



## Klinik Utama PRAMITA

### KANTOR CABANG JAKARTA :

Jl. Matraman Raya No. 24 - 26, Telp. (021) 85908530, Fax. (021) 8502039  
Jl. Arteri Kelapa Dua Raya No. 18, Telp. (021) 53650211, Fax. (021) 5305207  
Jl. KH. Samanhudi No.21, Telp.(021) 3513332 Fax. (021) 3512490  
Jl. Ragunan Raya P-3, Telp. (021) 27808563, Fax (021) 27806918

## KWITANSI

YAN.32-FRM-CR-01.5/01 Rev.00

Telah diterima dari : Tn. AGUS SETIAWAN  
Uang Sejumlah : 551.000  
Terbilang : Lima Ratus Lima Puluh Satu Ribu Rupiah

Untuk pembayaran pemeriksaan laboratorium :

Nama Pasien : Tn AGUS SETIAWAN  
PID/No. Registrasi : BDA0789180 / 038N7G27BD  
Tanggal : 13-02-2023 07:45:23  
Umur / Jns. Kelamin : 48 tahun 5 bulan 29 hari / L  
No. Telp : 08811210218  
Pengirim : dr. ROSMALIA  
Kelompok Pelanggan : PASIEN KLINISI  
Alamat : JAGAKARSA RESIDENCE BLOK A2/20 RT 013/05 KEL. JAGAKARSA  
KEC. JAGAKARSA Jati Padang Pasar Minggu Jakarta Selatan

### Rincian Pemeriksaan :

|                                |     |         |
|--------------------------------|-----|---------|
| Cholesterol                    | Rp. | 89.000  |
| Trigliserida                   | Rp. | 90.000  |
| Asam Urat                      | Rp. | 88.000  |
| Glukosa Darah Puasa            | Rp. | 57.000  |
| Panel HbA1c                    | Rp. | 227.000 |
| <b>Biaya Pemeriksaan</b>       | Rp. | 551.000 |
| <b>Discount</b>                | Rp. | 0       |
| <b>Total Biaya Pemeriksaan</b> | Rp. | 551.000 |

LUNAS

Jakarta Selatan, 13-02-2023 07:47:11



Print Oleh : TITA RESTU SAFURA

Feb 13, 2023 7:47 AM

## KANTOR CABANG JAKARTA :

● Jl. Matraman Raya No. 24, Jakarta Timur. Telp. (021) 85908530, Fax. (021) 8502039  
● Jl. Arteri Kelapa Dua Raya No. 18, Jakarta Barat. Telp. (021) 53650211, Fax. (021) 5305207

● Jl. KH. Samanudi No. 21, Jakarta Pusat. Telp (021) 3513332, Fax (021) 3512490  
● Jl. Ragunan Raya P-3, Jakarta Selatan. Telp. (021) 27808563, Fax (021) 27806918

Website : <http://www.pramita.co.id> - Email : [info@pramita.co.id](mailto:info@pramita.co.id)

Nama Pasien : Tn Agus Setiawan Dokter : dr. Rosmalia  
Alamat / Telp : Jagakarsa Residence A2/20 Alamat : Apotek Prima Farma  
Umur : 15-08-1974 Lk/Pr. : Lk Telepon : Tanggal :  
Diagnosa / Keterangan Klinik : 0878 86576589

