

**LAMPIRAN A**  
**MACAM – MACAM ETIKET**



|   |                |
|---|----------------|
| <br><b>APOTEK KIMIA FARMA 23 RAYA KENDANGSARI</b><br>Jl. Raya Kendangsari Blok J/7 Telp. (031) 8414215, Surabaya-60292<br>A.P.A : Drs. Suistiyono, Apt. SIK.KP. 01.01.1.2.3039 |                |
| No. <i>R/</i> .....   | Tanggal, ..... |
| ..... Th  |                |
| SEHARI : ..... x ..... Tablet / Capsul / Bungkus  |                |
| : ..... x ..... Sendok Makan / Teh / Tetes  |                |
| Sebelum / Sesudah / Bersama Makan   |                |
| <b>( Jauhkan Obat dari Jangkauan Anak-Anak )</b>  |                |
| Nama / Jumlah Obat :  |                |
| ( Hubungi Apoteker / Asisten Apoteker Bila Anda Membutuhkan Informasi Obat )  |                |

|  |              |
|--|--------------|
| <br><b>APOTEK KIMIA FARMA NO. 23 KENDANGSARI</b><br>Jl. Raya Kendangsari Blok J/7 ☎ (031) 8414215 Surabaya - 60292<br>APA : Drs. Suistiyono, Apt. SIK. KP. 01.01.1.2.3039 |              |
| NO. : .....  | TGL. : ..... |
| <b>OBAT LUAR</b>   |              |

**LAMPIRAN B**  
**MACAM – MACAM PEMBUNGKUS PUYER**



**LAMPIRAN C**  
**BLANKO TURUNAN RESEP**


|   |                    |
|---|--------------------|
| <br><b>kimia farma</b><br>APOTEK KIMIA FARMA NO. 23 RAYA KENDANGSARI<br>Jl. Raya Kendangsari Blok J/7 ☎ (031) 8414215<br>Surabaya - 60292<br>A.P.A : Drs. Suistiyono, Apt.                      SIK.KP. 01.01.1.2.3039 | <b>BUKA 24 JAM</b> |
| Salinan Dari Resep No. .... Tgl. ....   |                    |
| Dari : Dokter .....   |                    |
| Dibuat Tgl. ....  |                    |
| Untuk : .....   |                    |
| <b>R/</b>   |                    |
| <br>PT. Kimia Farma Tbk  |                    |

# LAMPIRAN D

## BLANKO KUITANSI

**No. 000358**

|   |   |  |   |                        |
|---|---|--|---|------------------------|
| <p>TERIMA duit .....</p> <p>Banyaknya uang .....</p> <p>No. .... Harga Rp .....</p> <p>No. .... Harga Rp .....</p> <p>No. .... Harga Rp .....</p> | <p>Tgl. ....</p> <p>" .....</p> <p>" .....</p> <p>" .....</p> | <p>Dokter .....</p> <p>" .....</p> <p>" .....</p> <p>" .....</p> | <p>Yg. Sakit .....</p> <p>" .....</p> <p>" .....</p> <p>" .....</p> | <p>Surabaya, .....</p> |
|---|---|--|---|------------------------|



**kimia farma**  
PT Kimia Farma Abotok

Jumlah Rp. ....

**BUKA 24 JAM**

**kimiafarma**

APOTEK KIMIA FARMA No. 23 KENDANGSARI

Surabaya - 60292

Jl. Raya Kendangsari Blok J/7 Telp. (031) 8414215



## LAMPIRAN F

### BON PERMINTAAN BARANG APOTEK

KF. Kimia Farma Apotek  
APT.KF.WO.23 KENDANGSARI 3/7

BON PERMINTAAN BARANG APOTIK  
ke Apotik : B.M. SURABAYA

NOMOR BPBA: 231203069  
TANGGAL : 20/03/2012

| NO. | Nama Obat                      | ktgr | Stock | Avg. Jual | Jumlah | Kemasan | Jml Beri | Hrg Satuan | JR |
|-----|--------------------------------|------|-------|-----------|--------|---------|----------|------------|----|
| 1   | ABATE 10GR SACH@50             |      | .00   | .00*      | 50.00  | SAC     | 50.00    | 1,363.00   |    |
| 2   | ACCU-CHEK ACTIVE METER NEW     |      | .00   | .00*      | 1.00   | BH      | 1.00     | 500,000.00 |    |
| 3   | ACNE FELDIN LOT 110ML          |      | .00   | .00*      | 2.00   | BTL     | 2.00     | 26,000.00  |    |
| 4   | ACNOL LOT 10ML                 |      | .00   | .00*      | 12.00  | FLS     | 12.00    | 7,210.00   |    |
| 5   | ACTIFED COUGH DM SYR 60ML      |      | .00   | .00*      | 12.00  | BTL     | 12.00    | 22,000.00  |    |
| 6   | ACTIFED PLUS EXP SYR 60ML      |      | .00   | .00*      | 12.00  | BTL     | 12.00    | 22,300.00  |    |
| 7   | ACTIFED SYR 120ML              |      | .00   | .00*      | 3.00   | BTL     | 3.00     | 33,000.00  |    |
| 8   | ADALAT 10MG TAB@50             |      | .00   | .00*      | 50.00  | TAB     | 50.00    | 2,226.00   |    |
| 9   | ADALAT OROS 30MG TAB@30        |      | .00   | .00*      | 30.00  | TAB     | 30.00    | 6,642.00   |    |
| 10  | AERIUS 5MG TAB@30              |      | .00   | .00*      | 60.00  | TAB     | 60.00    | 6,003.00   |    |
| 11  | AFRIN 0.025% NAS DROP PED 10ML |      | .00   | .00*      | 2.00   | FLS     | 2.00     | 57,497.00  |    |
| 12  | AKURAT TES HAMIL@25            |      | .00   | .00*      | 25.00  | BH      | 25.00    | 7,500.00   |    |
| 13  | ALBA PASTILES 100GR            |      | .00   | .00*      | 20.00  | SAK     | 20.00    | 5,000.00   |    |
| 14  | ALBOTHYL SOL CONC 10ML         |      | .00   | .00*      | 10.00  | FLS     | 10.00    | 24,500.00  |    |
| 15  | ALCO ORAL DROP 15ML            |      | .00   | .00*      | 3.00   | BTL     | 3.00     | 33,500.00  |    |
| 16  | ALLERIN EXP SYR 60ML           |      | .00   | .00*      | 3.00   | BTL     | 3.00     | 9,750.00   |    |
| 17  | ALOCCLAIR ORAL RINSE 60ML      |      | .00   | .00*      | 3.00   | BTL     | 3.00     | 75,000.00  |    |
| 18  | ALPARA KPL@150                 |      | .00   | .00*      | 150.00 | KPL     | 150.00   | 360.00     |    |
| 19  | AMBEVEN CAP@100                |      | .00   | .00*      | 100.00 | CAP     | 100.00   | 899.00     |    |
| 20  | AMOXIL 250MG TAB@100           |      | .00   | .00*      | 100.00 | TAB     | 100.00   | 1,345.00   |    |
| 21  | AMOXSAN 500MG CAP@100          |      | .00   | .00*      | 300.00 | CAP     | 300.00   | 2,803.00   |    |
| 22  | ANADEx DRAGE@100               |      | .00   | .00*      | 100.00 | TAB     | 100.00   | 750.00     |    |
| 23  | ANATON SYR 60ML                |      | .00   | .00*      | 3.00   | BTL     | 3.00     | 3,672.00   |    |
| 24  | ANDANTOL 0.75% GEL 10GR        |      | .00   | .00*      | 3.00   | TUB     | 3.00     | 35,068.00  |    |
| 25  | ANGIOTEN 50MG TAB@30           |      | .00   | .00*      | 30.00  | TAB     | 30.00    | 9,500.00   |    |
| 26  | ANTANGIN JRG CAIR SACH@10      |      | .00   | .00*      | 100.00 | SAC     | 100.00   | 1,310.00   |    |
| 27  | ANTANGIN JRG TAB@ 80           |      | .00   | .00*      | 80.00  | TAB     | 80.00    | 328.00     |    |
| 28  | ANTIMO 50MG TAB@10             |      | .00   | .00*      | 100.00 | TAB     | 100.00   | 300.00     |    |
| 29  | ANTIMO ANAK SACH@10            |      | .00   | .00*      | 100.00 | SAC     | 100.00   | 800.00     |    |
| 30  | APIALYS SYR 100ML              |      | .00   | .00*      | 6.00   | BTL     | 6.00     | 22,000.00  |    |
| 31  | ARCALION 200MG TAB@60          |      | .00   | .00*      | 60.00  | TAB     | 60.00    | 4,917.00   |    |

# LAMPIRAN G FAKTUR

Lampiran D  
P133804 1333 P11 PSM 700 020400

**COPY**

**INVOICE**

PT. PARIT PADANG GLOBAL (Gonggoh Subdivisi)  
Jl. Raya KandangSari No. 23, KandangSari, Kecamatan KandangSari, Kabupaten Karawang, Jawa Tengah 50131  
Telp. (0271) 8222222 Fax. (0271) 8222222

PT. PARIT PADANG GLOBAL (Gonggoh Subdivisi)  
Jl. Raya KandangSari No. 23, KandangSari, Kecamatan KandangSari, Kabupaten Karawang, Jawa Tengah 50131  
Telp. (0271) 8222222 Fax. (0271) 8222222

JAMA PEMBELI : PT. PARIT PADANG GLOBAL  
ALAMAT : JL. RAYA KANDANGSARI No. 23 - KANDANGSARI, KARAWANG  
PWP : SUPREMA ULU 2002210

NO. F.F.F. : 01312021111  
TANGGAL : 21-01-2014  
No. Order : 01312021111  
No. PO : 30126

NO. F.F.F. : 01312021111  
TANGGAL : 21-01-2014  
No. Order : 01312021111  
No. PO : 30126

| U. M. I T | JENIS BARANG                  | SATUAN | ED.      | NO. BATCH | NO. DISC. | JUMLAH RP. |
|-----------|-------------------------------|--------|----------|-----------|-----------|------------|
| 1         | DIAPET 100 KAPSUL             | 800    | 29-02-16 | 1280376   | 2,500     | 20,500.00  |
| 3         | DIAPET SERIF 60 ML            | 801    | 01-01-14 | 1780098   | 2,500     | 16,500.00  |
| 1         | DIAPET RR 120'S               | 808    | 28-02-15 | 1280299   | 2,500     | 9,000.00   |
| 1         | BAKANG 100'S                  | 806    | 10-01-15 | 1280512   | 2,500     | 4,500.00   |
| 1         | VALVIR KAPLET 50'S            | 806    | 14-03-13 | 010270    | 6,000     | 600,000.00 |
| 2         | ALITO 1X225G-17089/64         | K10    | 31-10-13 | 12920466  | 57,610    | 75,620.00  |
| 2         | ORODIB ANTISEPTIC SPRAY 15 ML | 811    | 10-06-14 | 11070     | 3,000     | 26,504.00  |
| 2         | ORODIB ANTISEPTIC SPRAY 25 ML | 811    | 10-06-14 | 11035     | 22,900    | 44,900.00  |
| 10        | SP TROCHES STRAWBERRY 12'S    | 810    | 31-07-14 | 11611     | 6,550     | 65,500.00  |
| 10        | SP TROCHES MELLON 12'S        | 810    | 31-08-14 | 11199     | 6,550     | 65,500.00  |

Belanda, 21 Januari 2014  
Berikutnya .....

Invoice ini berlaku sebagai Faktur Pajak  
Lembar 6 (Pilih) - Pembeli (Surat Jalan)

PT. PARIT PADANG GLOBAL

PENERIMA

APOTEK KIMIA FARMA No 23  
JL RAYA KANDANGSARI  
KANDANGSARI

Materai

## LAMPIRAN H DROPPING

*25/Jan*

DESKUNSI KE : RPT KP NO.33 KENDANGSAE 177  
 WAKTU DROPPING : 2012 TAHUN REPA 12012  
 NOMBOR DROPPING : 2811112222 NOMBOR REPA : 21120208  
 WANGSAL DROPPING : 18-03-2012

| NO | NAMA OBAT                         | QTY DROPP | BONUS | KMS | HFG SATUAN | HFG USUM   | DISC 1 | DISC 2 |
|----|-----------------------------------|-----------|-------|-----|------------|------------|--------|--------|
| 1  | ACTIFED COUGH 8M SIR 60ML         | 22.00     | 0.00  | PLS | 7,210.00   | 7,210.00   | 0.0    | 0.0    |
| 2  | ACTIFED PULS 8M SIR 60ML          | 22.00     | 0.00  | STL | 22,300.00  | 22,300.00  | 0.0    | 0.0    |
| 3  | ACTIFED SIR 100ML                 | 3.00      | 0.00  | STL | 25,000.00  | 25,000.00  | 4.0    | 0.0    |
| 4  | AFESIN 0.125M NMS DROPP RED 100ML | 7.00      | 0.00  | PLS | 67,497.00  | 67,497.00  | 0.0    | 0.0    |
| 5  | AKURAT YES HAMILACE               | 20.00     | 0.00  | BMI | 7,000.00   | 287,000.00 | 17.4   | 0.0    |
| 6  | ALFOTHYL SOL CONC 100ML           | 20.00     | 0.00  | PLS | 24,000.00  | 24,000.00  | 7.6    | 0.0    |
| 7  | ALCO ORAL DROPP 15ML              | 7.00      | 0.00  | STL | 77,000.00  | 77,000.00  | 14.0   | 0.0    |
| 8  | AMBEVEN CAPS100                   | 100.00    | 0.00  | CAP | 399.00     | 39,900.00  | 7.0    | 0.0    |
| 9  | ANADEX DRAJES100                  | 100.00    | 0.00  | TAB | 70.00      | 70,000.00  | 10.0   | 0.0    |
| 10 | ANDANTOL 0.125M SEL 100G          | 3.00      | 0.00  | TUB | 37,000.00  | 37,000.00  | 7.7    | 0.0    |
| 11 | ANTHON 50MG TAB100                | 100.00    | 0.00  | TAB | 300.00     | 3,000.00   | 0.0    | 0.0    |
| 12 | ARZALIS SIR 100ML                 | 8.00      | 0.00  | STL | 22,000.00  | 22,000.00  | 7.0    | 0.0    |
| 13 | ASPILETS 50MG TAB100              | 100.00    | 0.00  | TAB | 187.00     | 18,700.00  | 10.0   | 0.0    |
| 14 | ASTHIN 8-10MG CAPS10              | 80.00     | 0.00  | CAP | 7,000.00   | 226,000.00 | 10.0   | 0.0    |
| 15 | BECCORDON DROPP 15ML              | 9.00      | 0.00  | STL | 18,000.00  | 18,000.00  | 6.0    | 0.0    |
| 16 | BECCORDON LYSINE SIR 100ML        | 3.00      | 0.00  | STL | 19,627.00  | 19,627.00  | 6.0    | 0.0    |
| 17 | BEROCCA PERFOR GINSENG EFFR10     | 3.00      | 0.00  | HL  | 29,541.00  | 19,541.00  | 0.0    | 0.0    |
| 18 | BETADINE ION SOL 15ML             | 20.00     | 0.00  | PLS | 8,000.00   | 8,000.00   | 7.0    | 0.0    |
| 19 | BETADINE SABUN CAIR 60ML          | 6.00      | 0.00  | PLS | 37,000.00  | 37,000.00  | 0.0    | 0.0    |
| 20 | BISOLVON 5MG TAB100               | 100.00    | 0.00  | TAB | 1,087.00   | 108,700.00 | 0.0    | 0.0    |
| 21 | BISOLVON ELIX KID STEW 60ML       | 4.00      | 0.00  | STL | 19,900.00  | 19,900.00  | 0.0    | 0.0    |
| 22 | BISOLVON EXTRA SIR 60ML           | 3.00      | 0.00  | STL | 22,000.00  | 22,000.00  | 0.0    | 0.0    |
| 23 | BISOLVON EXTRA SIR 125ML          | 3.00      | 0.00  | STL | 39,000.00  | 39,000.00  | 0.0    | 0.0    |
| 24 | BRONCHITIN EXP SIR 60ML           | 2.00      | 0.00  | STL | 4,555.00   | 4,555.00   | 10.1   | 0.0    |
| 25 | B S E S E FEVER FOR BABY10        | 20.00     | 0.00  | SAC | 4,473.00   | 44,730.00  | 10.0   | 0.0    |
| 26 | CALADINE LOT 60ML                 | 6.00      | 0.00  | PLS | 7,850.00   | 7,850.00   | 4.0    | 0.0    |
| 27 | CALADINE LOT 95ML                 | 6.00      | 0.00  | PLS | 11,300.00  | 11,300.00  | 4.0    | 0.0    |
| 28 | CALCIUM D REDDHAON EFFR10         | 10.00     | 0.00  | TUB | 22,450.00  | 22,450.00  | 0.0    | 0.0    |
| 29 | CALCIUM D REDDHAON PORTOSP10      | 6.00      | 0.00  | TUB | 26,214.00  | 26,214.00  | 9.0    | 0.0    |
| 30 | CAP GAJAH ACETON 55ML             | 12.00     | 0.00  | PLS | 3,485.00   | 3,485.00   | 2.1    | 0.0    |
| 31 | CAP GAJAH MKP 55ML                | 6.00      | 0.00  | PLS | 5,030.00   | 5,030.00   | 4.0    | 0.0    |
| 32 | CAP KAPAK M ANGIN 5ML             | 6.00      | 0.00  | PLS | 5,095.00   | 5,095.00   | 10.0   | 0.0    |



**LAMPIRAN I**  
**BLANKO SURAT PESANAN NARKOTIKA**

Rayon : \_\_\_\_\_  
No. S.P. : \_\_\_\_\_

Model N 9  
Lembar ke 1 / 2 / 3 / 4

**SURAT PESANAN NARKOTIKA**

Yang Bertanda tangan dibawah ini :

Nama : .....  
Jabatan : .....  
Alamat Rumah : .....

mengajukan pesanan narkotika kepada :

Nama distributor : PBF KIMIA FARMA  
Alamat & No. Telp. : .....

sebagai berikut :

Narkotika tersebut akan dipergunakan untuk keperluan  
apotik .....  
lembaga .....

.....200.....  
Pemesan,  
( ..... )  
No. S.I.K. ....

No. S.I.K. ....  
No. S.I.K. ....  
No. S.I.K. ....

**LAMPIRAN J**  
**BLANKO SURAT PESANAN PSIKOTROPIKA**

**APOTEK KIMIA FARMA 23**  
JL KENDANGSARI BLOK J/7  
SURABAYA  
Telp : 8414215

**SURAT PESANAN PSIKOTROPIK**

Yang bertanda tangan di bawah ini ,

Nama : Drs. Suistiyono, Apt  
Alamat : Jl Kendangsari Blok J/7 Surabaya  
Jabatan : Pimpinan Apotek

Mengajukan permohonan kepada ,

Nama Perusahaan : PT BINA SAN PRIMA Surabaya  
Alamat : Jl. Rungkut Industri III / 22 Surabaya

Jenis psikotropika : 1. ANALSIK Tablet 2 Dus @ 100 Tab  
: 2. BRAXIDIN Tablet 2 Dus @ 100 Tab

Untuk keperluan : Apotek Kimia Farma 23 Surabaya

Surabaya , 4 Juni 2012

Penanggung jawab

JL RAYA KENDANGSARI

SURABAYA

( Drs Suistiyono, Apt )

SIK : Kp.01.01.1.2.3039

## LAMPIRAN K

### LAPORAN PENGGUNAAN NARKOTIKA

#### LAPORAN PENGGUNAAN NARKOTIKA

NAMA APOTEK : KIMIA FARMA NO.23  
 NO. S.I.A. : 503.445/2331/436.4.B/152/SIA/XZ003  
 ALAMAT & TELP. : JL.RAYA KENDANGSARI J/7 - 8414215  
 KABUPATEN : SURABAYA  
 BULAN : JANUARI

FORM : N 105  
 LEMBAR :

TAHUN : 2010

| NO | NAMA BAHAN SEDIAAN          | SATUAN | STOK AWAL | PENERIMAAN DARI | PENGGUNAAN |           | STOK AKHIR |
|----|-----------------------------|--------|-----------|-----------------|------------|-----------|------------|
|    |                             |        |           |                 | JUMLAH     | RESEP     |            |
| 1  | ACIDOV II                   | TAB    | 234       |                 | 0          | 0         | 234        |
| 2  | CODEIN 10 MG                | TAB    | 289       | KF              | 250        | RESEP 122 | 427        |
| 3  | CODEIN 15 MG                | TAB    | 368       |                 |            | RESEP 154 | 214        |
| 4  | CODEIN 20 MG                | BTL    | 209       | KF              | 250        | RESEP 166 | 293        |
| 5  | CODIPRONT 40 MG CAP         | TAB    | 89        |                 |            | RESEP 16  | 73         |
| 6  | CODIPRONT EXP CAP           | TAB    | 40        | KF              | 50         | RESEP 18  | 72         |
| 7  | CODIPRONT EXP SYR 80 ML     | TAB    | 2         |                 |            | RESEP 2   | 0          |
| 8  | CODIPRONT SYR 60 ML         | TAB    | 4         |                 |            | RESEP 1   | 3          |
| 9  | CODIPRONT SYR 30 ML(SAMPLE) | TAB    | 650       |                 |            | RESEP 0   | 650        |
| 10 | CODITAM TAB                 | TAB    | 97        |                 |            | RESEP 0   | 97         |
| 11 | DOVERI 100 MG               | TAB    | 37        | KF25            | 100        | RESEP 86  | 51         |
| 12 | DOVERI 150 MG               | TAB    | 0         |                 |            | RESEP 0   | 0          |
| 13 | DOVERI 200 MG               | TAB    | 0         |                 |            | RESEP 0   | 0          |
| 14 | FENTANYL INJ 10 ML          | TAB    | 9         |                 |            | RESEP 0   | 9          |
| 15 | LACO III                    | TUBE   | 12        |                 |            | RESEP 0   | 12         |
| 16 | LOMOTIL SYR 50 ML           | TUBE   | 3         |                 |            | RESEP 0   | 3          |
| 17 | LOMOTIL TAB                 | TAB    | 18        |                 |            | RESEP 0   | 18         |
| 18 | MORPHIN INJ 20 MG (1 ML)    | TAB    | 5         |                 |            | RESEP 0   | 5          |
| 19 | PETHIDIN INJ 50 ML          | TAB    | 0         |                 |            | RESEP 0   | 0          |

SURABAYA: 5-FEBRUARI-2010  
 PENANGGUNG JAWAB TEKNIS

(DRS. SUSTIYONO, APT)  
 NOKORP.01.01.112.3039

**LAMPIRAN L**  
**LAPORAN PENGGUNAAN PSIKOTROPIKA**

**Laporan Psikotropika Bulan Desember 2011**  
Unit Layanan: APOTEK KF-23  
Data ini sudah di verifikasi oleh Apoteker Penanggung Jawab Apotik: s. Suistiyono, A  
Tanggal: 03-Jan-12

