

| No.RM | : | 094139 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nama Pasien | : | UNTUNG WALUYO, TN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alamat | : | RUNGKUT LOR GG 10 NO 84 SBY, KALI RUNGKUT, RUNGKUT, KOTA SURABAYA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jenis Kelamin | : | Laki-Laki | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tempat & Tanggal Lahir | : | Kota Surabaya 1974-02-12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ibu Kandung | : | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Golongan Darah | : | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status Nikah | : | MENIKAH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agama | : | ISLAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pendidikan Terakhir | : | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bahasa Dipakai | : | INDONESIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cacat Fisik | : | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 No.Rawat | : | 2022/09/12/000068 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No.Registrasi | : | 016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tanggal Registrasi | : | 2022-09-12 09:38:04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit/Poliklinik | : | POLI PENYAKIT DALAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dokter Poli | : | dr. Ratih Wulansari, Sp. PD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cara Bayar | : | BPJS KESEHATAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Penanggung Jawab | : | UNTUNG WALUYO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alamat P.J. | : | RUNGKUT LOR GG 10 NO 84 SBY, KALI RUNGKUT, RUNGKUT, KOTA SURABAYA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hubungan P.J. | : | SAUDARA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status | : | Ralan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosa/Penyakit/ICD 10 | : | <table><tr><th>No.</th><th>Kode</th><th>Nama Penyakit</th><th>Status</th></tr><tr><td>1</td><td>E10.6</td><td>Insulin-dependent diabetes mellitus with other specified complications</td><td>Ralan</td></tr><tr><td>2</td><td>I10</td><td>Essential (primary) hypertension</td><td>Ralan</td></tr><tr><td>3</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 | E10.6 | Insulin-dependent diabetes mellitus with other specified complications | Ralan | 2 | I10 | Essential (primary) hypertension | Ralan | 3 | Z09.8 | Follow-up examination after other treatment for other conditions | Ralan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Kode | Nama Penyakit | Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | E10.6 | Insulin-dependent diabetes mellitus with other specified complications | Ralan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | I10 | Essential (primary) hypertension | Ralan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Z09.8 | Follow-up examination after other treatment for other conditions | Ralan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Biaya & Perawatan | : | <table><tr><td colspan="3">Administrasi</td><td>:</td><td colspan="2">0</td></tr><tr><td colspan="3">Tindakan Rawat Jalan Dokter</td><td>:</td><td colspan="2"></td></tr><tr><th>No.</th><th>Tanggal</th><th>Kode</th><th>Nama Tindakan/Perawatan</th><th>Dokter</th><th>Biaya</th></tr><tr><td>1</td><td>2022-09-21 15:53:30</td><td>550</td><td>ADMINISTRASI RAWAT JALAN PX LAMA</td><td>dr. Ratih Wulansari, Sp. PD</td><td>11,000</td></tr><tr><td>2</td><td>2022-09-21 15:53:38</td><td>672</td><td>PEMERIKSAAN/KONSULTASI DR SP</td><td>dr. Ratih Wulansari, Sp. PD</td><td>50,000</td></tr><tr><td colspan="3">Pemeriksaan Laboratorium PK</td><td>:</td><td colspan="2"></td></tr><tr><th>No.</th><th>Tanggal</th><th>Kode</th><th>Nama Pemeriksaan</th><th>Dokter PJ</th><th>Petugas</th><th>Biaya</th></tr><tr><td>1</td><td>2022-09-12 15:43:07</td><td>10</td><td>KIMIA KLINIK-GULA DARAH</td><td>dr. Paulus Patrianto, SpPK</td><td>Wiwik Handayani Amd K</td><td>0</td></tr><tr><td></td><td></td><td></td><td>Detail Pemeriksaan</td><td>Hasil</td><td>Nilai Rujukan</td><td></td></tr><tr><td></td><td></td><td></td><td>GLUKOSA SEWAKTU</td><td>160 mg/dl</td><td>200</td><td>33,000</td></tr><tr><td colspan="3">Pemberian Obat/BHP/Alkes</td><td>:</td><td colspan="2"></td></tr><tr><th>No.