

**YAYASAN DARUL ' ULUM AGUNG**

**PRAKTIK DOKTER UMUM**

**Jl. Mayjend Sungkono No 09 Bumiayu Kedungkandang Malang 65135**

**Telp. 0341-752866, 085642507345, Fax. 0341-752866**

Kepada YTH.

Perihal : Rujukan Pasien. dr.

No. Surat : ......... / 003 / ......... / 2018 di RS

Lampiran : ......................................... Kota

Assalamu’allaikum Wr.Wb.

Mohon konsul dan penatalaksanaan lebih lanjut pada penderita;

Nama : .....................................................................................................................

NIK : .....................................................................................................................

Tempat / Tgl Lahir : ..................................... / .............................................................................

Jenis Kelamin : Laki-laki / Perempuan.\*)

Pekerjaan : .....................................................................................................................

Alamat : .....................................................................................................................

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Hasil Pemeriksaan : Tanggal ... / ... / 2018, Pukul ..... : ..... WIB

Keluhan : .....................................................................................................................

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GCS : E ... V ... M ... ( CM, apatis, delirium, somnolen, stupor, coma ).\*)

TB / BB : ......... cm / ......... kg.

Tekanan darah : ......... / ......... mmHg. Respiratory rate : ......... rpm.

Nadi : ......... rpm. TᵒAxilla : ......... ᵒc.

Head to Toe :

Kepala : Anemis ... /... Ikterik ... /... Cianosis ... /... Deformitas ... /...

Refleks cahaya ... /... isokor/anisokor.\*)

Keterangan tambahan ; ................................................................................

Thorak : Paru : Simestris/Asimetris.\*)

Wheezing ... /... Ronkhi ... /... Vesikuler ... /...

Jantung: Ictus cordis Tak Tampak / Tampak.\*)

S1-S2 Reguler/Irreguler.\*), Suara tambahan .................................

Keterangan tambahan ; ................................................................................

Abdomen : BU Normal/Meningkat/Menurun/Negatif.\*)

Nyeri Tekan Hepatomegali ( ......... ), Spleenomegali ( ......... )

Keterangan tambahan ; ................................................................................

Ekstermitas : Akral Hangat ; CRT 2 detik; Edema non-pitting/pitting.\*)

Keterangan tambahan ; ................................................................................

Lain-lain : .....................................................................................................................

Diagnosa : .....................................................................................................................

Terapi : R/ .................................................................................................................

R/ .................................................................................................................

R/ .................................................................................................................

Demikian atas perhatiannya, diucapkan banyak terima kasih.

Wassalamu’allaikum Wr. Wb.

Malang, ........................... 2018

Pemeriksa,

dr. Muchamad Zubaid

SIP :

NB : *.\*) Coret yang tidak perlu.*