| Nama                 | Satuan | Saldo Awal | PEMASUKAN     |        | PENGGUNAAN |        | Saldo Akhir |
|----------------------|--------|------------|---------------|--------|------------|--------|-------------|
|                      |        |            | Dari          | Jumlah | Untuk      | Jumlah |             |
| Alganax 0.25 mg      | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alganax 0.5 mg       | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alganax 1 mg         | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alprazolam 0.25 mg   | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alprazolam 0.5 mg    | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alprazolam 1 mg      | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alviz 0.25 mg Tab    | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alviz 0.5 mg         | Tablet | 0          |               | 0      |            | 0      | 0           |
| Alviz 1 mg           | Tablet | 0          |               | 0      |            | 0      | 0           |
| Analsik Tab          | Tablet | 58         | BINA SAN PRIM | 200    | RESEP      | 150    | 108         |
| Apisate Tab          | Tablet | 53         | NIHIL         | 0      | RESEP      | 0      | 53          |
| Atarax 0.5 mg Tab    | Tablet | 47         | NIHIL         | 0      | RESEP      | 8      | 39          |
| Ativan 0.5 mg        | Tablet | 0          |               | 0      |            | 0      | 0           |
| Ativan 1 mg          | Tablet | 115        | NIHIL         | 0      | RESEP      | 0      | 115         |
| Ativan 2 mg          | Tablet | 2          | NIHIL         | 0      |            | 0      | 2           |
| Bellaphen Tab        | Tablet | 0          |               | 0      |            | 0      | 0           |
| Braxidin Tab         | Tablet | 118        | NIHIL         | 0      | RESEP      | 118    | 0           |
| Calmiet 0.25 mg Tab  | Tablet | 0          |               | 0      |            | 0      | 0           |
| Calmiet 0.5 mg       | Tablet | 0          |               | 0      |            | 0      | 0           |
| Calmiet 1 mg         | Tablet | 0          |               | 0      |            | 0      | 0           |
| Calmiet 2 mg         | Tablet | 0          |               | 0      |            | 0      | 0           |
| CeTabrium 10 mg      | Tablet | 0          |               | 0      |            | 0      | 0           |
| Cetalgin             | Tablet | 46         | PARIT PADANG  | 100    | RESEP      | 0      | 146         |
| Cliad                | Tablet | 0          |               | 0      |            | 0      | 0           |
| Clobazam 10 mg       | Tablet | 29         | NIHIL         | 0      |            | 8      | 21          |
| Danalgin Tab         | Tablet | 0          | ENSEVAL       | 500    | RESEP      | 30     | 470         |
| Decazepam 5 mg Tab   | Tablet | 0          |               | 0      |            | 0      | 0           |
| Diazepam 10 ml Inj   | Ampul  | 0          |               | 0      |            | 0      | 0           |
| Diazepam 2 mg        | Tablet | 0          |               | 0      |            | 0      | 0           |
| Diazepam 5 mg        | Tablet | 0          |               | 0      |            | 0      | 0           |
| Diobrium 10 mg Caps  | Kapsul | 0          |               | 0      |            | 0      | 0           |
| Diobrium 5 mg Caps   | Kapsul | 0          |               | 0      |            | 0      | 0           |
| Ditalin Tab          | Tablet | 0          |               | 0      |            | 0      | 0           |
| Dormicum 15 mg/ampul | Ampul  | 0          |               | 0      |            | 0      | 0           |
| Dormicum 5 mg/ampul  | Ampul  | 0          |               | 0      |            | 0      | 0           |
| Dumolid 5 mg Tab     | Tablet | 0          |               | 0      |            | 0      | 0           |
| Esligan 1 mg         | Tablet | 123        | NIHIL         | 0      | RESEP      | 10     | 113         |
| Esligan 2 mg         | Tablet | 100        | NIHIL         | 0      | RESEP      | 30     | 70          |
| Fortanest 15 mg      | Ampul  | 0          |               | 0      |            | 0      | 0           |
| Fortanest 5 mg       | Ampul  | 0          |               | 0      |            | 0      | 0           |
| Frisium 10 mg        | Tablet | 51         | NIHIL         | 0      | RESEP      | 8      | 43          |
| Frixitas 0.25 mg     | Tablet | 0          |               | 0      |            | 0      | 0           |
| Frixitas 0.5 mg      | Tablet | 0          |               | 0      |            | 0      | 0           |
| Frixitas 1 mg        | Ampul  | 0          |               | 0      |            | 0      | 0           |
| Hedix                | Tablet | 0          |               | 0      |            | 0      | 0           |
| Klidibrax            | Tablet | 0          |               | 0      |            | 0      | 0           |
| Lexotan 1.5 mg       | Tablet | 0          |               | 0      |            | 0      | 6           |
| Lexotan 3 mg         | Tablet | 6          | NIHIL         | 0      | RESEP      | 10     | 81          |
| Librax               | Tablet | 91         | NIHIL         | 0      | RESEP      | 0      | 0           |
| Luminal 100 mg       | Tablet | 0          |               | 0      |            | 51     | 85          |
| Luminal 30 mg        | Tablet | 136        | NIHIL         | 0      | RESEP      | 0      | 0           |
| Melidox              | Tablet | 0          |               | 0      |            | 0      | 0           |
| Mentalium 10 mg      | Tablet | 0          |               | 0      |            | 0      | 0           |
| Mentalium 2 mg       | Tablet | 0          |               | 0      |            | 0      | 0           |
| Mentalium 5 mg       | Tablet | 0          |               | 0      |            | 0      | 0           |
| Mertopam 0.5 mg Tab  | Tablet | 0          |               | 0      |            | 0      | 0           |

**LAMPIRAN M**  
**BLANKO MOHON BEBAN**

**APOTEK KIMIA FARMA No. 23 RAYA KENDANGSARI**  
Jl. Raya Kendangsari Blok J/7 ☎ (031) 8414215  
Surabaya - 60292

**MOHON BEBAN**


Kepada .....

| No. | Nama Obat | Qty |
|-----|-----------|-----|
| 1   |           |     |
| 2   |           |     |
| 3   |           |     |
| 4   |           |     |
| 5   |           |     |
| 6   |           |     |
| 7   |           |     |
| 8   |           |     |
| 9   |           |     |
| 10  |           |     |
| 11  |           |     |
| 12  |           |     |
| 13  |           |     |

Surabaya, .....

