**RINGKASAN MEDIS**

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| **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* |  | *Dd/mm/yyyy*  *Hh/mm* |  | 1 | *Sesi* | IDR xxxx |
| Anjuran Obat | *Order ID* |  |  |  |  |  |  |
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| Biaya Antar Obat |  |  |  |  | 1 | *Sesi* |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **TOTAL** | IDR xxxx |
|  |  |  |  |  |  | **DITANGGUNG ASURANSI** | IDR xxxx |
|  |  |  |  |  |  | **DITANGGUNG PRIBADI** | IDR xxxx |