

OUTPATIENT INVOICE

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Printed by : KENNA

Print Date : 27/02/2023 10:29 am

Bill No : OCS230015021	Patient Name : Mrs. ANNI SUWARDI
Bill Date : 27 /02/2023 10:29	MRNo : MHJS.0000419923
OP No : OPV2302270305	Age : 50 Year(s) 7 Month(s) 25 Day(s)
	Gender : Female

No	Service(s)	Qty	UOM	Price	Amount
1	Investigation USG MAMMAE	1		1,155,000	1,155,000

Grand Total : 1,155,000

Rounded Bill Amount : 1,155,000

Amount in Words : one million one hundred fifty five thousand Rupiahs

Received payment from : Mrs. ANNI SUWARDI

CreditCard *****0802 MASTER CARD 1,155,000

Ending Balance : 0

SEMOGA SEHAT SELALU

1. This bill is due and payable on presentation.
2. Charges not accounted for at the time of discharge will be billed later.
3. Purchased items cannot be refunded.

*KOTA ADM.

27-Feb-2023

Mayapada Hospital

CASHIER : KENNA

Experience Better Care

PERMOHONAN PEMERIKSAAN RADIOLOGI

Mrs. ANNI SUWARDI

MR No : 0000419923
DOB : 02 Jul 1972 50 Y 2 M 12 D Female
CheckIn : 14 Sep 2022 04:41:15 PM
DPJP : dr.BAYU BRAHMA, SpB(Onk)
Payer : PRIVATE

Tanggal :
Date :
Dokter Pengirim :
Reference Doctor :
Ruangan :
Ward :
Alamat :
Address :

dr. Bayu Brahma, SpB(K)Onk
SIP. 13/B.156/31.74.06/1.779.3/e/2019

Phone No.

Diagnosa/Klinis :

KU.Pasien :

① Introdusikan peritonea
② PEO memau on C end pm

Alergi : ☐ Ya Yes

☐ Tidak No

Jika YA, Tempelkan Label Alergi Disini

RONTGEN

- | | | |
|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> 1. Cranium AP | <input type="checkbox"/> 13. Vert.Thoracal AP +Lat | <input type="checkbox"/> 25. Sacrococcygeus AP + Lat |
| <input type="checkbox"/> 2. Cranium AP+Lateral | <input type="checkbox"/> 14. Vert.Thoracal AP,Lat + Oblique | <input type="checkbox"/> 26. Hip Joint R/L |
| <input type="checkbox"/> 3. Os.Nasal | <input type="checkbox"/> 15. Vert.Lumbosacral AP + Lat | <input type="checkbox"/> 27. Hip Joint R + L |
| <input type="checkbox"/> 4. Os. Petrosom | <input type="checkbox"/> 16. Vert.Lumbosacral AP,Lat + Obl | <input type="checkbox"/> 28. Thorax AP/PA |
| <input type="checkbox"/> 5. Os. Zygomaticum | <input type="checkbox"/> 17. Vert.CervicoThoracal AP+Lat | <input type="checkbox"/> 29. Thorax Lateral |
| <input type="checkbox"/> 6. Sinus Paranasal 2 Posisi | <input type="checkbox"/> 18. Vert.Thoracolumbal AP+Lat | <input type="checkbox"/> 30. Thorax AP + Lat |
| <input type="checkbox"/> 7. Sinus Paranasal 3 Posisi | <input type="checkbox"/> 19. Pelvis AP | <input type="checkbox"/> 31. Top Lordotic |
| <input type="checkbox"/> 8. Orbita /TMJ/ Mastoid R/L | <input type="checkbox"/> 20. Pelvis Lateral | <input type="checkbox"/> 32. Abdomen/BNO |
| <input type="checkbox"/> 9. Sella Tursica/Maxilla/Mandibula | <input type="checkbox"/> 21. Pelvis AP+Lateral | <input type="checkbox"/> 33. Abdomen 2 Posisi |
| <input type="checkbox"/> 10. Foramen Obticum | <input type="checkbox"/> 22. Frog Leg position | <input type="checkbox"/> 34. Abdomen 3 Posisi |
| <input type="checkbox"/> 11. Vert.Cervical AP+Lat | <input type="checkbox"/> 23. Scoliosis Kontrol 2 Posisi | <input type="checkbox"/> 35. Bone Survey 1 |
| <input type="checkbox"/> 12. Vert.Cervical AP,Lat + Oblique | <input type="checkbox"/> 24. Scoliosis Program 5 Posisi | <input type="checkbox"/> 36. Bone Survey 2 |

