

| No.RM                       | :                   | 103971   |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
|-----------------------------|---------------------|--|----------------------------------|-----------------------------|-----------------------------|--------|--------------|---------------|--------|---|-------|--|-------|---|-----------------------------|----------------------------------|-------|---|-------|--|-------|--|-----|---------|------|-------------------------|--------|-------|--|--|---|---------------------|-----|----------------------------------|-----------------------------|--------|--|--|---|---------------------|-----|------------------------------|-----------------------------|--------|--|--|-----------------------------|--|--|--|--|--|---|--|-----|---------|------|------------------|-----------|---------|-------|--|---|---------------------|----|-------------------------|----------------------------|-----------------------------|---|--|--|--|--|--------------------|-------|---------------|--|--|--|--|--|-----------------|-------|-----|--------|--|---|---------------------|----|-------------------------|----------------------------|-----------------------------|---|--|--|--|--|--------------------|-------|---------------|--|--|--|--|--|-----------------|-----------|-----|--------|--|--------------------------|--|--|--|--|--|---|--|-----|---------|------|---------------------|--------|--------------|-------|--|---|---------------------|-------|----------------------|----------|--|-------|--|---|---------------------|-------|---------------------|----------|--|-------|--|---|---------------------|-------|----------------------|-----------|--|--------|--|---|---------------------|-------|------------------------|----------|--|--------|--|---|---------------------|-------|-----------------------|----------|--|-------|--|---|---------------------|-------|----------------------|----------|--|--------|--|---|---------------------|-------|---------------------|----------|--|-------|--|-------------|--|--|--|--|--|---|---------|
| Nama Pasien                 | :                   | INDAHYANAH, NY   |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Alamat                      | :                   | JL BRIGJEN KATAMSO 2 NO 15 RT 24 RW 05 WARU SIDOARJO, WARU, WARU, - SIDOARJO   |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Jenis Kelamin               | :                   | Perempuan  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Tempat & Tanggal Lahir      | :                   | KABUPATEN SIDOARJO 1975-07-29  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Ibu Kandung                 | :                   | -  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Golongan Darah              | :                   | -  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Status Nikah                | :                   | MENIKAH  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Agama                       | :                   | ISLAM  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Pendidikan Terakhir         | :                   | -  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Bahasa Dipakai              | :                   | INDONESIA  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Cacat Fisik                 | :                   | -  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 1 No.Rawat                  | :                   | 2022/09/12/000060  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| No.Registrasi               | :                   | 013  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Tanggal Registrasi          | :                   | 2022-09-12 09:16:14  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Unit/Poliklinik             | :                   | POLI PENYAKIT DALAM  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Dokter Poli                 | :                   | dr. Ratih Wulansari, Sp. PD  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Cara Bayar                  | :                   | BPJS KESEHATAN   |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Penanggung Jawab            | :                   | INDAHYANAH, NY   |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Alamat P.J.                 | :                   | JL BRIGJEN KATAMSO 2 NO 15 RT 24 RW 05 WARU SIDOARJO, WARU, WARU, KABUPATEN SIDOARJO   |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Hubungan P.J.               | :                   | SAUDARA  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Status                      | :                   | Ralan  |                                  |                             |                             |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Diagnosa/Penyakit/ICD 10    | :                   | <table><thead><tr><th>No.</th><th>Kode</th><th>Nama Penyakit</th><th>Status</th></tr></thead><tbody><tr><td>1</td><td>E11.6</td><td>Non-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></tbody></table>   |                                  |                             |                             | No.    | Kode         | Nama Penyakit | Status | 1 | E11.6 | Non-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                           | E11.6               | Non-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="6">Administrasi</td><td>:</td><td>0</td></tr><tr><td colspan="6">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><td colspan="2"></td></tr><tr><td>1</td><td>2022-09-12 09:21:59</td><td>550</td><td>ADMINISTRASI RAWAT JALAN PX LAMA</td><td>dr. Ratih Wulansari, Sp. PD</td><td>11,000</td><td colspan="2"></td></tr><tr><td>2</td><td>2022-09-12 09:21:59</td><td>672</td><td>PEMERIKSAAN/KONSULTASI DR SP</td><td>dr. Ratih Wulansari, Sp. PD</td><td>50,000</td><td colspan="2"></td></tr><tr><td colspan="6">Pemeriksaan Laboratorium PK</td><td>:</td><td></td></tr><tr><td>No.</td><td>Tanggal</td><td>Kode</td><td>Nama Pemeriksaan</td><td>Dokter PJ</td><td>Petugas</td><td>Biaya</td><td></td></tr><tr><td>1</td><td>2022-09-12 17:27:59</td><td>10</td><td>KIMIA KLINIK-GULA DARAH</td><td>dr. Paulus Patrianto, SpPK</td><td>Zurrotul Ilmiyah, S.Tr. Kes</td><td>0</td><td></td></tr><tr><td></td><td></td><td></td><td>Detail Pemeriksaan</td><td>Hasil</td><td>Nilai Rujukan</td><td colspan="2"></td></tr><tr><td></td><td></td><td></td><td>GLUKOSA SEWAKTU</td><td>mg/dl</td><td>200</td><td>33,000</td><td></td></tr><tr><td>2</td><td>2022-09-12 17:30:50</td><td>10</td><td>KIMIA KLINIK-GULA DARAH</td><td>dr. Paulus Patrianto, SpPK</td><td>Zurrotul Ilmiyah, S.Tr. Kes</td><td>0</td><td></td></tr><tr><td></td><td></td><td></td><td>Detail Pemeriksaan</td><td>Hasil</td><td>Nilai Rujukan</td><td colspan="2"></td></tr><tr><td></td><td></td><td></td><td>GLUKOSA SEWAKTU</td><td>133 mg/dl</td><td>200</td><td>33,000</td><td></td></tr><tr><td colspan="6">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><td></td></tr><tr><td>1</td><td>2022-09-18 19:20:16</td><td>F0446</td><td>OMEPRAZOLE 20 MG TAB</td><td>7.0 Biji</td><td></td><td>4,200</td><td></td></tr><tr><td>2</td><td>2022-09-18 19:20:16</td><td>F2163</td><td>GLIMEPIRID 3 MG TAB</td><td>7.0 Tabl</td><td></td><td>2,100</td><td></td></tr><tr><td>3</td><td>2022-09-18 19:20:16</td><td>F2227</td><td>DOMPERIDON 10 MG TAB</td><td>20.0 Tabl</td><td></td><td>10,000</td><td></td></tr><tr><td>4</td><td>2022-09-18 19:20:16</td><td>F2295</td><td>PIOGLITAZONE 30 MG TAB</td><td>7.0 Tabl</td><td></td><td>39,900</td><td></td></tr><tr><td>5</td><td>2022-09-18 19:20:16</td><td>F2298</td><td>CANDESARTAN 16 MG TAB</td><td>7.0 Tabl</td><td></td><td>8,400</td><td></td></tr><tr><td>6</td><td>2022-09-18 19:20:16</td><td>F2920</td><td>SUCRALFATE SYR 100ML</td><td>1.0 Boto</td><td></td><td>11,200</td><td></td></tr><tr><td>7</td><td>2022-09-18 19:20:16</td><td>F3617</td><td>AMLODIPIN 10MG (KF)</td><td>7.0 Tabl</td><td></td><td>2,800</td><td></td></tr><tr><td colspan="6">Total Biaya</td><td>:</td><td>205,600</td></tr></table> |                                  |                             |                             |        | Administrasi |               |        |   |       |  | :     | 0 | Tindakan Rawat Jalan Dokter |                                  |       |   |       |  | :     |  | No. | Tanggal | Kode | Nama Tindakan/Perawatan | Dokter | Biaya |  |  | 1 | 2022-09-12 09:21:59 | 550 | ADMINISTRASI RAWAT JALAN PX LAMA | dr. Ratih Wulansari, Sp. PD | 11,000 |  |  | 2 | 2022-09-12 09:21:59 | 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 17:27:59 | 10 | KIMIA KLINIK-GULA DARAH | dr. Paulus Patrianto, SpPK | Zurrotul Ilmiyah, S.Tr. Kes | 0 |  |  |  |  | Detail Pemeriksaan | Hasil | Nilai Rujukan |  |  |  |  |  | GLUKOSA SEWAKTU | mg/dl | 200 | 33,000 |  | 2 | 2022-09-12 17:30:50 | 10 | KIMIA KLINIK-GULA DARAH | dr. Paulus Patrianto, SpPK | Zurrotul Ilmiyah, S.Tr. Kes | 0 |  |  |  |  | Detail Pemeriksaan | Hasil | Nilai Rujukan |  |  |  |  |  | GLUKOSA SEWAKTU | 133 mg/dl | 200 | 33,000 |  | Pemberian Obat/BHP/Alkes |  |  |  |  |  | : |  | No. | Tanggal | Kode | Nama Obat/BHP/Alkes | Jumlah | Aturan Pakai | Biaya |  | 1 | 2022-09-18 19:20:16 | F0446 | OMEPRAZOLE 20 MG TAB | 7.0 Biji |  | 4,200 |  | 2 | 2022-09-18 19:20:16 | F2163 | GLIMEPIRID 3 MG TAB | 7.0 Tabl |  | 2,100 |  | 3 | 2022-09-18 19:20:16 | F2227 | DOMPERIDON 10 MG TAB | 20.0 Tabl |  | 10,000 |  | 4 | 2022-09-18 19:20:16 | F2295 | PIOGLITAZONE 30 MG TAB | 7.0 Tabl |  | 39,900 |  | 5 | 2022-09-18 19:20:16 | F2298 | CANDESARTAN 16 MG TAB | 7.0 Tabl |  | 8,400 |  | 6 | 2022-09-18 19:20:16 | F2920 | SUCRALFATE SYR 100ML | 1.0 Boto |  | 11,200 |  | 7 | 2022-09-18 19:20:16 | F3617 | AMLODIPIN 10MG (KF) | 7.0 Tabl |  | 2,800 |  | Total Biaya |  |  |  |  |  | : | 205,600 |
| Administrasi                |                     |  |                                  |                             |                             | :      | 0            |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Tindakan Rawat Jalan Dokter |                     |  |                                  |                             |                             | :      |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| No.                         | Tanggal             | Kode   | Nama Tindakan/Perawatan          | Dokter                      | Biaya                       |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 1                           | 2022-09-12 09:21:59 | 550  | ADMINISTRASI RAWAT JALAN PX LAMA | dr. Ratih Wulansari, Sp. PD | 11,000                      |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 2                           | 2022-09-12 09:21:59 | 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 17:27:59 | 10   | KIMIA KLINIK-GULA DARAH          | dr. Paulus Patrianto, SpPK  | Zurrotul Ilmiyah, S.Tr. Kes | 0      |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
