KLINIK UTAMA CITRA HUSADA

Jln. Dewi Sartika No. 2 Tangerang, Banten 15111
Telp. 021 – 5522501 / 021 – 55722722

RESUME MEDIS RAWAT JALAN

No . 1609/1609

No RM	: **000382**	Klinik	: PENYAKIT DALAM
Nama	: IING RIVAI TN (L)	Tgl Periksa	: 09-08-2024
Tgl Lahir	: 07-10-1951	Cara Masuk	: Kontrol DR ESTERLITA DEWI
		Cara Bayar	: BPJS UTAMA

<table>
<tr><td colspan="2">Alergi Obat</td><td colspan="6"></td><td></td></tr>
<tr><td colspan="2">Alergi Makanan</td><td colspan="6"></td><td></td></tr>
<tr><td colspan="2">Riwayat Obat</td><td colspan="6">tidak ada</td><td></td></tr>
<tr><td colspan="2">Riwayat Penyakit</td><td colspan="6">-</td><td></td></tr>
<tr><td rowspan="2">S</td><td>Keluhan</td><td colspan="6">susah tidur; kadang pusing;</td><td></td></tr>
<tr><td rowspan="3">O</td><td>Pemeriksaan Fisik</td><td colspan="6">Tak</td><td></td></tr>
<tr><td rowspan="2">Vital Sign</td><td>BB</td><td>TB</td><td>TD</td><td>Heart Rate</td><td>RR</td><td>Temp</td><td>SPO2</td></tr>
<tr><td>66 KG</td><td>178 CM</td><td>115/75</td><td>80 Kali</td><td>20 Kali</td><td>36.2°C</td><td>98%</td></tr>
<tr><td>Laboratorium</td><td colspan="6">—</td><td></td></tr>
<tr><td rowspan="2">A</td><td rowspan="2">Diagnosis</td><td colspan="6">CKD (Riwayat BAtu);
BPH</td><td></td></tr>
<tr><td colspan="6">Z09.8 - Follow-up examination after other treatment for other conditions</td><td></td></tr>
<tr><td rowspan="5">P</td><td rowspan="2">Tindakan</td><td colspan="6">Obat Prostat teruskan</td><td></td></tr>
<tr><td colspan="6"></td><td></td></tr>
<tr><td>Obat</td><td colspan="6">
<table>
<tr><th></th><th>Obat</th><th>Jml</th><th>Aturan Pakai</th></tr>
<tr><td>1</td><td>FOLIC ACID 400</td><td>30.00 tablet</td><td></td></tr>
<tr><td>2</td><td>CANDESARTAN 8 MG</td><td>30.00 tablet</td><td>1 x sehari 1 tablet/kapsul
Sebelum Makan
malam</td></tr>
<tr><td>3</td><td>FOLIC ACID 400</td><td>30.00 tablet</td><td></td></tr>
<tr><td>4</td><td>SODIUM BICARBOAT</td><td>30.00 tablet</td><td>1 x sehari 1 tablet/kapsul
Sesudah Makan
siang</td></tr>
<tr><td>5</td><td>VITAMIN B KOMPLEK</td><td>30.00 tablet</td><td>1 x sehari 1 tablet/kapsul
Sebelum Makan
pagi.</td></tr>
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</td><td></td></tr>
<tr><td>Rencana</td><td colspan="6">kontrol 1 bln</td><td></td></tr>
<tr><td>Anjuran</td><td colspan="6">JAga minum</td><td></td></tr>
<tr><td>Penunjanag lain:</td><td colspan="6">-</td><td></td></tr>
<tr><td colspan="8">Kelanjutan : Pulang</td></tr>
</table>

Kota Tangerang, 29 Agustus 2024

dr. I Gede Rai Kosa , SpPD.,FINASIM