



Siloam Hospitals Lippo Cikarang Jl. M. H. Thamrin Kav. 105, Lippo Cikarang - Bekasi 17550 Telp. +62 21 2963 6900, 2693 6999 Fax. +62 21 2963 6969



Registration No / MR: OPA2309070474 / 10-01-96-51

: PRIVATE

: SARAH UMMU LATHIFAH

Name Address

: MAWAR RAYA NO 2 LEMBAH HIJAU LIPPO CIKARANG

Invoice No

: OIV2309070339

Invoice Date

: 07-Sep-2023 17:33

Registration Date

: 07-Sep-2023 17:30

| 1 . 1 | | | | | | | 1 | |
|-------|-------------------------------------|-------------------------|-------|-----|---------|-------|---|---------|
| No | Name | Description | Qty | UOM | Amount | Disc. | | Patient |
| | LABORATORY | | | | | | | |
| 1 | CRP QUANTITATIVE | dr. Muhammad Adriwansah | 1 | | 327.000 | 0 | | 327.000 |
| 2 | FULL BLOOD COUNT (CBC + DIFF + LED) | dr. Muhammad Adriwansah | _ 1 | | 154.500 | 0 | | 154.500 |
| | RADIOLOGY | 4 | | | | | | |
| 3 | THORAX AP/PA | dr. Muhammad Adriwansah | 1 | | 263.000 | 0 | | 263.000 |

744.500 SUB TOTAL: 744.500

TOTAL:

744.500

PAYMENT:

744.500

BALANCE:

IN WORDS PATIENT:

Patient Type

Tujuh ratus empat puluh empat ribu lima ratus rupiah

PATIENT RECEIPT / KUITANSI:

| Туре | Date | Payment Mode | Account No | Account Name | Description | Cashier | Patient |
|------------|----------|--------------|---------------------|--------------|----------------------------|----------------------|---------|
| Payment 11 | 07/09/23 | Credit Card | XXXXXXXXXXXX2093 | PUJI ASTUTI | CIMB NIAGA, Ref No: 001706 | Enny Mariance Silaen | 744.500 |
| Li- | Amid | L | X S R WW R AND B RE | | | TOTAL : | 744 500 |

CASHIER

Enny Mariance Silaen





SILDAM HOSPITALS LIPPO CIKARANG Jl. MH. Thamrin No.Kav. 105, Cibatu, Cikarang Sel., Bekasi, Jawa Barat 17530 (021) 29636900

MR
Name (Nama)
DOB/Age (TTL/Umur)
Sex (Jenis Kelamin)
Doctor (Dokter)
Adm No. (No. Adm)
Payer (Payer)

: SHLC.10-01-96-51 : SARAH UMMU LATHIFAH : 26 Mar 1996 / 27Y 5M 9D

: Female

: dr. Muhammad Adriwansah : OPA2309040461 / 04 Sep 2023

Tanggal Direncanakan (Planned Date)

; PRIVATE

07 Sep 2023

Permohonan Pemeriksaan Radiologi - Future Order

| Diagnosa Klinis (Clinical Diagnosis): | |
|---|------|
| Susp Pneumonia Bronkhitis akut Faringitis | akut |

Status Kehamilan (Pregnancy Status): -

Order Radiologi (Radiology Order):

Order

Detail

XRay

o X-RAY THORAX AP/PA

USG

(tidak ada order)

СT

(tidak ada order)

MRI 1,5 Tesla MRI 3 Tesla (tidak ada order) (tidak ada order)

Lain-lain

(tidak ada order)

Catatan:

PERNYATAAN / STATEMENT

dr. Muhammad Adriwansah Dokter (*Physician*)



SILOAM HOSPITALS LIPPO CIKARANG Jl. MH. Thamrin No.Kav. 105, Cibatu, Cikarang Sel., Bekasi, Jawa Barat 17530 (021) 29636900

MR Name (Nama) DOB/Age (TTL/Umur) Sex (Jenis Kelamin) Doctor (Dokter) Adm No. (No. Adm)

Payer (Payer)

: SHLC.10-01-96-51 : SARAH UMMU LATHIFAH : 26 Mar 1996 / 27Y 5M 9D

: Female

: dr. Muhammad Adriwansah : OPA2309040461 / 04 Sep 2023

Tanggal Direncanakan (Planned Date)

: PRIVATE

07 Sep 2023

Permohonan Pemeriksaan Laboratorium - Future Order

Diagnosa Klinis (Clinical Diagnosis): Susp Pneumonia Bronkhitis akut Faringitis akut

Status Kehamilan (Prognancy Status): -

Order Laboratory (Laboratory Order):

Order

Detail

CITO

(tidak ada order)

Clinical Pathology

○ CRP QUANTITATIVE

o FULL BLOOD COUNT (CBC + DJFF + LED)

Microbiology

(tidak ada order)

Anatomical Pathology

(tidak ada order)

MDC

(tidak ada order)

Panel & Others

(tidak ada order)

Lain-lain

(tidak ada order)

Catatan:

