

|                             |                          |   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|-----------------------------|--------------------------|---|--|-------------------------------------|--------------|--------------|------|---------------|--------|---|-----------------------------|-----------------------|-------|---|-------|--|---------|------|-------------------------|--------|-------|---|---------------------|-----|----------------------------------|-------------------------------------|--------|---|---------------------|-----|------------------------------|-------------------------------------|--------|--------------------------|--|--|---|--|-----|---------|------|---------------------|--------|--------------|-------|---|---------------------|-------|---------------------|----------|--|-------|---|---------------------|-------|---------------|----------|--|-------|---|---------------------|-------|------------|----------|--|-------|---|---------------------|-------|--------------------|----------|--|--------|---|---------------------|-------|---------------------|----------|--|--------|---|---------------------|-------|----------------|---------|--|-------|-------------|--|--|--|--|---|---------|
| No.RM                       | :                        | 040281  |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Nama Pasien                 | :                        | AULIA RAMADANI GUNAWAN, AN  |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Alamat                      | :                        | JL. BBM II RT.01 RW.02 KALANG MANYAR SEDATI SIDOARJO, SEDATI GEDE, SEDATI, - SIDOARJO |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Jenis Kelamin               | :                        | Perempuan   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Tempat & Tanggal Lahir      | :                        | Kabupaten Sidoarjo 2018-06-11   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Ibu Kandung                 | :                        | -   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Golongan Darah              | :                        | -   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Status Nikah                | :                        | MENIKAH   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Agama                       | :                        | ISLAM   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Pendidikan Terakhir         | :                        | -   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Bahasa Dipakai              | :                        | INDONESIA   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Cacat Fisik                 | :                        | -   |  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 1                           | No.Rawat                 | :   | 2022/09/12/000034  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | No.Registrasi            | :   | 005  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Tanggal Registrasi       | :   | 2022-09-12 07:37:15  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Unit/Poliklinik          | :   | POLI ANAK  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Dokter Poli              | :   | dr. Nurita Alami Dwi Wijayanti.Sp.A  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Cara Bayar               | :   | BPJS KESEHATAN   |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Penanggung Jawab         | :   | AULIA RAMADANI GUNAWAN, AN   |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Alamat P.J.              | :   | JL. BBM II RT.01 RW.02 KALANG MANYAR SEDATI SIDOARJO, SEDATI GEDE, SEDATI, KABUPATEN SIDOARJO  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Hubungan P.J.            | :   | SAUDARA  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Status                   | :   | Ralan  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Diagnosa/Penyakit/ICD 10 | :   | <table><tr><td>No.</td><td>Kode</td><td>Nama Penyakit</td><td>Status</td></tr><tr><td>1</td><td>G40.9</td><td>Epilepsy, unspecified</td><td>Ralan</td></tr><tr><td>2</td><td>Z09.8</td><td>Follow-up examination after other treatment for other conditions</td><td>Ralan</td></tr></table>  |                                     |              | No.          | Kode | Nama Penyakit | Status | 1 | G40.9                       | Epilepsy, unspecified | Ralan | 2 | Z09.8 | Follow-up examination after other treatment for other conditions | Ralan   |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| No.                         | Kode                     | Nama Penyakit   | Status   |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 1                           | G40.9                    | Epilepsy, unspecified   | Ralan  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 2                           | Z09.8                    | Follow-up examination after other treatment for other conditions                      | Ralan  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