| HEMATOLOGI  | KIMIA KLINIK   | IMMUNOLOGI  | IMMUNOLOGI   | ELEKTROMEDIS   |
|---|--|---|--|--|
| <ul style="list-style-type: none"><li>Hematologi Lengkap &amp; Retik</li><li>Hematologi Lengkap</li><li>Hematologi Rutin</li><li>Hemoglobin</li><li>Lekosit</li><li>Hitung Jenis</li><li>Laju Endap Darah (LED)</li><li>Trombosit</li><li>Hematokrit</li><li>Eritrosit</li><li>MCV</li><li>MCH</li><li>MCHC</li><li>Eosinofil</li><li>Rejulosit</li><li>Hapusan Darah</li><li>Go'ongan Darah ABO</li><li>Go'ongan Darah Rhesus</li><li>Faak Hemostasis</li><li>Waktu Perdarahan (BT)</li><li>Waktu Pembekuan (CT)</li><li>Prtrombin Time (PT)</li><li>PT (INR)</li><li>aPTT</li><li>Fibrinogen</li><li>D - Dimer</li><li>TAT (Test Agregasi Trombosit)</li><li>Serum Iron (SI)</li><li>TIEC</li><li>Ferritin</li><li>Asam Folat</li><li>Vitamin B12</li><li>G-6-PD</li><li>Coomb's Test Direct</li><li>Coomb's Test Indirect</li><li>Viscositas Darah</li><li>Viscositas Plasma</li><li>BJ Plasma</li><li>Hb Elektroforesis</li><li>Malaria</li><li>Rumple Leede</li><li>CD 4</li><li>CD 8</li><li>Neutrophil Lymphocyte Count Ratio (NLCR)</li></ul> | <b>FAAL HATI</b> <ul style="list-style-type: none"><li>SGOT</li><li>SGPT</li><li>Gamma-GT</li><li>Fosfatase Alkali (ALP)</li><li>Cholinesterase</li><li>Bilirubin</li><li>Bile Acid</li><li>Total Protein</li><li>Albumin</li><li>Globulin</li><li>Gamma Globulin</li><li>Potein Elektroforesis</li></ul> <b>LEMAK</b> <ul style="list-style-type: none"><li>Cholesterol Total</li><li>Triglicerida</li><li>HDL Cholesterol</li><li>LDL Cholesterol Direct</li><li>LP (a)</li><li>Apo A1</li><li>Apo B</li></ul> <b>FAAL GINJAL</b> <ul style="list-style-type: none"><li>Urea N (BUN)</li><li>Creatinin</li><li>Asam Urat</li><li>Urea Clearance</li><li>Creatinin Clearance</li><li>Acid Phosphatase</li><li>Pros. Acid Phosphatase</li><li>eGFR</li><li>Cystatin C</li></ul> <b>GULA DARAH</b> <ul style="list-style-type: none"><li>Glukosa Puasa</li><li>Gkukosa 2 JPP</li><li>Glukosa Sewaktu</li><li>Test Toleransi (GTT)</li><li>Gestational TTGO</li><li>HbA1c</li><li>HOMA IR</li><li>Insulin</li><li>C - Peptide</li><li>Glycated Albumin</li></ul> <b>ELEKTROLIT</b> <ul style="list-style-type: none"><li>Natrium</li><li>Kalium</li><li>Chlorida</li><li>Calsium</li><li>Fosfor Anorganik</li><li>Magnesium</li></ul> <b>JANTUNG</b> <ul style="list-style-type: none"><li>CPK / CK</li><li>CKMB</li><li>LDH</li><li>Troponin T</li><li>Troponin I</li><li>HS Troponin I</li><li>NT Pro BNP</li><li>Pro BNP</li><li>hs - CRP</li></ul> <b>KIMIA KLINIK LAIN</b> <ul style="list-style-type: none"><li>P - Amylase</li><li>Lipase</li><li>Adenosin Deaminase (ADA)</li><li>Urea Breath Test (UBT)</li></ul> <b>NARKOBA</b> <ul style="list-style-type: none"><li>Amphetamine</li><li>Methamphetamine</li><li>Benzodiazepine</li><li>Opiat / Morphine</li><li>Canabinoid</li><li>Cocain</li><li>Barbiturat</li></ul> | <b>HEPATITIS</b> <ul