



# KLINIK UTAMA CITRA HUSADA

Jln. Dewi Sartika No. 2 Tangerang, Banten 15111

Telp. 021 – 5522501 / 021 – 55722722

## RESUME MEDIS RAWAT JALAN

No . 1507/1507

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

Klinik : MCU PT.SUPER RAYA TATA  
STEEL  
Tgl Periksa : 09-08-2024  
Cara Masuk : Sendiri  
Cara Bayar : PT.SUPER RAYA TATA STEEL

|                         |                     |                   |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|-------------------------|---------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|--|
| <b>Alergi Obat</b>      |                     | nkn               |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
| <b>Alergi Makanan</b>   |                     | kkn               |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
| <b>Riwayat Obat</b>     |                     | -                 |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
| <b>Riwayat Penyakit</b> |                     | TIDAK ADA         |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
| <b>S</b>                | Keluhan             | sinoinin          |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
| <b>O</b>                | Pemeriksaan Fisik   | oinoinoi          |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         | Vital Sign          | BB                | TB                                                                                                                                                                                                                                                                              | TD           | Heart Rate                                                                                                             | RR                                                                                                                                                                                                                                                                                                   | Temp | SPO2 |  |
|                         |                     | 99 KG             | 999 CM                                                                                                                                                                                                                                                                          | 99/9         | 9 Kali                                                                                                                 | 99 Kali                                                                                                                                                                                                                                                                                              | 9°C  | 9%   |  |
|                         | Laboratorium        |                   | <b>Parameter</b>                                                                                                                                                                                                                                                                | <b>Hasil</b> | <b>Satuan</b>                                                                                                          | <b>Normal</b>                                                                                                                                                                                                                                                                                        |      |      |  |
|                         |                     | 1                 | MCU PT.SUPER RAYA<br>TATA STEEL<br>LED<br>Hemoglobin<br>Leukosit<br>HITUNG JENIS<br>Basofil<br>Eosinofil<br>Batang<br>Segmen<br>Limfosit<br>Monosit<br>Eritrosit<br>Trombosit<br>Hematokrit<br>DIABETES<br>Glukosa Puasa<br>Glukosa Sewaktu<br>LEMAK DARAH<br>Cholesterol Total |              | mm/jam<br>g/dl<br>sel/mm3<br><br>%<br>%<br>%<br>%<br>%<br>%<br>juta sel/mm3<br>sel/mm3<br>%<br>mg/dl<br>mg/dl<br>mg/dl | Laki-laki : 0-10<br>Perempuan : 0-15<br>Laki-laki : 13.0-16.0<br>Perempuan : 12.0-14.0<br>5000-10000<br><br>0-1<br>0-3<br>0-6<br>50-70<br>20-40<br>2-8<br>Laki-Laki : 4.5-5.5<br>Perempuan : 4.0-5.0<br>150000-500000<br>Laki-Laki: 40-48<br>Perempuan : 36-42<br><br>70-115<br>0-140<br><br>150-200 |      |      |  |
|                         |                     |                   |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         |                     |                   |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         |                     |                   |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
| <b>A</b>                | Diagnosis           | noinoinoino       |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
| <b>P</b>                | Tindakan            | iooijijiojioijioi |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         | Obat                | —                 |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         | Rencana             | ojojoij           |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         | Anjuran             | iionoijoin        |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         | Penunjanag lain:    | oinoi             |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |
|                         | Kelanjutan : Pulang |                   |                                                                                                                                                                                                                                                                                 |              |                                                                                                                        |                                                                                                                                                                                                                                                                                                      |      |      |  |



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Kota Tangerang, 9 Agustus 2024

dr. Lani Komala