|                             | Biaya & Perawatan        | :   | <table><tr><td colspan="3">Administrasi</td><td>:</td><td>0</td></tr><tr><td colspan="3">Tindakan Rawat Jalan Dokter</td><td>:</td><td></td></tr><tr><td>No.</td><td>Tanggal</td><td>Kode</td><td>Nama Tindakan/Perawatan</td><td>Dokter</td><td>Biaya</td></tr><tr><td>1</td><td>2022-09-12 07:48:30</td><td>550</td><td>ADMINISTRASI RAWAT JALAN PX LAMA</td><td>dr. Nurita Alami Dwi Wijayanti.Sp.A</td><td>11,000</td></tr><tr><td>2</td><td>2022-09-12 07:48:30</td><td>672</td><td>PEMERIKSAAN/KONSULTASI DR SP</td><td>dr. Nurita Alami Dwi Wijayanti.Sp.A</td><td>50,000</td></tr><tr><td colspan="3">Pemberian Obat/BHP/Alkes</td><td>:</td><td></td></tr><tr><td>No.</td><td>Tanggal</td><td>Kode</td><td>Nama Obat/BHP/Alkes</td><td>Jumlah</td><td>Aturan Pakai</td><td>Biaya</td></tr><tr><td>1</td><td>2022-09-12 16:09:09</td><td>F0038</td><td>ASAM FOLAT 1 MG TAB</td><td>7.0 Tabl</td><td></td><td>2,100</td></tr><tr><td>2</td><td>2022-09-12 16:09:09</td><td>F0466</td><td>PHENYTOIN CAP</td><td>7.0 Caps</td><td></td><td>6,300</td></tr><tr><td>3</td><td>2022-09-12 16:09:09</td><td>F0658</td><td>VIT B6 TAB</td><td>7.0 Biji</td><td></td><td>1,400</td></tr><tr><td>4</td><td>2022-09-12 16:09:09</td><td>F0749</td><td>STESOLID SUPP 5 MG</td><td>1.0 Supp</td><td></td><td>33,800</td></tr><tr><td>5</td><td>2022-09-12 16:09:09</td><td>F3146</td><td>ASAM VALPROAT 120ML</td><td>1.0 Fles</td><td></td><td>55,500</td></tr><tr><td>6</td><td>2022-09-12 16:09:09</td><td>F3554</td><td>SPUIT 10 CC HD</td><td>2.0 Pcs</td><td></td><td>2,600</td></tr><tr><td colspan="5">Total Biaya</td><td>:</td><td>162,700</td></tr></table> |                                     |              | Administrasi |      |               | :      | 0 | Tindakan Rawat Jalan Dokter |                       |       | : |       | No.  | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Biaya | 1 | 2022-09-12 07:48:30 | 550 | ADMINISTRASI RAWAT JALAN PX LAMA | dr. Nurita Alami Dwi Wijayanti.Sp.A | 11,000 | 2 | 2022-09-12 07:48:30 | 672 | PEMERIKSAAN/KONSULTASI DR SP | dr. Nurita Alami Dwi Wijayanti.Sp.A | 50,000 | Pemberian Obat/BHP/Alkes |  |  | : |  | No. | Tanggal | Kode | Nama Obat/BHP/Alkes | Jumlah | Aturan Pakai | Biaya | 1 | 2022-09-12 16:09:09 | F0038 | ASAM FOLAT 1 MG TAB | 7.0 Tabl |  | 2,100 | 2 | 2022-09-12 16:09:09 | F0466 | PHENYTOIN CAP | 7.0 Caps |  | 6,300 | 3 | 2022-09-12 16:09:09 | F0658 | VIT B6 TAB | 7.0 Biji |  | 1,400 | 4 | 2022-09-12 16:09:09 | F0749 | STESOLID SUPP 5 MG | 1.0 Supp |  | 33,800 | 5 | 2022-09-12 16:09:09 | F3146 | ASAM VALPROAT 120ML | 1.0 Fles |  | 55,500 | 6 | 2022-09-12 16:09:09 | F3554 | SPUIT 10 CC HD | 2.0 Pcs |  | 2,600 | Total Biaya |  |  |  |  | : | 162,700 |
| Administrasi                |                          |   | :  | 0                                   |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Tindakan Rawat Jalan Dokter |                          |   | :  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| No.                         | Tanggal                  | Kode  | Nama Tindakan/Perawatan  | Dokter                              | Biaya        |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 1                           | 2022-09-12 07:48:30      | 550   | ADMINISTRASI RAWAT JALAN PX LAMA   | dr. Nurita Alami Dwi Wijayanti.Sp.A | 11,000       |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 2                           | 2022-09-12 07:48:30      | 672   | PEMERIKSAAN/KONSULTASI DR SP   | dr. Nurita Alami Dwi Wijayanti.Sp.A | 50,000       |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Pemberian Obat/BHP/Alkes    |                          |   | :  |                                     |              |              |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| No.                         | Tanggal                  | Kode  | Nama Obat/BHP/Alkes  | Jumlah                              | Aturan Pakai | Biaya        |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 1                           | 2022-09-12 16:09:09      | F0038   | ASAM FOLAT 1 MG TAB  | 7.0 Tabl                            |              | 2,100        |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 2                           | 2022-09-12 16:09:09      | F0466   | PHENYTOIN CAP  | 7.0 Caps                            |              | 6,300        |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 3                           | 2022-09-12 16:09:09      | F0658   | VIT B6 TAB   | 7.0 Biji                            |              | 1,400        |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 4                           | 2022-09-12 16:09:09      | F0749   | STESOLID SUPP 5 MG   | 1.0 Supp                            |              | 33,800       |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 5                           | 2022-09-12 16:09:09      | F3146   | ASAM VALPROAT 120ML  | 1.0 Fles                            |              | 55,500       |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| 6                           | 2022-09-12 16:09:09      | F3554   | SPUIT 10 CC HD   | 2.0 Pcs                             |              | 2,600        |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |
| Total Biaya                 |                          |   |  |                                     | :            | 162,700      |      |               |        |   |                             |                       |       |   |       |  |         |      |                         |        |       |   |                     |     |                                  |                                     |        |   |                     |     |                              |                                     |        |                          |  |  |   |  |     |         |      |                     |        |              |       |   |                     |       |                     |          |  |       |   |                     |       |               |          |  |       |   |                     |       |            |          |  |       |   |                     |       |                    |          |  |        |   |                     |       |                     |          |  |        |   |                     |       |                |         |  |       |             |  |  |  |  |   |         |