style="list-style-type: none"><li>HBsAg</li><li>HBsAg Kuantitatif</li><li>Anti HBs</li><li>Anti HBs Titer</li><li>Anti HBc</li><li>Anti HBc IgM</li><li>HBeAg</li><li>Anti HBe</li><li>Anti HAV</li><li>Anti HAV IgM</li><li>Anti HCV</li><li>Anti HCV IgM</li></ul> <b>TORCH</b> <ul style="list-style-type: none"><li>Panel TORCH</li><li>Anti Toxoplasma IgM</li><li>Anti Toxoplasma IgG</li><li>Toxoplasma IgG Avidity</li><li>Anti Rubella IgM</li><li>Anti Rubella IgG</li><li>Anti CMV IgM</li><li>Anti CMV IgG</li><li>Anti CMV IgG Avidity</li><li>Anti HSV 2 IgM</li><li>Anti HSV 2 IgG</li><li>Anti HSV 1 IgM</li><li>Anti HSV 1 IgG</li></ul> <b>PRE NATAL SCREENING</b> <ul style="list-style-type: none"><li>sFlt-1 / PlGF Ratio</li><li>Soluble FMS-Like Tyrosine Kinase-1 (sFlt-1)</li><li>Placental Growth Factor (PlGF)</li><li>Free Beta HCG</li><li>PAPP-A</li><li>NIPT (Non-Invasive Prenatal Testing)</li></ul> <b>STD</b> <ul style="list-style-type: none"><li>VDRL</li><li>TPHA</li><li>Anti HIV</li><li>Anti HIV Screening</li></ul> <b>IMUNOSEROLOGI LAIN</b> <ul style="list-style-type: none"><li>Widal</li><li>Anti-DHF IgM</li><li>Anti-DHF IgG</li><li>NS 1</li><li>Anti-DHF Rapid</li><li>Seramoeba</li><li>Malaria (ICT)</li><li>H. Pylori IgG</li><li>H. Pylori IgM</li><li>Anti Chlamydia IgM</li><li>Anti Chlamydia IgG</li><li>IgM Anti Salmonella</li><li>Helicobacter Antigen</li><li>Chikungunya IgM</li><li>TB IGRA</li><li>Anti SARS-CoV-2 S-RBD (Kuantitatif)</li><li>Anti SARS-CoV-2 S-RBD (Kuantitatif) Titer</li><li>SARS CoV-2 Antigen Test</li><li>SARS CoV-2 Antigen Test (Nasal)</li></ul> <b>RHEUMATIK - PROTEIN SPESIFIK</b> <ul style="list-style-type: none"><li>Rheumatoid Arthritis Kuantitatif</li><li>Rheumatoid Arthritis Kualitatif</li><li>CRP Kuantitatif</li><li>CRP Kualitatif</li><li>ASTO / ASO Kuantitatif</li><li>ASTO / ASO Kualitatif</li><li>IgM</li><li>IgA</li><li>C3-Complement</li><li>C4-Complement</li><li>ANA Test</li><li>Anti - ds DNA</li><li>ACA IgG</li><li>ACA IgM</li><li>Anti β2 - Glycoprotein 1 IgG</li><li>Anti β2 - Glycoprotein 1 IgM</li><li>ANA (IF)</li><li>ANA Panel Test</li><li>Anti CCP Antibodi</li><li>LE Test</li><li>Interleukin 6 (IL-6)</li></ul> | <b>PENANDA TUMOR</b> <ul style="list-style-type: none"><li>AFP</li><li>CEA</li><li>PSA Total</li><li>Free PSA</li><li>Ca 125</li><li>Ca 19-9</li><li>NSE</li><li>SCC</li><li>CA125 &amp; HE4 ( ROMA)</li></ul> <b>ENDOKRIN</b> <ul style="list-style-type: none"><li>T3</li><li>T4</li><li>TSH-s</li><li>Free T4</li><li>Free T3</li><li>TRAb (TSH Receptor Antibody)</li><li>TSH Neonatus Screening</li><li>LH</li><li>FSH</li><li>Prolaktin</li><li>Testosteron</li><li>Estradiol</li><li>Progesteron</li><li>Beta-HCG</li><li>Growth Hormon</li><li>Cortisol</li><li>AMH (Anti Mullerian Hormon)</li><li>DHEAs</li></ul> <b>ALERGI / IgE RAST</b> <ul style="list-style-type: none"><li>IgE Total</li><li>Eosinofil</li><li>Panel IgE Spesifik 54 Jenis</li><li>Food Tolerance Test</li></ul> <b>MIKROBIOLOGI</b> <b>PREPARAT DIRECT</b> <ul style="list-style-type: none"><li>Gram</li><li>BTA</li><li>BTA Serial (I, II, III)</li><li>Difteri</li><li>G.O.