EXTREMITAS ATAS

- | | | |
|--------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 37. Clavicula R/L | <input type="checkbox"/> 43. Humerus R/L | <input type="checkbox"/> 49. Wrist Joint R/L |
| <input type="checkbox"/> 38. Clavicula Bilateral | <input type="checkbox"/> 44. Humerus Bilateral | <input type="checkbox"/> 50. Wrist Joint Bilateral |
| <input type="checkbox"/> 39. Scapula R/L | <input type="checkbox"/> 45. Elbow R/L | <input type="checkbox"/> 51. Manus R/L |
| <input type="checkbox"/> 40. Scapula Bilateral | <input type="checkbox"/> 46. Elbow Bilateral | <input type="checkbox"/> 52. Manus Bilateral |
| <input type="checkbox"/> 41. Shoulder R/L | <input type="checkbox"/> 47. Antebrachii R/L | <input type="checkbox"/> 53. Digits |
| <input type="checkbox"/> 42. Shoulder Bilateral | <input type="checkbox"/> 48. Antebrachii Bilateral | <input type="checkbox"/> 54. Bone Age |

EXTREMITAS BAWAH

- | | | |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 55. Femur R/L | <input type="checkbox"/> 61. Cruris Bilateral | <input type="checkbox"/> 67. Pedis Bilateral |
| <input type="checkbox"/> 56. Femur Bilateral | <input type="checkbox"/> 62. Ankle R/L | <input type="checkbox"/> 68. Tambahan CD/Film |
| <input type="checkbox"/> 57. Genu R/L | <input type="checkbox"/> 63. Ankle Bilateral | <input type="checkbox"/> 69. Lain-lain : |
| <input type="checkbox"/> 58. Genu Bilateral | <input type="checkbox"/> 64. Calcaneus R/L | |
| <input type="checkbox"/> 59. Genu Skyline | <input type="checkbox"/> 65. Calcaneus Bilateral | |
| <input type="checkbox"/> 60. Cruris R/L | <input type="checkbox"/> 66. Pedis R/L | |

MAMOGRAFI

- | | |
|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 70. Mamografi | <input type="checkbox"/> 71. Mamografi + USG Mamee |
|----------------------------------------|----------------------------------------------------|

PANORAMIK DAN CEPHALOMETRI

- | | | |
|----------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 72. Panoramik | <input type="checkbox"/> 73. Cephalometri | <input type="checkbox"/> 74. Panoramik + Cephalometri |
|----------------------------------------|-------------------------------------------|-------------------------------------------------------|

PEMERIKSAAN KHUSUS + KONTRAS

- | | | |
|----------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 75. BNO+IVP | <input type="checkbox"/> 81. HSG | <input type="checkbox"/> 87. Barium Follow Through |
| <input type="checkbox"/> 76. OMD | <input type="checkbox"/> 82. Cystografi | <input type="checkbox"/> 88. Phebogradi |
| <input type="checkbox"/> 77. Maag-Duodenum | <input type="checkbox"/> 83. Pyelografi Retrograde | <input type="checkbox"/> 89. Myelografi |
| <input type="checkbox"/> 78. Colon in Loop | <input type="checkbox"/> 84. Uretrografi | <input type="checkbox"/> 90. Lopografi |
| <input type="checkbox"/> 79. Appendicogram | <input type="checkbox"/> 85. Fistulografi | <input type="checkbox"/> 91. ERCP |
| <input type="checkbox"/> 80. Oesophagography | <input type="checkbox"/> 86. T-Tube Cholangiografi | <input type="checkbox"/> 92. Fluoroscopy /C-Arm |

MULTISLICES COMPUTER TOMOGRAPHY (MSCT 128 Slices)

KONTRAS			CT : ANGIOGRAPHY	
	Ya	Tidak		
<input type="checkbox"/> 1. MSCT Brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21. MSCT Cruris	<input type="checkbox"/> 41. MSCT Cardiac
<input type="checkbox"/> 2. MSCT SPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22. MSCT Ankle	<input type="checkbox"/> 42. MSCT Cerebral
<input type="checkbox"/> 3. MSCT Orbita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23. MSCT Clavicula	<input type="checkbox"/> 43. MSCT Carotis
<input type="checkbox"/> 4. MSCT TMJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24. MSCT Shoulder	<input type="checkbox"/> 44. MSCT Aorta Thoracalis
<input type="checkbox"/> 5. MSCT Mastoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25. MSCT Humerus	<input type="checkbox"/> 45. MSCT Aorta Abdominalis
<input type="checkbox"/> 6. MSCT Sella Tursica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26. MSCT Elbow	<input type="checkbox"/> 46. MSCT Ao. ThoracoAbdominalis
<input type="checkbox"/> 7. MSCT Maxilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 27. MSCT Antebrachii	<input type="checkbox"/> 47. MSCT Tungkal / Run Off
<input type="checkbox"/> 8. MSCT Nasopharynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 28. MSCT Wrist	<input type="checkbox"/> 48. MSCT Colonoscopy
<input type="checkbox"/> 9. MSCT Larynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29. MSCT Manus	<input type="checkbox"/> 49. MSCT Urografi
<input type="checkbox"/> 10. MSCT Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30. MSCT Calcium Scoring	<input type="checkbox"/> 50. Lain-lain
<input type="checkbox"/> 11. MSCT Cervical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31. 3D Full Face	
<input type="checkbox"/> 12. MSCT Thoracal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 32. 3D Maxilla/Mandibula	
<input type="checkbox"/> 13. MSCT Lumbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 33. 3D Cervical	
<input type="checkbox"/> 14. MSCT Thorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. 3D Thoracal	
<input type="checkbox"/> 15. MSCT HRCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. 3D Lumbal	
<input type="checkbox"/> 15. MSCT Upper Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. 3D Pelvis	
<input type="checkbox"/> 16. MSCT Lower Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. 3D Extremitas Atas	
<input type="checkbox"/> 17. MSCT Whole Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. 3D Extremitas Bawah	
<input type="checkbox"/> 18. MSCT Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Tambahan CD / Film	
<input type="checkbox"/> 19. MSCT Femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Lain-lain	
<input type="checkbox"/> 20. MSCT Genu	<input type="checkbox"/>	<input type="checkbox"/>		

