|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tgl./Date :** %Date%  **MC : - Days**  **Refer to :**  **MEDICAL REPORT**  BUKTI PELAYANAN RAWAT JALAN  Name : %NamePatient%   |  |  | | --- | --- | | Department : %Departement% | Emp No : %NIP% | | Diagnosis : | BPJS No: |   Treatment : |  |

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| **TELAH RESEP** | **EDUKASI OBAT** |
| |  |  |  |  | | --- | --- | --- | --- | | **NO** | **Aspek Telaah** | **Beri Tanda (V)** | | | **Yes** | **No** | | 1 | Kejelasan tulisan resep |  |  | | 2 | Tepat nama obat bentuk, kekuatan sediaan |  |  | | 3 | Tepat waktu dan frekuensi pemberian |  |  | | 4 | Tepat rute pemberian |  |  | | 5 | Tepat dosis |  |  | | 6 | Tepat indikasi |  |  | | 7 | Ada atau tidaknya duplikasi |  |  | | 8 | Interaksi obat |  |  | | 9 | Kontraindikasi |  |  | | 10 | Polifarmasi |  |  | | 11 | Alergi |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | Indikasi | |  | Aturan Pakai | |  | Cara Pakai | |  | Waktu Pemakaian | |  | Lain lain.. | | Tanda Tangan Petugas | Tanda Tangan Pasien | |  |  |  |  |  | | --- | --- | |  | Terima | |  | | |  | Siap | |  | | |  | Serah | |
|  |  |
| **TELAH OBAT** | **PERSETUJUAN PERUBAHAN RESEP** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NO** | **Telaah Obat** | **Ya** | **Tidak** | **Ket/tindak lanjut** | | 1 | Obat dengan resep |  |  |  | | 2 | Jumlah dosis dengan resep |  |  |  | | 3 | Rute dengan resep |  |  |  | | 4 | Waktu dan frekuensi pemberian dengan resep |  |  |  | | |  |  |  |  | | --- | --- | --- | --- | | Perubahan Resep | | Petugas Farmasi | Dokter | | Tertulis | Menjadi | |  |  |  |  | |
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