**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:**

>>INPUT DIAGNOSA<<

**Kode Diagnosa:**

>>INPUT KODE DIAGNOSA<<

**Saran:**

>>INPUT SARAN<<

**Deskripsi Transaksi**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Transaksi ID** | **Klaim ID** | **Tanggal & Waktu** | **Harga/unit** | **Qty** | **Unit** | **Harga** |
| Konsultasi Dokter | *Consult ID* | *Claim ID* | *DD/MM/YYYY*  *Hour/Min* | IDR xxxx | 1 | *Sesi* | IDR xxxx |
| Anjuran Obat |  |  |  |  |  |  |  |
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| Biaya Antar Obat |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | **TOTAL** |  |
|  |  |  |  |  |  | **DITANGGUNG ASURANSI** |  |
|  |  |  |  |  |  | **DITANGGUNG PRIBADI** |  |