</li><li>Trichomonas</li><li>Jamur</li><li>Candida sp</li></ul> <b>KULTUR &amp; UJI KEPEKAAN</b> <ul style="list-style-type: none"><li>Kultur &amp; Uji Kepekaan :</li><li>Kultur Gall</li><li>Kultur BTA</li><li>Kultur GO</li><li>Kultur Difteri</li><li>Kultur Mikrobiologi</li><li>Kultur Salmonella Shigela</li></ul> <b>BAHAN</b> <b>BIOMOLEKULER</b> <b>PCR</b> <ul style="list-style-type: none"><li>HBV DNA Kuantitatif</li><li>HCV RNA Kuantitatif</li><li>Salmonella typhi</li><li>Mycobacterium TBC</li><li>HPV DNA</li><li>BCR ABL</li><li>SARS-CoV-2</li></ul> <b>OSTEOPOROSIS</b> <ul style="list-style-type: none"><li>Beta - Crosslaps</li><li>N - Mid Osteocalcin</li><li>Vitamin D</li></ul> | <b>JANTUNG</b> <ul style="list-style-type: none"><li>ECG</li><li>Treadmill test</li><li>Echocardiografi</li></ul> <b>USG</b> <ul style="list-style-type: none"><li>Upper &amp; Lower Abdomen</li><li>Upper Abdomen</li><li>Lower Abdomen</li><li>Kandungaan</li><li>Mammae</li><li>Testis</li><li>Thyroid</li><li>Liver</li><li>Ginjal</li><li>Prostat</li><li>Soft Tissue</li><li>Carotis</li></ul> <b>RONTGEN POLOS</b> <ul style="list-style-type: none"><li>Thorax PA</li><li>Thorax Lateral</li><li>Waters</li><li>BOF/ BNO</li><li>Ankle Dex</li><li>Ankle Sin</li><li>Cervical Ap</li><li>Cervical Lat</li><li>Cervical Obl Dex</li><li>Cervical Obl Sin</li><li>Genu Dex</li><li>Genu Sin</li><li>Lumbosacral Ap</li><li>Lumbosacral Lat</li><li>Manus Dex</li><li>Manus Sin</li><li>Shoulder Dex</li><li>Shoulder Sin</li><li>Skull Ap</li><li>Skull Lat</li><li>Tarsalia Dex</li><li>Tarsalia Sin</li><li>Vert. Thoracalis Ap</li><li>Vert. Thoracalis Lat</li></ul> <b>RONTGEN KONTRAS</b> <ul style="list-style-type: none"><li>IVP/ BNO IVP</li><li>HSG</li><li>OMD/ UGI</li><li>Oesophagus</li><li>Colon Inloop</li><li>Maagduodenography</li><li>Urethrography</li><li>Cystorethrography</li><li>Fistulography</li><li>Sialography</li></ul> <b>RONTGEN GIGI</b> <ul style="list-style-type: none"><li>Panoramic</li><li>Dental</li><li>Oclusal</li><li>Cephalometri</li><li>3D CBCT (Cone Beam Computed Tomography)</li></ul> <b>ELEKTROMEDIS LAIN</b> <ul style="list-style-type: none"><li>EEG</li><li>Autospirometri</li><li>Audiometri</li><li>TCD</li></ul> |

## PEMERIKSAAN LAIN YANG DIKEHENDAKI DOKTER

O \_\_\_\_\_  
O \_\_\_\_\_

## KETERANGAN

★ Pusa 8 - 12 jam.  
★★ Tidak melakukan hubungan badan 2 - 7 hari sebelum pemeriksaan.  
★★★ Pusa 10 - 12 jam.  
★★★★ Pusa 24 Jam.  
\*\*\*\*\* Persiapan khusus.  
Dokter menerima & 6 hari sebelum pemeriksaan. Dalam keadaan 4 hari sebelum pemeriksaan.

O Hasil Diambil  
O Hasil Kirim ke :  
O Rumah  
O Dokter

Pengirim  
dr. Rosmalia

18.15.21/31.74.24.1.07.01.006.8.9/3-1.779.3/c/2019.