinofil <input type="checkbox"/> Panel IgE Spesifik 54 Jenis <input type="checkbox"/> Panel IgE Spesifik 96 Jenis <b>NEW</b> <input type="checkbox"/> Food Tolerance Test <b>MIKROBIOLOGI</b> <b>PREPARAT DIREK</b> <input type="checkbox"/> Gram <input type="checkbox"/> BTA <input type="checkbox"/> BTA Serial (I, II, III) <input type="checkbox"/> Differi <input type="checkbox"/> G.O. <input type="checkbox"/> Trichomonas <input type="checkbox"/> Jamur <input type="checkbox"/> Candida sp <b>KULTUR &amp; UJI KEPEKAAN</b> <input type="checkbox"/> Kultur & Uji Kepekaan : <input type="checkbox"/> Kultur Gali <input type="checkbox"/> Kultur BTA <input type="checkbox"/> Kultur GO <input type="checkbox"/> Kultur Differia <input type="checkbox"/> Kultur Mikrobiologi <input type="checkbox"/> Kultur Salmonella Shigella <input type="checkbox"/> Bahan : ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <b>BIOMOLEKULER</b> <b>PCR</b> <input type="checkbox"/> HBV DNA Kuantitatif <input type="checkbox"/> HCV RNA Kuantitatif <input type="checkbox"/> Salmonella typhi <input type="checkbox"/> Mycobacterium TBC <input type="checkbox"/> HIV DNA <input type="checkbox"/> BCR ABL <b>NEW</b> <input type="checkbox"/> SARS-CoV-2 <b>NEW</b> <b>OSTEOPOROSIS</b> <input type="checkbox"/> Beta - Crosslaps <input type="checkbox"/> N - Mid Osteocalcin <input type="checkbox"/> Vitamin D	<b>ELEKTROMEDIS</b> <b>JANTUNG</b> <input type="checkbox"/> ECG <input type="checkbox"/> Treadmill Test <input type="checkbox"/> Echocardiografi <input type="checkbox"/> Holter Monitoring ECG <b>USG</b> <input type="checkbox"/> Upper & Lower Abdomen ● <input type="checkbox"/> Upper Abdomen ●● <input type="checkbox"/> Lower Abdomen ●●● <input type="checkbox"/> Kandungan <input type="checkbox"/> Kandungan 4 Dimensi <input type="checkbox"/> Mammae <input type="checkbox"/> Testis <input type="checkbox"/> Thyroid <input type="checkbox"/> Liver <input type="checkbox"/> Ginjal <input type="checkbox"/> Prostat <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Carotis <b>RONTGEN POLOS</b> <input type="checkbox"/> Thorax PA <input type="checkbox"/> Thorax Lateral <input type="checkbox"/> Waters <input type="checkbox"/> BOF/ BNO ● <input type="checkbox"/> Ankle Dex <input type="checkbox"/> Ankle Sin <input type="checkbox"/> Cervical Ap <input type="checkbox"/> Cervical Obl Dex <input type="checkbox"/> Cervical Obl Sin <input type="checkbox"/> Genu Dex <input type="checkbox"/> Genu Sin <input type="checkbox"/> Lumbosacral Ap <input type="checkbox"/> Lumbosacral Lat <input type="checkbox"/> Imanus Dex <input type="checkbox"/> Manus Sin <input type="checkbox"/> Shoulder Dex <input type="checkbox"/> Shoulder Sin <input type="checkbox"/> Skull Ap <input type="checkbox"/> Skull Lat <input type="checkbox"/> Tarsalia Dex <input type="checkbox"/> Tarsalia Sin <input type="checkbox"/> Vert. Thoracalis Ap <input type="checkbox"/> Vert. Thoracalis Lat <input type="checkbox"/> Mammography <input type="checkbox"/> Whole Spine <b>RONTGEN KONTRAS</b> <input type="checkbox"/> IVP / BNO IVP ● <input type="checkbox"/> HSG ★★ <input type="checkbox"/> OMD/UGI ■■ <input type="checkbox"/> Oesophagus <input type="checkbox"/> Colon Inloop ● <input type="checkbox"/> Maagduodenography <input type="checkbox"/> Urethrography <input type="checkbox"/> Cystorethrography <input type="checkbox"/> Fistulography <input type="checkbox"/> Sialography <b>RONTGEN GIGI</b> <input type="checkbox"/> Panoramic <input type="checkbox"/> Dental <input type="checkbox"/> Cephalometri <b>ELEKTROMEDIS LAIN</b> <input type="checkbox"/> EEG ■ <input type="checkbox"/> Autopsiometri <input type="checkbox"/> Audiometri
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**PEMERIKSAAN LAIN YANG DIKEHENDAKI DOKTER**