</th><th>Tanggal</th><th>Kode</th><th>Nama Obat/BHP/Alkes</th><th>Jumlah</th><th>Aturan Pakai</th><th>Biaya</th></tr><tr><td>1</td><td>2022-09-15 16:33:04</td><td>F0383</td><td>MELOXICAM 15 MG</td><td>10.0 Biji</td><td></td><td>15,000</td></tr><tr><td>2</td><td>2022-09-15 16:33:04</td><td>F1217</td><td>NOVORAPID FLEKPEN</td><td>1.0 Flek</td><td></td><td>201,800</td></tr><tr><td>3</td><td>2022-09-15 16:33:04</td><td>F1714</td><td>GABAPENTIN 300 MG</td><td>7.0 Caps</td><td></td><td>46,200</td></tr><tr><td>4</td><td>2022-09-15 16:33:04</td><td>F1785</td><td>MECOBALAMIN 500 CAP</td><td>7.0 Caps</td><td></td><td>4,900</td></tr><tr><td>5</td><td>2022-09-15 16:33:04</td><td>F1993</td><td>EPERISONE 50MG TAB</td><td>6.0 Tabl</td><td></td><td>12,600</td></tr><tr><td>6</td><td>2022-09-15 16:33:04</td><td>F2245</td><td>LANTUS FLEXPEN (JKN)</td><td>1.0 Flek</td><td></td><td>106,800</td></tr><tr><td>7</td><td>2022-09-15 16:33:04</td><td>F3617</td><td>AMLODIPIN 10MG (KF)</td><td>7.0 Tabl</td><td></td><td>2,800</td></tr><tr><td colspan="3">Total Biaya</td><td>:</td><td colspan="2">484,100</td></tr></table> | | | | | Administrasi | | | : | 0 | | Tindakan Rawat Jalan Dokter | | | : | | | No. | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Biaya | 1 | 2022-09-21 15:53:30 | 550 | ADMINISTRASI RAWAT JALAN PX LAMA | dr. Ratih Wulansari, Sp. PD | 11,000 | 2 | 2022-09-21 15:53:38 | 672 | PEMERIKSAAN/KONSULTASI DR SP | dr. Ratih Wulansari, Sp. PD | 50,000 | Pemeriksaan Laboratorium PK | | | : | | | No. | Tanggal | Kode | Nama Pemeriksaan | Dokter PJ | Petugas | Biaya | 1 | 2022-09-12 15:43:07 | 10 | KIMIA KLINIK-GULA DARAH | dr. Paulus Patrianto, SpPK | Wiwik Handayani Amd K | 0 | | | | Detail Pemeriksaan | Hasil | Nilai Rujukan | | | | | GLUKOSA SEWAKTU | 160 mg/dl | 200 | 33,000 | Pemberian Obat/BHP/Alkes | | | : | | | No. | Tanggal | Kode | Nama Obat/BHP/Alkes | Jumlah | Aturan Pakai | Biaya | 1 | 2022-09-15 16:33:04 | F0383 | MELOXICAM 15 MG | 10.0 Biji | | 15,000 | 2 | 2022-09-15 16:33:04 | F1217 | NOVORAPID FLEKPEN | 1.0 Flek | | 201,800 | 3 | 2022-09-15 16:33:04 | F1714 | GABAPENTIN 300 MG | 7.0 Caps | | 46,200 | 4 | 2022-09-15 16:33:04 | F1785 | MECOBALAMIN 500 CAP | 7.0 Caps | | 4,900 | 5 | 2022-09-15 16:33:04 | F1993 | EPERISONE 50MG TAB | 6.0 Tabl | | 12,600 | 6 | 2022-09-15 16:33:04 | F2245 | LANTUS FLEXPEN (JKN) | 1.0 Flek | | 106,800 | 7 | 2022-09-15 16:33:04 | F3617 | AMLODIPIN 10MG (KF) | 7.0 Tabl | | 2,800 | Total Biaya | | | : | 484,100 | |
| Administrasi | | | : | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tindakan Rawat Jalan Dokter | | | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Biaya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2022-09-21 15:53:30 | 550 | ADMINISTRASI RAWAT JALAN PX LAMA | dr. Ratih Wulansari, Sp. PD | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2022-09-21 15:53:38 | 672 | PEMERIKSAAN/KONSULTASI DR SP | dr. Ratih Wulansari, Sp. PD | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pemeriksaan Laboratorium PK | | | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Tanggal | Kode | Nama Pemeriksaan | Dokter PJ | Petugas | Biaya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2022-09-12 15:43:07 | 10 | KIMIA KLINIK-GULA DARAH | dr. Paulus Patrianto, SpPK | Wiwik Handayani Amd K | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Detail Pemeriksaan | Hasil | Nilai Rujukan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | GLUKOSA SEWAKTU | 160 mg/dl | 200 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pemberian Obat/BHP/Alkes | | | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Tanggal | Kode | Nama Obat/BHP/Alkes | Jumlah | Aturan Pakai | Biaya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2022-09-15 16:33:04 | F0383 | MELOXICAM 15 MG | 10.0 Biji | | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2022-09-15 16:33:04 | F1217 | NOVORAPID FLEKPEN | 1.0 Flek | | 201,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2022-09-15 16:33:04 | F1714 | GABAPENTIN 300 MG | 7.0 Caps | | 46,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2022-09-15 16:33:04 | F1785 | MECOBALAMIN 500 CAP | 7.0 Caps | | 4,900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2022-09-15 16:33:04 | F1993 | EPERISONE 50MG TAB | 6.0 Tabl | | 12,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2022-09-15 16:33:04 | F2245 | LANTUS FLEXPEN (JKN) | 1.0 Flek | | 106,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2022-09-15 16:33:04 | F3617 | AMLODIPIN 10MG (KF) | 7.0 Tabl | | 2,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Biaya | | | : | 484,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |