

## LAMPIRAN

### Lampiran 1 Surat Izin Penelitian



Jl. Soekarno Hatta No 754 Bandung  
 ☎ 022 7830 760, 022 7830 768  
 🌐 bku.ac.id 📧 contact@bku.ac.id

Nomor : 0056/03.D3-FF/UBK/I/2025  
 Lampiran : -  
 Perihal : Permohonan Izin Penelitian

Kepada Yth  
 Kepala Instansi RSUD Kota Bandung  
 Di  
 Tempat

Dengan Hormat,

Sehubungan akan diselenggarakannya Penelitian Tugas Akhir bagi mahasiswa Program Studi Diploma 3 Farmasi Universitas Bhakti Kencana T.A 2024/2025, dengan ini kami mengajukan permohonan izin penelitian di tempat yang Bapak/ibu Pimpin. Adapun kami lampirkan nama mahasiswa yang akan Menyusun Proposal Tugas Akhir.

| No | Nama              | Dosen Pembimbing              | Judul KTI                                                                   |
|----|-------------------|-------------------------------|-----------------------------------------------------------------------------|
| 1  | Syahra Mubarrokah | Dr. Apt. Agus Sulaeman, M.Si. | Skrining Resep Secara Administratif Di Rumah Sakit Umum Daerah Kota Bandung |

Besar harapan kami, kiranya Bapak/Ibu berkenan mengizinkan permohonan ini, atas perhatian dan kerjasamanya kami ucapkan terima kasih.

Mengetahui,

Dekan, Fakultas Farmasi

**Dr. apt. Agus Sulaeman, M.Si.**  
 NIK 02014010070

Bandung, 13 Januari 2025

Ka. Diploma 3 Farmasi

**apt. Ani Anggriani, M.Si.**  
 NIK. 0401078105

## Lampiran 2 Resep Lengkap

**B-113 RUMAH SAKIT UMUM DAERAH KOTA BANDUNG**  
Jl. Rumah Sakit No. 22 Ujung Berung, Tel.(022) 7811794, Fax: 7809581

Ruangan : Klinik Mata Tanggal : 2025-04-15  
Dokter : dr. Retno Dwiyantri, Sp.M Alergi Obat : tidak ada  
No Medrek : 538011  
Diagnosa : os kalazion, H00.1 - Chalazion  
Asuransi : BPJS

R/  
CEFADROXYL 500 MG CAPS. 10  
2dd1  
IBUPROFEN 400 MG TAB. 10  
2dd1

| PENGKAJIAN RESEP RAWAT JALAN |             |        | KAJIAN<br>SETELAH<br>PELAYANAN |
|------------------------------|-------------|--------|--------------------------------|
| ADMINISTRASI                 | FARMASEUTIK | KLINIK |                                |
| -                            | -           | -      | -                              |

Nama Pasien : NOVI SARI IRAWATI  
Tanggal Lahir : 22-11-1985  
Umur : 39 years 4 mons 23 days  
Berat Badan : -  
Alamat : SUKUP LAMA RT/RW 3/1, KEL. CIGENDING, KEC. UJUNG BERUNG, KOTA/KAB. KOTA BANDUNG, JAWA BARAT  
Telepon : 089655047184

| TELAHAAN RESEP         |                                     |                                     |
|------------------------|-------------------------------------|-------------------------------------|
| Aspek Telaahan         | Berit Tanda (v)                     |                                     |
|                        | Ya                                  | Tidak                               |
| Kejelasan tulisan      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Benar identitas pasien | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Benar nama obat        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Benar kekuatan obat    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Benar bentuk sediaan   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Benar jumlah           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Benar dosis            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Benar aturan pakai     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Duplikasi Obat         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Interaksi Obat         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Berat Badan            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Kontra indikasi        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

| TELAHAAN OBAT     |                                     |                                     |
|-------------------|-------------------------------------|-------------------------------------|
| Aspek Telaahan    | Berit Tanda (v)                     |                                     |
|                   | Petugas 1                           | Petugas 2                           |
| Benar nama pasien | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Benar obat        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Benar dosis       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Benar waktu       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Benar cara        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Benar kadaluarsa  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

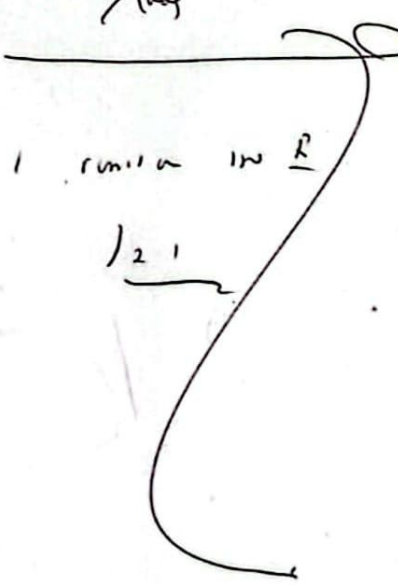
| PERSETUJUAN PERUBAHAN RESEP |                  |
|-----------------------------|------------------|
| Perubahan Resep             |                  |
| Tertulis                    | Menjadi          |
| -                           | -                |
| -                           | -                |
| Petugas Farmasi             | Disetujui Dokter |
| -                           | -                |

| A | T/R | E | K | S |
|---|-----|---|---|---|
| - | -   | - | - | - |

Telah menerima obat dan informasi

*(Signature)*  
P. 24

## Lampiran 3 Resep Tidak Lengkap

|  <b>PEMERINTAH KOTA BANDUNG</b><br><b>RUMAH SAKIT UMUM DAERAH KOTA BANDUNG</b><br><small>Jl. Rumah Sakit No. 22 Ujungberung Bandung Telp. (022) 7804488 - 7811794 line 121</small>                                                                                                                                                                                                                                                                                                         |                                                                                                                   | BPJS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|----------|-----------|-----------|-------------------|--|--|------------------------|--|-----------------|------------------|--|--|---------------------|--|--|----------------------|--|--|------------------|--|--|-------------|--|--|--------------------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-----------------|--|--|
| Poliklinik : ..... Tgl. <u>24/4-25</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| dr. ....<br>Nomor SJP : .....<br>Nomor RM : .....<br>Diagnosa / No. ICD : .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Riwayat Alergi Obat</b><br><input type="checkbox"/> Ya, Nama Obat<br><input checked="" type="checkbox"/> Tidak | <b>TELAAH RESEP</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Aspek Telaah</th> <th colspan="2">Beri tanda (✓)</th> </tr> <tr> <th>ya</th> <th>tidak</th> </tr> </thead> <tbody> <tr><td>Kejelasan tulisan</td><td></td><td></td></tr> <tr><td>Benar identitas pasien</td><td></td><td></td></tr> <tr><td>Benar nama obat</td><td></td><td></td></tr> <tr><td>Benar kekuatan obat</td><td></td><td></td></tr> <tr><td>Benar bentuk sediaan</td><td></td><td></td></tr> <tr><td>Benar jumlah</td><td></td><td></td></tr> <tr><td>Benar dosis</td><td></td><td></td></tr> <tr><td>Benar aturan pakai</td><td></td><td></td></tr> <tr><td>Duplikasi obat</td><td></td><td></td></tr> <tr><td>Interaksi obat</td><td></td><td></td></tr> <tr><td>Berat badan</td><td></td><td></td></tr> <tr><td>Kontra indikasi</td><td></td><td></td></tr> </tbody> </table> | Aspek Telaah    | Beri tanda (✓) |          | ya        | tidak     | Kejelasan tulisan |  |  | Benar identitas pasien |  |                 | Benar nama obat  |  |  | Benar kekuatan obat |  |  | Benar bentuk sediaan |  |  | Benar jumlah     |  |  | Benar dosis |  |  | Benar aturan pakai |  |  | Duplikasi obat |  |  | Interaksi obat |  |  | Berat badan |  |  | Kontra indikasi |  |  |
| Aspek Telaah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Beri tanda (✓)                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ya                                                                                                                | tidak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Kejelasan tulisan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar identitas pasien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar nama obat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar kekuatan obat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar bentuk sediaan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar jumlah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar dosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar aturan pakai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Duplikasi obat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Interaksi obat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Berat badan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Kontra indikasi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p><u>R/ Disoprolol 25 30</u><br/><u>/ad</u></p> <hr/> <p><u>D Alufas 28 30</u><br/><u>/ad</u></p> <hr/> <p><u>1. rumia in R</u><br/><u>121</u></p> </div> <div style="width: 35%; text-align: center;">  </div> </div>                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| <b>TELAAH OBAT</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Aspek Telaah</th> <th colspan="2">Beri tanda (✓)</th> </tr> <tr> <th>petugas 1</th> <th>petugas 2</th> </tr> </thead> <tbody> <tr><td>Benar nama pasien</td><td></td><td></td></tr> <tr><td>Benar obat</td><td></td><td></td></tr> <tr><td>Benar dosis</td><td></td><td></td></tr> <tr><td>Benar waktu</td><td></td><td></td></tr> <tr><td>Benar cara</td><td></td><td></td></tr> <tr><td>Benar kadaluarsa</td><td></td><td></td></tr> </tbody> </table> |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Aspek Telaah    | Beri tanda (✓) |          | petugas 1 | petugas 2 | Benar nama pasien |  |  | Benar obat             |  |                 | Benar dosis      |  |  | Benar waktu         |  |  | Benar cara           |  |  | Benar kadaluarsa |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Aspek Telaah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Beri tanda (✓)                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | petugas 1                                                                                                         | petugas 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar nama pasien                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar obat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar dosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar waktu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar cara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Benar kadaluarsa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| <b>PERSETUJUAN PERUBAHAN RESEP</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Perubahan Resep</th> </tr> <tr> <th>Tertulis</th> <th>Mengadi</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>Petugas Farmasi</td> <td>Disetujui Dokter</td> </tr> <tr><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Perubahan Resep |                | Tertulis | Mengadi   |           |                   |  |  |                        |  | Petugas Farmasi | Disetujui Dokter |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Perubahan Resep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| Tertulis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mengadi                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
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| Petugas Farmasi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Disetujui Dokter                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>A</th> <th>T/R</th> <th>E</th> <th>K</th> <th>S</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A               | T/R            | E        | K         | S         |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T/R                                                                                                               | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | K               | S              |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |
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| Nama Pasien : <u>Ms. Dede K</u><br>Tgl. Lahir / Umur : .....<br>Berat Badan : .....<br>Alamat / Telepon : ..... / No. Tlp. : .....                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | Telah menerima obat dan informasi<br>( ..... )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |          |           |           |                   |  |  |                        |  |                 |                  |  |  |                     |  |  |                      |  |  |                  |  |  |             |  |  |                    |  |  |                |  |  |                |  |  |             |  |  |                 |  |  |

## Lampiran 4 Rekap Data Resep

[illegible]

### lampiran 5 Hasil Cek Plagiarisme

Syahra Mubarrokah\_221FF01001\_KTI.docx

#### ORIGINALITY REPORT

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### lampiran 6 Daftar Bimbingan

|   |             |                                 |                                    |   |                                                                                                                                                                             |
|---|-------------|---------------------------------|------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 23 Mei 2025 | Dr. apt. Agus Sulaeman, M.Si.   | konsultasi data                    | ✓ |       |
| 1 | 23 Mei 2025 | apt. Deni Iskandar, MPH., Ph.D. | diskusi kemajuan kti               | ✓ |       |
| 2 | 28 Mei 2025 | apt. Deni Iskandar, MPH., Ph.D. | diskusi kemajuan kti               | ✓ |       |
| 2 | 28 Mei 2025 | Dr. apt. Agus Sulaeman, M.Si.   | laporan kemajuan kti               | ✓ |       |
| 3 | 31 Mei 2025 | apt. Deni Iskandar, MPH., Ph.D. | pengolahan data                    | ✓ |       |
| 3 | 31 Mei 2025 | Dr. apt. Agus Sulaeman, M.Si.   | pengolahan data                    | ✓ |       |
| 4 | 2 Juni 2025 | Dr. apt. Agus Sulaeman, M.Si.   | progres bab 4                      | ✓ |       |
| 4 | 2 Juni 2025 | apt. Deni Iskandar, MPH., Ph.D. | progres bab 4                      | ✓ |       |
| 5 | 3 Juni 2025 | apt. Deni Iskandar, MPH., Ph.D. | progres bab 5                      | ✓ |       |
| 5 | 3 Juni 2025 | Dr. apt. Agus Sulaeman, M.Si.   | progres bab 5                      | ✓ |       |
| 6 | 4 Juni 2025 | apt. Deni Iskandar, MPH., Ph.D. | bimbingan bab 4 dan 5              | ✓ |       |
| 6 | 4 Juni 2025 | Dr. apt. Agus Sulaeman, M.Si.   | bimbingan bab 4 dan 5              | ✓ |       |
| 7 | 5 Juni 2025 | apt. Deni Iskandar, MPH., Ph.D. | bimbingan bab 4 dan 5 hasil revisi | ✓ |       |
| 7 | 5 Juni 2025 | Dr. apt. Agus Sulaeman, M.Si.   | bimbingan bab 4 dan 5 hasil revisi | ✓ |       |
| 8 | 6 Juni 2025 | apt. Deni Iskandar, MPH., Ph.D. | TTD Basah                          | ✓ |     |
| 8 | 6 Juni 2025 | Dr. apt. Agus Sulaeman, M.Si.   | TTD Basah                          | ✓ |   |

## lampiran 7 *Curriculum Vitae*



# SYAHRA MUBARROKAH

| FARMASI

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Kp cicaheum no 47,  
kecamatan cimencyan

## PROFIL

Tenaga Vokasi Farmasi yang memiliki pengalaman magang, dan memiliki pengetahuan dalam pengelolaan obat, pelayanan resep, dan konsultasi pasien. Berorientasi pada ketelitian dan pelayanan pasien, serta mampu bekerja sama dalam tim.

## PENDIDIKAN

(2022–2025)  
Universitas Bhakti Kencana  
Farmasi  
(2016–2019)  
SMK ICB Cinta Teknika  
Farmasi

## KEMAMPUAN

- komunikasi dengan pasien
- ketelitian kerjasama dalam tim
- mampu bersosialisasi dengan baik

## PENGALAMAN KERJA

Magang di RSUD Kota Bandung  
(Februari – April 2025)

- Membantu apoteker dalam pengelolaan stock obat.
- Bertanggung jawab dalam pengecekan tanggal kadaluwarsa obat, dan penyimpanan obat sesuai standar.

Magang di Apotek K-24 A.H Nasution  
(November 2024 – Januari 2025)

- Membantu apoteker dalam pelayanan resep kepada pasien.
- Dapat memberikan informasi terkait penggunaan obat.