○ \_\_\_\_\_

○ \_\_\_\_\_

<b>KETERANGAN</b> ★ Pusa 8 - 12 jam ★ Tidak melakukan hubungan badan 2 - 7 hari sebelum pemeriksaan ● Pusa 10 - 12 jam ● Urine 24 jam ● Persiapan khusus ● Pusa makan ± 6 jam, banyak minum, tahan kencing 1 jam sebelum pemeriksaan ● Pusa makan ± 6 jam ● Banyak minum dan tahan kencing 1 jam sebelum pemeriksaan ● Dilakukan pada hari ke 10, 11, 12 dari menstruasi pertama, sebaiknya hubungi Lab. PRAMITA ● Cuci rambut kemudian ditinggalkan, sebaiknya hubungi Lab. PRAMITA ● Pusa ± 6 jam, sebaiknya hubungi Lab. PRAMITA	<input type="checkbox"/> Hasil Diambil <input type="checkbox"/> Hasil dikirim ke : <input type="checkbox"/> Rumah <input type="checkbox"/> Dokter <input type="checkbox"/> E-mail : ..... <input type="checkbox"/> Website : <a href="http://www.pramita.co.id">www.pramita.co.id</a> ( ..... ) ( ..... )	Pengirim 
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

Jl. RE. Martadinata 135  
Bandung 40114





## KWITANSI

KEU.02-FRM-CR-01.5/01

Telah diterima dari : Ny DAISY VALENTINE HANDOKO  
Uang Sejumlah : 1.109.000  
Terbilang : Satu Juta Seratus Sembilan Ribu Rupiah

Untuk pembayaran pemeriksaan laboratorium :

Nama Pasien : Ny DAISY VALENTINE HANDOKO  
PID/No. Registrasi : DAD0051354 / 044M6N76DA  
Tanggal : 12-08-2023 07:52:09  
Umur / Jns. Kelamin : 39 tahun 5 bulan 30 hari / P  
No. Telp : 08122185708  
Pengirim : dr. KARLINA JAYALAKSANA  
Kelompok Pelanggan : PASIEN KLINISI  
Alamat : JL DORSET 12 (D12) KOMP CITRA GREEN DAGO 001/009  
Ciumbuleuit Cidadak Bandung

## Rincian Pemeriksaan :

Hematologi Lengkap	Rp.	164.000
SGOT	Rp.	86.000
SGPT	Rp.	86.000
Panel Profil Lemak	Rp.	410.000
Asam Urat	Rp.	87.000
Glukosa Darah Puasa	Rp.	56.000
Panel HbA1c	Rp.	220.000
<b>Biaya Pemeriksaan</b>	Rp.	1.109.000
<b>Discount</b>	Rp.	0
<b>Total Biaya Pemeriksaan</b>	Rp.	1.109.000

LUNAS

Bandung , 12-08-2023 07:53:08

**PRAMITA Lab**

Mengutamakan Kualitas Diagnosis & Pelayanan

## LABORATORIUM KLINIK PRAMITA

KANTOR CABANG BANDUNG :

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**KWITANSI**

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