SILOAM HOSPITALS KEBON JERUK JL. RAYA PEJUANGAN KAV 8 KEBON JERUK, JAKARTA BARAT TELP: 021-25677888

INVOICE

Registration No / MR : 0FA2306260416 / 00-54-15-73

Invoice No : 01V2306260721 Invoice Date : 26-Jun-2023 11:38

BALANCE :

Name

: JULIANA GJONG APPAGIT II NO.9 CIDENG BARAT GARBIR Registration Date : 25-Jun-2023 11:27

Add rest

Patient Type PRIVATE	Description	Qty UOM		Discount	Patient
No Name RADIOLOGY	dr. Langga Sintong, SpOT (K)	1	321,000	32,100	285,900
1 ANKLE		SUB TOTAL : ROUNDING : TOTAL : PAYMENT :	321,000	52,100	288,900 -900 288,000 288,000

IN WORDS - PATIENT :

Dua ratus delapan puluh delapan ribu rupiah

PATIENT RECEIPT / KUITANSI :

PRISCRI ACC				***************************************	Description	Cashier	Patient
Type	Date	Payment Mode	card / Account No	Card / Account Name	Describiton		
Payment	26/05/	23 Credit Card	XXXXXXXXXXXXXXXX6721		BCA, Ref No: 041003	HERMIHA SEPTIAHA MAPITUPULU	A 288,000
						Total	288.000

CETTANA NAPITUTULU



Siloam Hospitals Kebon Jeruk
JI. Perjuangan JI. Kav. VIII, RT.14/RW.10, Kb. Jeruk, Kec. Kb. Jeruk, Kota
Jakarta Barat, Daerah Khusus Ibukota Jakarta 11530
(021) 25677888

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

Payer (Payer)

: SHKJ.00-54-15-73 : JULIANA OJONG : 05 Jul 1975 / 47Y 11M 21D : Female

: dr. Langga Sintong, SpOT (K) : OPA2306260247 / 26 Jun 2023

: PRIVATE

Permohonan Pemeriksaan Radiologi

Diagnosa Klinis (*Clinical Diagnosis*): Plantar fasciitis D

Status Kehamilan (Pregnancy Status): -

Tanggal Dibuat (Order Date) 26 Jun 2023 11:05:57

Order Radiologi (Radiology Order):

Order	Detail
XRay	o X-RAY ANKLE (Right)
USG	(tidak ada order)
ст	(tidak ada order)
MRI 1,5 Tesla	(tidak ada order)
MRI 3 Tesla	(tidak ada order)
Lain-lain	(tidak ada order)

Catatan:

PERNYATAAN / STATEMENT

Tanggal / Date: 26/6/123

Pada saat pemeriksaan ini dilakukan, saya tidak sedang hamil. /
I'm not pregnant during the examination

10

Pasien / Patient

Kode 592
Kebon Jeruk
St dr. Langga Sintong, SpOT (K)
SIP Dokter (Physican) tong, Sp. 01
SIP Dokter (Physican) tong, Sp. 01
SIP Dokter (Physican) tong, Sp. 01



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

: SHKJ.00-54-15-73 : JULIANA OJONG : 05 Jul 1975 / 47Y 11M 21D

: Female : dr. Langga Sintong, SpOT (K) : OPA2306260247 / 26 Jun 2023

: PRIVATE

Created Date (Tanggal Dibuat) 26 June 2023 11:05:57 Modified Date (Tanggal Diubah) 26 June 2023 12:32:29

Medical Resume (Resume Medis) Description (Deskripsi) Section (Keterangan) Anamnesis Nyeri tumit kaki kanan sejak 3 minggu yg lalu. (Anamnesa) Vital Signs (TTV) R/pedis D: tenderness (+), ROM baik Blood Pressure (Tekanan darah): 100/75 mmHg Pulse (Nadi): 84 x/mnt Respiratory (Pernapasan): 19 x/mnt **Physical Exam** SpO2: -% (Pemeriksaan Fisik) Temperature (Suhu): -°C Weight (BB): 62 kg Height (TB): 158 cm Head Circumference (LK): - cm Diagnosis Plantar fasciitis D (Diagnosa) Ro ankle D AP/Lat strecthing Plan & Procedure (Tindakan di RS) medikamentosa fisioterapi **Procedure Result**

