



# KLINIK UTAMA CITRA HUSADA

Jln. Dewi Sartika No. 2 Tangerang, Banten 15111

Telp. 021 – 5522501 / 021 – 55722722

## RESUME MEDIS RAWAT JALAN

No . 1341/1341

No RM : 000885  
Nama : BILKIS SANINAH (P)  
Tgl Lahir : 18-08-2003

Klinik : MCU PT.OPPO  
Tgl Periksa : 01-08-2024  
Cara Masuk : Sendiri  
Cara Bayar : PT.OPPO

|                     |                   |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
|---------------------|-------------------|-------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|--|
| Alergi Obat         |                   |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
| Alergi Makanan      |                   |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
| Riwayat Obat        |                   |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
| Riwayat Penyakit    |                   |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
| S                   | Keluhan           |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
|                     | Pemeriksaan Fisik |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
|                     | Vital Sign        | BB    | TB                                                                                                                              | TD                                                     | Heart Rate                                                  | RR                                                                                                                                                   | Temp | SPO2 |  |
|                     |                   | 50 KG | 155 CM                                                                                                                          | 120/80                                                 | 88 Kali                                                     | 20 Kali                                                                                                                                              | 36°C | 98%  |  |
| O                   | Laboratorium      |       | Parameter                                                                                                                       | Hasil                                                  | Satuan                                                      | Normal                                                                                                                                               |      |      |  |
|                     |                   | 1     | MCU PT.OPPO<br>LED<br>Hemoglobin<br>Leukosit<br>HITUNG JENIS<br>Basofil<br>Eosinofil<br>Batang<br>Segmen<br>Limfosit<br>Monosit | 10<br>13.2<br>8800<br><br>0<br>0<br>0<br>67<br>26<br>7 | mm/jam<br>g/dl<br>sel/mm3<br><br>%<br>%<br>%<br>%<br>%<br>% | 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 |      |      |  |
| A                   | Diagnosis         |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
| P                   | Tindakan          |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
|                     | Obat              | —     |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
|                     | Rencana           |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
|                     | Anjuran           |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
|                     | Penunjanag lain:  |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |
| Kelanjutan : Pulang |                   |       |                                                                                                                                 |                                                        |                                                             |                                                                                                                                                      |      |      |  |



Kota Tangerang, 1 Agustus 2024

dr. Suci Ramadhanni