



**PEMERINTAH PROVINSI JAWA TENGAH**  
**RUMAH SAKIT UMUM DAERAH Dr. MOEWARDI**

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<b>PEMERIKSAAN</b> <b>FIFIK 2</b>	Ruang :	No. RM :
	Nama :	Umur : L / P

  

<p><b>JANTUNG</b></p> <p>Apex impuls                      Bunyi jantung</p> <p>Batas jantung                      M 1</p> <p>Thrill                                      A 2</p> <p>Pulsasi                                      P 2</p> <p>Rate                                      Bising</p> <p>Rythme                                      Friction</p> <p>Gallop                                      Lain-lain</p> <p><b>PARU</b></p> <p><b>Depan / Belakang</b></p> <p>Perkusi                                      Auskultasi</p> <p>Suara nafas                                      Ronchi</p> <p>Kelenjar axilla                                      Lain-lain</p> <p><b>ABDOMEN</b></p> <p>Bentuk                                      Ascites</p> <p>Tumor                                      Hati</p> <p>Venectasia                                      Limpa</p> <p>Umbilicus                                      Ginjal</p> <p>Nyeri                                      Refleks dinding perut</p> <p>Defence musculaire                                      Peristaltik</p> <p>Dinding(kulit)perut</p> <p><b>GENITALIA LAKI-LAKI</b></p> <p>Scortum                                      Tetis</p> <p>Luka                                      Lain-lain</p> <p><b>GENITALIA WANITA</b></p> <p>Vagina                                      Cervix</p> <p>Uterus                                      Lain-lain</p> <p><b>EKSTREMITAS</b></p> <p>Superior : warna                                      Tremor/</p> <p>                                    oedema                                      clubbing</p> <p>                                    luka                                      Lain-lain</p> <p>                                    Luka</p> <p>Inferor : warna                                      Lain-lain</p> <p>                                    oedema</p> <p><b>NEUROLOGIK</b></p> <p>Saraf otak                                      Motorik</p> <p>Sensoris                                      Koordinasi</p> <p>Refleks                                      Lain-lain</p> <p><b>LAIN-LAIN</b></p> <p>Recto anal</p> <p>Collumna vertebralis</p> <p><b>KELAINAN-KELAINAN YANG</b> <b>BELUM DISEBUTKAN</b></p>	
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<p>Hasil Pemeriksaan Laboratorium :</p> <p>.....</p> <p>Diagnosis Sementara :</p> <p>.....</p>	<p>( ..... )</p> <p>Tanda tangan &amp; nama terang</p>
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