



# KLINIK UTAMA CITRA HUSADA

Jln. Dewi Sartika No. 2 Tangerang, Banten 15111

Telp. 021 – 5522501 / 021 – 55722722

## RESUME MEDIS RAWAT JALAN

No . 1078/1078

No RM : 000840  
Nama : CONTOH (L)  
Tgl Lahir : 12-12-1999

Klinik : MCU PT.OPPO  
Tgl Periksa : 25-07-2024  
Cara Masuk : Sendiri  
Cara Bayar : PT.OPPO

|                         |                   |     |                         |           |            |              |        |      |  |
|-------------------------|-------------------|-----|-------------------------|-----------|------------|--------------|--------|------|--|
| <b>Alergi Obat</b>      |                   |     |                         |           |            |              |        |      |  |
| <b>Alergi Makanan</b>   |                   |     |                         |           |            |              |        |      |  |
| <b>Riwayat Obat</b>     |                   |     |                         |           |            |              |        |      |  |
| <b>Riwayat Penyakit</b> |                   |     |                         |           |            |              |        |      |  |
| <b>S</b>                | Keluhan           |     |                         |           |            |              |        |      |  |
|                         | Pemeriksaan Fisik |     |                         |           |            |              |        |      |  |
| <b>O</b>                | Vital Sign        | BB  | TB                      | TD        | Heart Rate | RR           | Temp   | SPO2 |  |
|                         |                   |     |                         |           |            |              |        |      |  |
|                         | Laboratorium      |     |                         | Parameter | Hasil      | Satuan       | Normal |      |  |
|                         |                   | 1   | hematologi 1 PT.OPPO    |           |            |              |        |      |  |
| 2                       |                   | AFP |                         |           |            |              |        |      |  |
| <b>A</b>                | Diagnosis         |     |                         |           |            |              |        |      |  |
| <b>P</b>                | Tindakan          |     |                         |           |            |              |        |      |  |
|                         | Obat              |     | Obat                    |           | Jml        | Aturan Pakai |        |      |  |
|                         |                   | 1   | AMOXICILLIN 125 MG/5 ML |           | 1.00 Botol |              |        |      |  |
|                         | Rencana           |     |                         |           |            |              |        |      |  |
|                         | Anjuran           |     |                         |           |            |              |        |      |  |
|                         | Penunjanag lain:  |     |                         |           |            |              |        |      |  |
| Kelanjutan :            |                   |     |                         |           |            |              |        |      |  |



Kota Tangerang, 7 Agustus 2024

dr. Lani Komala