MAGNETIC RESONANCE IMAGING (MRI 1.5 Tesla)

KONTRAS		KONTRAS		KONTRAS	
	Ya Tidak		Ya Tidak		Ya Tidak
<input type="checkbox"/> 1. MRI Brain	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 12. MRI Lower Abdomen	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 23. MRI Myelography	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 2. MRI Brain+MRA	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 13. MRI Whole Abdomen	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 24. MRI Shouder	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 3. MRI Brain+MRS	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 14. MRI Pelvis	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 25. MRI Elbow	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 4. MRI Brain+MRA+MRS	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 15. MRCP	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 26. MRI Wrist	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 5. MRI Brain+MRV	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 16. MR-Urografi	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 27. MRI Hip	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 6. MRI Orbita	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 17. MRI Hepar	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 28. MRI Genu	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 7. MRI Nasopharynx	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 18. MRI Cervical	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 29. MRI Ankle	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 8. MRI SPN	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 19. MRI Thoracal	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 30. MRI Soft Tissue	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 9. MRI TMJ	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 20. MRI Thoracolumbal	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 31. MRI Breast	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 10. MRI Thorax	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 21. MRI Lumbal	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 32. Tambahan CD / Film	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> 11. MRI Upper Abdomen	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 22. MRI Whole Spine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 33. Lain - lain :	<input type="checkbox"/> <input type="checkbox"/>

ULTRASONOGRAPHY (USG)

<input type="checkbox"/> 1. Kepala	<input type="checkbox"/> 5. Abdomen Bawah	<input type="checkbox"/> 9. Doppler
<input type="checkbox"/> 2. Thyroid	<input type="checkbox"/> 6. Abdomen Keseluruhan	<input type="checkbox"/> 10. Guiding
<input checked="" type="checkbox"/> 3. Mammae	<input type="checkbox"/> 7. Prostat	<input type="checkbox"/> 11. Superficial
<input type="checkbox"/> 4. Abdomen Atas	<input type="checkbox"/> 8. Tungkal Arteri/Vena	<input type="checkbox"/> 12. Lain-lain :

Catatan :

1. Foto Lama Harap dibawa saat kontrol
 2. Untuk Pemeriksaan kontras mohon buat perjanjian dulu dengan petugas radiologi
 3. Diisi oleh pasien wanita usia produktif (15 - 54 tahun)
- Dengan ini saya menyatakan :
- ☐ Saya tidak hamil
- ☐ Saya hamil dan saya telah memperoleh penjelasan dari dokter atas resiko atau efek samping radiasi

Pasien,

(.....)
Nama dan tanda tangan

Jakarta, 14/09/2022
Dokter Pengirim,

dr. Bayu Brahma, SpB (K)Onk
SIP. 13/P/156/3/14.06/-1.779.3/e/2019

(.....)
Nama dan tanda tangan

*FPPR 2 rangkap : Lembar 1 untuk Radiologi
Lembar 2 untuk Kasir/Administrasi

BNI

MAYAPADA HOSP LEBAKBLS
JL. LEBAK BULUS RAYA I KAV.29
CILANDAK LEBAK BULUS JAKARTA
KOTA JAKARTA SELATAN



TID: 14939052

MID: 000100214439390

VISA

455633*****0802-DIP

BNI SUWARDI/

SALE

BATCH : 000063

DATE: 27 FEB 2023

REF NO: 000031000170

TRACE NO: 000380

TIME: 10:27:55

APPR CODE: 007894

TOTAL

Rp 1,155,000



/AL : VISA

AID : A0000000031010

TSI : 7800

TUR : 8080048000

CCC.004/17
1516160822EXP1225

*** PIN VERIFICATION SUCCESS ***
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

MERCHANT COPY --

BN2 037