Keterangan

* Puasa 10-12 jam

** Puasa 12-14 jam

Nama/Paraf

Tgl/Jam

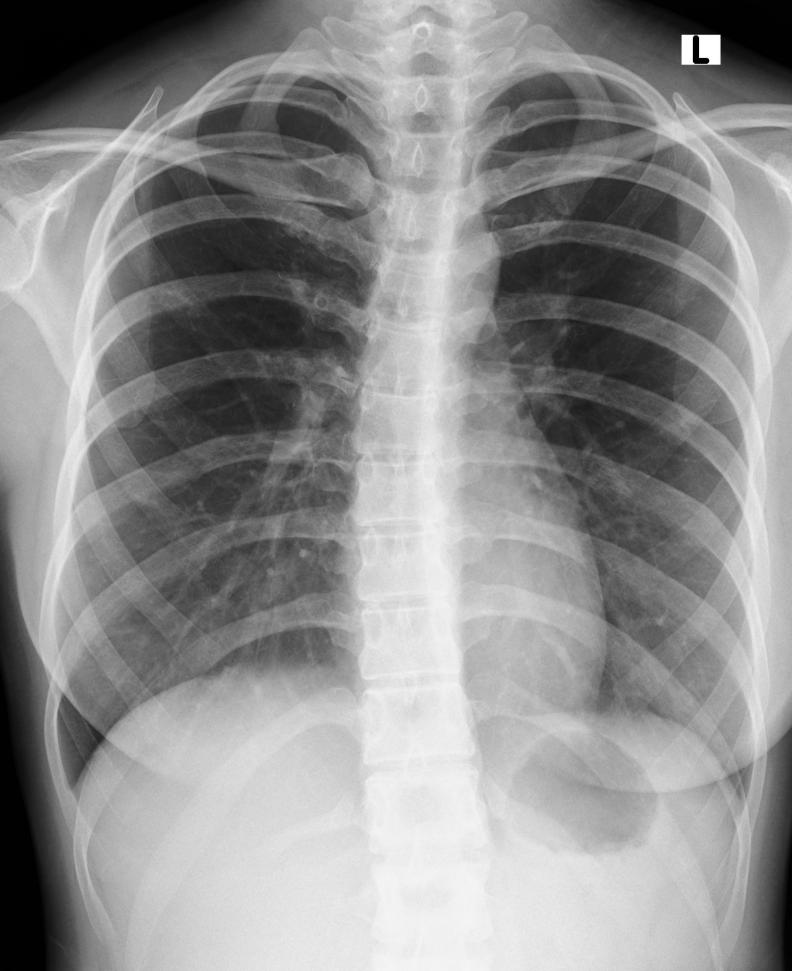
OTORISASI PETUGAS

Phlebotomist Distribusi Sampel Print Hasil Cek Hasil

Tugas

dr. Muhammad Adriwansah

Dokter (Physician)







JI.MH. Thamrin Kav. 105, Cibatu, Bekasi 17530 Telp. +6221 2963-6900

LIPPO CIKARANG

Pathologist: dr. Feronica K.H, SpPK

Source : OUTPATIENT Name : SARAH UMMU LATHIFAH

Age / Sex : 27Y / FEMALE Address : MAWAR RAYA NO 2 LEMBAH HIJAU LIPP

DOB : 26-03-1996

Order Date : 07-09-2023 17:33:00 PID : 10019651 Specimen Date : 07-09-2023 17:54:00 Lab No. : 23056134

Print Date : 07-09-2023 18:59 Reg No.

Pages : 1/1 Clinician : dr. Muhammad Adriwansah

ID KTP/Passport: 3216196603960001 ROUTINE

Info Klinik :

| TEST | RESULT | UNIT | REF. RANGE | |
|------------------------------|--------|----------|-------------|--|
| HEMATOLOGY | | | | |
| Full Blood Count | | | | |
| Haemoglobin | 13.7 | g/dL | 12.0 - 16.0 | |
| Leucocyte Count | 7.0 | 10^3/ul | 5.0 - 10.0 | |
| Differential Leucocyte Count | 5 | | | |
| Basophil | 0 | % | 0 - 1 | |
| Eosinophil | L O | % | 1 - 3 | |
| Band Neutrophil | L 1 | % | 2 - 6 | |
| Segmented Neutrophil | н 75 | % | 50 - 70 | |
| Lymphocyte | L 19 | % | 20 - 40 | |
| Absolut Lymphocyte Count | 1.33 | 10^3/ul | | |
| Neutrophyl Lymphocyte Ratio | 4.0 | | | |
| Monocyte | 5 | % | 2 - 8 | |
| Erythrocyte Count | 4.76 | 10^6/uL | 4.20 - 5.40 | |
| Hematocrit | 42.1 | % | 37.0 - 47.0 | |
| MCV | 88.4 | fL | 80.0 - 96.0 | |
| MCH | 28.8 | pg | 27.0 - 31.0 | |
| MCHC | 32.5 | g/dL | 32.0 - 36.0 | |
| Platelet Count | 250 | 10^3/ul | 150 - 400 | |
| ESR | 10 | mm/hours | 0 - 20 | |
| CHEMISTRY | | | | |
| CRP Quantitative | 1.7 | mg/L | <5.0 | |

Authorized By Siti Rochani

Report Date :07-09-2023 18:59:00