Item (Obat)	Oty (Jml)	UoM (Unit)	Frequency (Frekuensi)	Dose (Dosis)	Instruction (Instruksi)	Route (Rute)	Iter (Iter)	Routine (Rutin)
REMABREX 200MG CAP	15	CAPSULE	2 X SEHARI	1 CAPSULE	SESUDAH MAKAN	ORAL	1	No
NUTRIFLAM NEO	15	CAPSULE	2 X SEHARI	100 MG	SESUDAH MAKAN	ORAL	1	No
KALTROFEN 2,5% BOGRAM GEL	1	TUBE	3 X SEHARI	1 OLES	OLESKAN TIPIS-TIPIS	TOPICAL	1	No
VOMIZOLE 40MG	15	TABLET	2 X SEHARI	40 MG	30 menit sebelum makan	ORAL	1	No

Dengan ini saya memberikan kuasa kepada Siloam Hospitals untuk menyimpan dan memberikan segala keterangan / catatan medis dan lainnya untuk keperluan klaim kepada Perusahaan / Asuransi tersebut diatas sesuai kebutuhan polis / perusahaan. Saya bersedia membayar kepada pihak Rumah Sakit pada saat :

- 1. Baya Pemakaian saya sudah melebihi limit dan / atau tidak ditanggung di dalam polis / ketentuan perusahaan.
- 2. Belum ada Jawaban resmi dari perusahaan / asuransi dan pelayanan bersifat emergency & urgent (life saving).

I herewith, authorized Silvam Hospitals to release all Medical Records and other data to Corporate / Insurance Company for claiming purposes in accordance with the Insurance Policy of Company rule. I will pay the Hospital if:

1. The actual billing is over my limit and / or not borned in the Insurance Policy / Company's rule.

2. There is no official reply from Company / Insurance and I am really need Emergency & Urgent Medical Service (life saving).

Kode :592 Spesials : Onton

(Hasil Tindakan)

Kebon Jerul

dr. Langga Sintong, Spot (K)Sp.OT Physican(Dokter)/31.73.05/-1,779.3/e/2016 M

Patient(Pasien)

SILOAM HOSPITALS KEBON JERUK JL. RAYA PEJUANGAN KAV 8 KEBON JERUK, JAKARTA BARAT TELP: 021-25677888

INVOICE

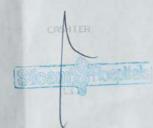
Registration No / PR : OPAZ30626024 : JULIANA OJON : APPASIT II N	7 / 00-54-15-73 G G.9 CIDENG DARAY GAMBIR	Invence No Invence Date Recistration Date	3 26-JU	26-Jun-2023 12:41 26-Jun-2023 10:09	
ADDITOR - PRIVATE	intong, SpOT (K)	gty UOH	Amount	Discount	Patient
No Sale	Description				350,000
CORSULTATION AND VISIT	dr. Langga Sintong, SpOT (K)	1	350,000		
1 OPD COMSULTATION SPECIAL 1 BROSS 2 KALTROFEN 2,52 30GRAN GEL 3 VONIZOLE 40MG TAB 6 MUTRIFLAM MEG CAP 5 REMARREY 200MG CAP	CENTRAL PHARMACY CENTRAL PHARMACY CENTRAL PHARMACY	1 TUBE 15 TAB 15 CAP 15 CAP	89,910 431,235 587,956 208,125	0 0 0 0	89,910 431,235 387,956 208,125
	CENTRAL PHARMACY	SUB TOTAL : ADMIN CHARGE : ROUNDING : TOTAL : PAYMENT : BALANCE :	1,467,226	0	1,467,226 52,000 -226 1,519,000 1,519,000 0

IN WORDS - PATIENT :

Satu juta lima ratus sembilan belas ribu rupiah

PATIENT RECEIPT / KULTANSI :

	Data Payment N	de Card / Account No C	Card / Account Name	Description	Cashier	Patient
Payment	26-06-23 Credit Ca	***************************************		DBS, Ref No: -	Lily	1,519,000
relater.	20 00 10 00000				TOTAL	: 1,519,000



Invoice ini merupakan bukti pembayaran yang sah Printed on 26-Jun-2023 12541 by Lily