



# 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

|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|------------------|---------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|--|--|
| Alergi Obat      |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
| Alergi Makanan   |                     | kkn               |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
| Riwayat Obat     |                     | -                 |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
| Riwayat Penyakit |                     | TIDAK ADA         |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
| S                | Keluhan             | Tidak Ada         |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  | Pemeriksaan Fisik   | Tidak Ada         |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
| O                | Vital Sign          | BB                | TB                                                                                                                                                                                                                                                                              | TD    | Heart Rate                                                                                                             | RR                                                                                                                                                                                                                                                                                                      | Temp | SPO2 |  |  |
|                  |                     | 99 KG             | 999 CM                                                                                                                                                                                                                                                                          | 99/9  | 9 Kali                                                                                                                 | 99 Kali                                                                                                                                                                                                                                                                                                 | 9°C  | 9%   |  |  |
|                  | Laboratorium        |                   | Parameter                                                                                                                                                                                                                                                                       | Hasil | Satuan                                                                                                                 | Normal                                                                                                                                                                                                                                                                                                  |      |      |  |  |
|                  |                     | 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 :<br>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 |      |      |  |  |
|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  |                     |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
| A                | Diagnosis           | Tidak Ada         |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
| P                | Tindakan            | iooijijiojioijioi |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  | Obat                | —                 |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  | Rencana             | ojojoij           |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  | Anjuran             | iionoijoin        |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  | Penunjanag lain:    | Tidak Ada         |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |
|                  | Kelanjutan : Pulang |                   |                                                                                                                                                                                                                                                                                 |       |                                                                                                                        |                                                                                                                                                                                                                                                                                                         |      |      |  |  |



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Kota Tangerang, 10 Agustus 2024

dr. Lani Komala