**RINGKASAN MEDIS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nama Dokter** |  | **Nama Peserta** |  |
| **Departemen Dokter** |  | **Jenis Kelamin** |  |
| **SIP** |  | **Tanggal Lahir** |  |
| **STR** |  | **Nomor Kartu Asuransi** |  |
|  |  | **Nama Asuransi** |  |
|  |  | **Nama Perusahaan** |  |

**Keluhan Utama:**

>>>INPUT KELUHAN<<<

**Diagnosa & Saran:**

>>INPUT DIAGNOSA & SARAN<<

**Kode Diagnosa:**

>>INPUT KODE DIAGNOSA<<

**Deskripsi Transaksi**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Transaksi ID** | **Klaim ID** | **Tanggal & Waktu** | **Harga/unit** | **Qty** | **Unit** | **Harga** |
| Konsultasi Dokter | *(Consult ID* | *TPA (?)* | *Dd/mm/yyyy*  *Hh/mm* |  | 1 | *Sesi (?)* | IDR xxxx |
| Anjuran Obat | *Order ID* | *TPA (?)* |  |  |  |  |  |
| Obat 1 |  |  |  |  | 1 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 2 |  |  |  |  | 2 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 3 |  |  |  |  | 4 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 4 |  |  |  |  | 1 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 5 |  |  |  |  | 2 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 6 |  |  |  |  | 4 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 7 |  |  |  |  | 1 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 8 |  |  |  |  | 2 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 9 |  |  |  |  | 4 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 10 |  |  |  |  | 1 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 11 |  |  |  |  | 2 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 12 |  |  |  |  | 4 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Obat 13 |  |  |  |  | 4 | *Kapsul/ tablet/ botol/ etc* | IDR xxxx |
| Biaya Antar Obat |  |  |  |  | 1 | *Sesi (?)* | IDR xxxx |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **TOTAL** | IDR xxxx |
|  |  |  |  |  |  | **DITANGGUNG ASURANSI** | IDR xxxx |
|  |  |  |  |  |  | **DITANGGUNG PRIBADI** | IDR xxxx |