Pemohon,

**LAMPIRAN N**  
**BLANKO BUKU SETORAN KASIR APOTEK**



**kimia farma**  
**APOTEK KIMIA FARMA No. 23 BAWA KENDANGSARI**  
 Jl. Raya Kendangsari Blok J/7 No. (031) 841.4215  
 Surabaya - 60292

**Buku Setoran Kasir Apotek**

Tanggal : \_\_\_\_\_ Periode : P / S / M \_\_\_\_\_ Model KF.1.04

|                              |          |
|------------------------------|----------|
| <b>HASIL PENJUALAN RESEP</b> | Rp. .... |
| H V                          | Rp. .... |
| U.P.D.S                      | Rp. .... |
| <b>RESEP</b>                 | Rp. .... |
| .....                        | Rp. .... |
| Jumlah Penjualan             | Rp. .... |
| <b>BON PENGELUARAN</b>       |          |
| P / S / M                    | Rp. .... |
| P / S / M                    | Rp. .... |
| P / S / M                    | Rp. .... |
| P / S / M                    | Rp. .... |
| Jumlah Bon - Bon             | Rp. .... |
| Sisa Uang yang disetor       | Rp. .... |

Terbilang : { ..... }  
 Surabaya, Tgl. .... Kasir,


|               |       |                |      |       |       |
|---------------|-------|----------------|------|-------|-------|
| Pemegang Kas, |       | Pj. Pelayanan, |      |       |       |
| Pagi          | Siang | Malam          | Pagi | Siang | Malam |
|               |       |                |      |       |       |
|               |       |                |      |       |       |
|               |       |                |      |       |       |

# LAMPIRAN O

## BROSUR TUGAS APOTEK KIMIA FARMA 23

### Pertolongan Pertama Saat Terjadi Serangan


1. Ambil Nitroglicerida dan taruh di bawah lidah penderita kemudian tunggu selama 15 menit. Apabila setelah 15 menit keadaan penderita tidak membaik, maka penderita harus dirujuk segera ke rumah sakit terdekat.
2. Berikan Aspirin yang tidak bersalut dengan dosis 160-325 mg.



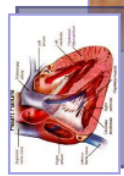

### PENGABATAN JANGKA PANJANG

- ♥ Nitrat (ISDN, ISMN)
- ♥ Anti Platelet (Aspirin + Klopidogrel)
- ♥ Ace Inhibitor (Ramipril, Lisinapril)
- ♥ β-bloker (Bisoprolol, Atenolol)
- ♥ Statin (Simvastatin, Atorvastatin)


**SAYANGILAH JANTUNG KITA**



### Penyakit Jantung Koroner


WASPADALAH!!!



**kimia farma**  
Apotek Kimia Farma 23  
Jl. Raya Mendangari Blok J/7, Surabaya  
Telp. 031 844215 Fax. 031 845345

Yang harus diperhatikan selama penggunaan obat-obat tadi adalah

1. Aspirin sebaiknya digunakan setelah makan karena dapat mengiritasi lambung.
2. Apabila terjadi pendarahan, segera hentikan pemakaian obat dan hubungi dokter.
3. Apabila terjadi sesak nafas segera hubungi dokter.



Yang harus diperhatikan untuk setiap penyakit penting coronary- focus syndrome akut

- \* European Heart Journal, 2007. Guideline for the diagnosis and treatment of acute ST-segment elevation acute coronary syndromes
- \* European Heart Journal, 2008. Management of acute myocardial infarction in patients presenting with persistent ST-segment elevation
- \* JPA, 2010. Drug Information Handbook E (8<sup>th</sup>)

## Apa itu Penyakit Jantung Koroner?

Penyakit Jantung Koroner merupakan penyakit yang terjadi karena penyempitan / penutupan pembuluh darah jantung yang menimbulkan rasa nyeri di dada sebelah kiri atas. Penyakit ini merupakan salah satu penyebab utama kematian di Indonesia.



### Penyebab



## Gejala Serangannya

- Nyeri dada sebelah kiri yang menjalar ke pundak, lengan kiri dan punggung selama 5-10 menit, seperti:
  - Mengelakan dan dienas-rinus
  - Merasa tertindih benda berat
  - Merasa seperti tertusuk pisau
- Lemah dan pusing
- Banyak keringat
- Gemetar



### Timbulnya serangan karena:

- Suhu dingin
- Makan berlebihan
- Stress dan emosi
- Bekerja terlalu berat



## Inilah Cara Pencegahannya

### Panca Usaha Jantung Sehat:

- Seimbangkan gizi
- Enyahkan rokok
- Hindari dan awasi rokok
- Awasi tekanan darah
- Teratur dan terkontrol berolahraga



Penderita Jantung Koroner **HARUS SELALU** membawa obatnya apabila sedang bepergian.