

# KWITANSI

Bukti Pembayaran

Invoice Number

: 9002522394/300403298

Visit No

: 380376448

: EKA D, CARISA

Medical Record No : 10476452

Payer

: EKA D CARISA

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Location

: EKA HOSPITAL Cibubur Kab. Bogor CUG : 12-Aug-2023 / 09:06:06

Date/Time

Admission Date : Discharge Date :

Room/Class

Date	Item Code	Description		Quantity	Amount
		Accommodation Services			
12-Aug-2023	RR086A	SEWA RUANG IGD 1 - 4 JAM		1	200.000
			Sub Total		200.000
			Sub Total Discount		0
		Administrative Services			
12-Aug-2023	ADM003	ADMINISTRASI IGD		1	50.000
			Sub Total	•••••••••••••••••••••••••••••••••••••••	50.000
		÷ .	Sub Total Discount		0
		Consultation Services			
12-Aug-2023	CONSLT0109	KONSULTASI DOKTER UMUM IGI		1	150.000
			Sub Total		150.000
			Sub Total Discount		(
		Drugs			
12-Aug-2023	101070	INPEPSA 500 MG/5 ML 100 ML SUSP [P]		1	104.90
12-Aug-2023	100470	KETOROLAC TROMETHAMINE 3% 30 MG/ML 1 ML		1	21.85
12-Aug-2023	100507	LANSOPRAZOLE 30 MG CAP [P]		10	22.10
12-Aug-2023	103780	LANSOPRAZOLE 30MG DRY INJ		1	142.360
12-Aug-2023	100774	NACL 0.9 % 100 ML PIGGY BAG INF		1	22.750
12-Aug-2023	100778	NACL 0.9% 25 ML INF		1	10.900
12-Aug-2023	103893	NARFOZ 2MG/ML 4ML INJ		1	90.660
12-Aug-2023	103028	NARFOZ 8MG TAB [P]		6	224.919
12-Aug-2023	100267	SANMOL 10 MG/ ML 100 ML IN	FUS	1	96.130
			Sub Total	***************************************	736,469
		24	Sub Total Discount		0
		Laboratory			
12-Aug-2023	L030114	CRP Kuantitatif		1	415.000
12-Aug-2023	L010365	HEMATOLOGI RUTIN+DIFF		1	156.000
		ia.	Sub Total	***************************************	571.000
			Sub Total Discount		0
		Medical Supplies			
2-Aug-2023	200218	DISCOFIX; BBRAUN, REF 409810	2,TUB	1	61.970
2-Aug-2023	207018	SAFEWELL INFUSION SET		1	19.980
12-Aug-2023	200198	SYRINGE W/NEEDLE; 10ML, PS10L21, TERUMO		1	12.880
12-Aug-2023	200199	SYRINGE W/NEEDLE; 20ML, PS20ES, TERUMO		1	23.990
12-Aug-2023	200200	SYRINGE W/NEEDLE; 3ML, PS03L23, TERUMO		1	8.370
12-Aug-2023	200201	SYRINGE W/NEEDLE; 5ML, PS05L22, TERUMO		1	10.140
		-			23.480



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Patient

: EKA D, CARISA

Date/Time

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: EKA D CARISA

Discharge Date :

Room/Class

Date	Item Code	Description		Quantity	Amount
12-Aug-2023	200105	VASOFIX SAFETY;24G,42690	71S,BBRAUN	1	76.050
12-Aug-2023			Sub Total Sub Total Discount		236.860
	GZ001	Other Services			
		MEALS - CANTEEN		1	45.000
		7*	Sub Total Sub Total Discount		45.000 0
Mohon berikan evaluasi pelayanan Eka Hospital			Total	:	1.989.329
			Discount	:	0
di Customer Care de la comme d			Waiver	:	0
		2"	Round	:	0
	lp us to ser	ve you better	Net payable	;	1.989.329
		ř	PAID BY	:	••••••••••••••••••••••••••••••
			Patient		1.989.329
		~	CARD TRANSACTION		89.329

#### AMOUNT IN WORD

ONE MILLION NINE HUNDRED EIGHTY-NINE THOUSAND THREE HUNDRED TWENTY-NINE

2-Aug-2023

Cashier

Tanda tangan pasien/Penanggung Jawab

Patient Sign/Guarantor

- 1. Invoice ini merupakan tanda terima pembayaran resmi, setelah distempel oleh kasir This is an official payment receipt, upon cashier stamp 2.Barang yang sudah dibeli tidak dapat ditukar/dikembalikan
- Change or return after purchase are not allowed
- 3.Untuk rawat jalan, harga item instalasi farmasi termasuk PPN VAT is included for pharmacy item (s) prices on outpatient treatment
- 4.Untuk rawat inap, item instalasi farmasi tidak dikenai PPN Pharmacy item (s) is not subject to VAT on inpatient treatment
- 5.JKP atas Jasa Pelayanan Kesehatan Medis merupakan JKP tertentu yang bersifat strategis yang dibebaskan dari pengenaan PPN berdasarkan PP No. 49 Tahun 2022 JKP for medical health services is a certain strategic JKP that is exempt from VAT imposition based on PP 49 of 2022

N.P.W.P: 21.000.263.0-218.000



# HASIL LABORATORIUM

Penanggung Jawab : Dr. Ardi Putranto Ari Supomo, SpPK

No. PRN

: 0010476452

Tgl.Order

: 12-08-2023 07:23:00

No. Lab.

: 323020027

Tgl.Pemeriksaan : 12-08-2023 07:23:00

Nama Pasien

Tgl.Selesai

: 12-08-2023 07:51:00

: CARISA EKA D

Nama Dokter

DOB/J.Kelamin : 16-08-2009 (13Y)/FEMALE

: VILLA NUSA INDAH 3 BLOK KK7

Tgl.Cetak

: 12-08-2023 07:51

Alamat

: Aleron, Dr. Evan

Ruang

: Emergency Tent Clinic

PEMERIKSAAN	HASIL	SATUAN	NILAI NORMAL
HEMATOLOGI			
Hematologi Rutin			
Rutin			
Hemoglobin	13.6	g/qr	12.0 - 16.0
Jumlah Leukosit	10.5	10^3/µL	4.8 - 10.8
Jumlah Eritrosit	4.81	10^6/µL	3.80 - 5.20
Hematokrit	40.4	*	37.0 - 47.0
MCV	84.0	fL	78.0 - 95.0
MCH	28.3	pg	27.0 - 31.0
MCHC	33.7	g/dL	33.0 - 37.0
Jumlah Trombosit	H 479	10^3/µL	150 - 450
Hitung Jenis			
Basofil	0	*	0 - 1
Eosinofil	r o	*	2 - 4
Neutrofil	H 76	, 4	50 - 70
Limfosit	L 21	*	25 - 40
Monosit	3	*	2 - 8
Lain-lain	Tidak ditem	nukan	
Neutrofil Limfosit Ratio	3.62		< 5.8
SEROLOGI	,		
CRP Kuantitatif	2.50	mg/L	< 5

Diotorisasi oleh: INDRA KURNIA

: 1/1

Hasil hanya bisa dibicarakan dengan dokter pengirim

Hasil nanya bisa dibicarakan dengan dokter pengirim (Laboratory result can only be discussed with the sending doctor) Hasil sudah di validasi secara elektronik, Tidak memerlukan tanda tangan (The Laboratory results has been verified electronically, no signature is required)

Halaman



## EKA HOSPITAL CIBUBUR

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