|                             |                     |  | Detail Pemeriksaan               | Hasil                       | Nilai Rujukan               |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
|                             |                     |  | GLUKOSA SEWAKTU                  | mg/dl                       | 200                         | 33,000 |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 2                           | 2022-09-12 17:30:50 | 10   | KIMIA KLINIK-GULA DARAH          | dr. Paulus Patrianto, SpPK  | Zurrotul Ilmiyah, S.Tr. Kes | 0      |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
|                             |                     |  | Detail Pemeriksaan               | Hasil                       | Nilai Rujukan               |        |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
|                             |                     |  | GLUKOSA SEWAKTU                  | 133 mg/dl                   | 200                         | 33,000 |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Pemberian Obat/BHP/Alkes    |                     |  |                                  |                             |                             | :      |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| No.                         | Tanggal             | Kode   | Nama Obat/BHP/Alkes              | Jumlah                      | Aturan Pakai                | Biaya  |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 1                           | 2022-09-18 19:20:16 | F0446  | OMEPRAZOLE 20 MG TAB             | 7.0 Biji                    |                             | 4,200  |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 2                           | 2022-09-18 19:20:16 | F2163  | GLIMEPIRID 3 MG TAB              | 7.0 Tabl                    |                             | 2,100  |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 3                           | 2022-09-18 19:20:16 | F2227  | DOMPERIDON 10 MG TAB             | 20.0 Tabl                   |                             | 10,000 |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 4                           | 2022-09-18 19:20:16 | F2295  | PIOGLITAZONE 30 MG TAB           | 7.0 Tabl                    |                             | 39,900 |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 5                           | 2022-09-18 19:20:16 | F2298  | CANDESARTAN 16 MG TAB            | 7.0 Tabl                    |                             | 8,400  |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 6                           | 2022-09-18 19:20:16 | F2920  | SUCRALFATE SYR 100ML             | 1.0 Boto                    |                             | 11,200 |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| 7                           | 2022-09-18 19:20:16 | F3617  | AMLODIPIN 10MG (KF)              | 7.0 Tabl                    |                             | 2,800  |              |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |
| Total Biaya                 |                     |  |                                  |                             |                             | :      | 205,600      |               |        |   |       |  |       |   |                             |                                  |       |   |       |  |       |  |     |         |      |                         |        |       |  |  |   |                     |     |                                  |                             |        |  |  |   |                     |     |                              |                             |        |  |  |                             |  |  |  |  |  |   |  |     |         |      |                  |           |         |       |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |       |     |        |  |   |                     |    |                         |                            |                             |   |  |  |  |  |                    |       |               |  |  |  |  |  |                 |           |     |        |  |                          |  |  |  |  |  |   |  |     |         |      |                     |        |              |       |  |   |                     |       |                      |          |  |       |  |   |                     |       |                     |          |  |       |  |   |                     |       |                      |           |  |        |  |   |                     |       |                        |          |  |        |  |   |                     |       |                       |          |  |       |  |   |                     |       |                      |          |  |        |  |   |                     |       |                     |          |  |       |  |             |  |  |  |  |  |   |         |

