



# KLINIK UTAMA CITRA HUSADA

Jln. Dewi Sartika No. 2 Tangerang, Banten 15111

Telp. 021 – 5522501 / 021 – 55722722

## RESUME MEDIS RAWAT JALAN

No . 1934/1934

No RM : **001172**  
Nama : HANDRES SETRADI (L)  
Tgl Lahir : 25-05-1983

Klinik : PENYAKIT DALAM  
Tgl Periksa : 19-08-2024  
Cara Masuk : Rujukan/Kiriman KLINIK CITRA HUSADA  
Cara Bayar : BPJS UTAMA

|                         |                   |                                                                                                                         |                  |              |                                                          |               |      |      |  |
|-------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------|------------------|--------------|----------------------------------------------------------|---------------|------|------|--|
| <b>Alergi Obat</b>      |                   |                                                                                                                         |                  |              |                                                          |               |      |      |  |
| <b>Alergi Makanan</b>   |                   |                                                                                                                         |                  |              |                                                          |               |      |      |  |
| <b>Riwayat Obat</b>     |                   |                                                                                                                         |                  |              |                                                          |               |      |      |  |
| <b>Riwayat Penyakit</b> |                   |                                                                                                                         |                  |              |                                                          |               |      |      |  |
| <b>S</b>                | Keluhan           | kontrol                                                                                                                 |                  |              |                                                          |               |      |      |  |
|                         | Pemeriksaan Fisik | Hemiparese D                                                                                                            |                  |              |                                                          |               |      |      |  |
| <b>O</b>                | Vital Sign        | BB                                                                                                                      | TB               | TD           | Heart Rate                                               | RR            | Temp | SPO2 |  |
|                         | Laboratorium      |                                                                                                                         | <b>Parameter</b> | <b>Hasil</b> | <b>Satuan</b>                                            | <b>Normal</b> |      |      |  |
|                         |                   | 1                                                                                                                       | Glukosa Sewaktu  | 142          | mg/dl                                                    | 0-140         |      |      |  |
| <b>A</b>                | Diagnosis         | -                                                                                                                       |                  |              |                                                          |               |      |      |  |
|                         |                   | Z09.8 - Follow-up examination after other treatment for other conditions<br>I15.9 - Secondary hypertension, unspecified |                  |              |                                                          |               |      |      |  |
| <b>P</b>                | Tindakan          | Pemeriksaan dan Konsultasi Dokter Spesialis Penyakit Dalam BPJS                                                         |                  |              |                                                          |               |      |      |  |
|                         | Obat              |                                                                                                                         | <b>Obat</b>      | <b>Jml</b>   | <b>Aturan Pakai</b>                                      |               |      |      |  |
|                         |                   | 1                                                                                                                       | AMLODIPINE 5     | 30.00 tablet | 1 x sehari 1 tablet/kapsul                               |               |      |      |  |
|                         |                   | 2                                                                                                                       | METFORMIN        | 60.00 tablet | 2 x sehari 1 tablet/kapsul<br>Sesudah Makan<br>PAGI SORE |               |      |      |  |
|                         | Rencana           | -                                                                                                                       |                  |              |                                                          |               |      |      |  |
|                         | Anjuran           | -                                                                                                                       |                  |              |                                                          |               |      |      |  |
| Penunjanag lain:        | -                 |                                                                                                                         |                  |              |                                                          |               |      |      |  |
| Kelanjutan : Pulang     |                   |                                                                                                                         |                  |              |                                                          |               |      |      |  |



Kota Tangerang, 29 Agustus 2024

dr. I Gede Rai Kosa , SpPD.,FINASIM