



# Ruman Sakit EDELWEISS

Jl. Soekarno Hatta No. 550 Kel. Sekeloa, Kec. Buahbatu  
Telp. (022) 860 23 000 Fax. (022) 860 23 000 Kota Bandung - JAWA BARAT

## OutPatient Invoice

Original

Receipt No : OP-00192855  
Reg No : 2305080027  
MRN : 00-07-16-42  
Patients Name : RONY HERMAWAN  
Queue Recipe Number : A009

Description	Qty	Harga Satuan	Discount (Rp)	Harga Total
<b>ADMINISTRATION :</b>				
Jasa Sarana Klinik Spesialis ( Pasien Baru )	1	50.000,-	0,-	50.000,-
		<b>Subtotal :</b>	<b>0,-</b>	<b>50.000,-</b>
<b>TREATMENT CHARGE :</b>				
Pemeriksaan Dokter Klinik Spesialis [ Dr. Floriyani Indra Putri, Sp.pd ]	1	150.000,-	0,-	150.000,-
		<b>Subtotal :</b>	<b>0,-</b>	<b>150.000,-</b>
<b>MEDICINES CHARGE :</b>				
Cefixime Kap 200 Mg Ogb Dexa ( R230507700964 )	10	5.874,-	0,-	58.740,-
Fg Troches Tab ( R230507700964 )	10	2.268,-	0,-	22.680,-
Lansoprazole Cap 30 Mg Hexpharm ( R230507700964 )	10	1.922,-	0,-	19.220,-
Methylprednisolone Tab 8 Mg Ogb Dexa ( R230507700964 )	6	852,-	0,-	5.112,-
Rhinos Sr Cap ( R230507700964 )	10	10.732,-	0,-	107.320,-
Sucralfate Susp 100 MI ( R230507700964 )	1	32.035,-	0,-	32.035,-
Tuzalos Kap ( R230507700964 )	10	1.602,-	0,-	16.020,-
		<b>Subtotal :</b>	<b>0,-</b>	<b>261.127,-</b>
		Bill		461.127,-
		Rounding		0,-
		<b>Total Bill</b>		<b>461.127,-</b>

Payment :

Receipt From : RONY HERMAWAN

Amount ( Four Hundred Sixty-one Thousand One Hundred Twenty-seven Rupiah )

\*\*\* Thank You \*\*\*

Kota Bandung / 08-05-2023, 10:01

Officer

rumah sakit  
edelweiss  
Debet D(8771) BANK MANDIRI 1944  
Total Pay

461.127,-  
461.127,-



**Copy Resep**  
**KLINIK PENYAKIT DALAM**

**08-May-2023 Jam :**  
**09:38:42**

Nomor RM / Reg. : 00-07-16-42 / 2305080027  
Nama Pasien : RONY HERMAWAN (L)  
Tanggal Lahir / Umur / BB / TB : 07-10-1979 / 43 thn 7 bln 1 hr / Kg / Cm  
Kelas / Ruangan / No Bed : -  
Alamat : KOMP. BUMI ADIPURA CLUSTER TULIP VIII NO.47  
No Telp : 08811210322  
Tanggal Resep : 08-May-2023 Jam : 09:38:42  
Dokter Resep :  
Dokter / SIP : dr. Floriyani Indra Putri, Sp.PD / 0051/IPFK-DS/II/2022/DPMPSTSP  
Nomor Resep : DD202305080025  
Penjamin :  
Alergi :

Nama Obat	Aturan Pakai	Qty
R/ TUZALOS KAP <i>det</i>	2x1 KAP	10 KAP
R/ LANSOPRAZOLE CAP 30 MG HEXPHARM <i>det</i>	1x1 TAB	10 TAB
R/ SUCRALFAT SUSP 200 ML <i>det</i>	3x10 cc FLS	1 FLS
R/ FG TROCHES TAB <i>det</i>	3x1 TAB	10 TAB
R/ METHYLPREDNISOLONE TAB 8 MG OGB DEXA <i>det</i>	2x1 TAB	6 TAB
R/ RHINOS SR CAP <i>det</i>	2x1 CAP	10 CAP
R/ CEFIXIME KAP 200 MG OGB DEXA <i>det</i>	2x1 KAP	10 KAP

Petugas Farmasi

(Kurniasiaty Ramadhan)