

## Design of Dental Clinic Medical Record Form at a Community Health Center

Shafira Yuliasin<sup>1</sup>, Gamasiano Alfiansyah<sup>1</sup>, Rossalina Adi Wijayanti<sup>1</sup>, Veronika Vestine<sup>1</sup>

<sup>1</sup>Department of Health Information Management, Politeknik Negeri Jember, Jember, Indonesia

Correspondence: **Gamasiano Alfiansyah**: Jl. Mastrip, Krajan Timur, Sumbersari, Jember, Indonesia; gamasiano.alfiansyah@polije.ac.id

### ABSTRACT

Dental medical records are essential documents in dental healthcare services, as they contain comprehensive information regarding patients' medical conditions and all treatments provided. Several studies indicate that dental clinics commonly use general outpatient forms rather than specific dental medical record forms. This study aimed to design a dental medical record form that can be implemented in healthcare services to achieve standardization in dental documentation. This study employed a literature review method, selecting 27 articles based on predefined inclusion criteria. In designing the dental medical record form, the researchers considered user needs identified in previous studies and developed the form in accordance with form design principles and the 2015 Dental Medical Record Guidelines. The results of this study present a dental medical record form design based on three aspects: physical, anatomical, and content aspects. The physical aspect includes paper material (80 gsm HVS paper), size (F4), shape (portrait-oriented rectangular format), and color (white paper with black ink). The anatomical aspect consists of components such as the heading (including title, form identification, date of issue, and issuance number), introduction, instructions, body, and closing section. The content aspect includes patient identity, odontogram, treatment table, and supporting attachments. This study suggests that the developed dental medical record form design may be considered for implementation in dental clinics at community health centers to enhance the completeness and standardization of patient medical record information.

**Keywords:** form design; medical record; dental medical record

### INTRODUCTION

A Community Health Center (*Puskesmas*) is a primary healthcare facility that delivers both public health and individual health services, prioritizing promotive and preventive efforts to achieve the highest possible level of community health within its working area [1]. Healthcare facilities are obligated to provide services in accordance with their respective mandates and are administratively required to create and maintain patient medical records [2]. One of the forms included in medical record files is the dental medical record form. Dental medical records are essential documents in dental healthcare services, as they contain detailed information regarding patients' medical conditions and all dental procedures performed by dental professionals [3].

Table 1. Comparison of dental medical record form designs

No.	Dental medical record guidelines	Karimah, 2016 [5]	Diwanti, 2017 [8]	Pudyastuti, 2017 [9]	Ummah, 2017 [6]	Asyang, 2018 [7]	Taftazani, 2020 [10]	Conclusion
1	Patient identity							
	A. Personal identity							
	1. Name	√	√	√	√	√	√	Several patient identity elements remain incomplete, including patient type, national identification number (NIK), ethnicity/race, home telephone number, office address, and mobile phone number.
	2. Medical record number	√	√	√	√	√	√	
	3. Patient type	√	√	-	-	√	-	
	4. Date and Place of Birth	√	√	√	√	√	√	
	5. National identification number (nik)	-	√	√	√	-	-	
	6. Sex	√	√	√	√	√	√	
	7. Ethnicity/race	-	-	-	-	-	√	
	8. Occupation	√	√	√	√	√	√	
	9. Home address	√	√	√	√	√	√	
	10. Home telephone	√	√	-	-	√	√	
	11. Office address	-	-	-	-	-	-	
	12. Mobile phone number	-	-	-	-	-	-	
	B. Relevant medical data							
	1. Blood type	√	-	-	-	√	√	Two of the six articles present nearly comprehensive relevant medical data items.
	2. Blood pressure	-	√	√	-	-	√	
	3. Heart disease	-	√	-	-	-	√	
	4. Diabetes	-	√	-	-	-	√	
	5. Hemophilia	-	√	-	-	-	√	
	6. Hepatitis	-	√	-	-	-	√	
	7. Other diseases	√	√	√	-	√	√	
	8. Drug allergies	√	√	√	-	√	√	
	9. Food allergies	-	√	√	-	√	-	
2	Odontogram	√	-	√	-	√	-	Two articles include odontograms accompanied by detailed information, while the others provide only the odontogram image.
3	Treatment table (date, tooth, anamnesis & diagnosis, ICD-X code, treatment, dentist's name & signature)	√	-	√	√	√	√	One article does not include a treatment table.
4	Supporting attachments							Most articles do not include supporting attachments.
	1. Record of treatment provided	-	-	-	-	-	√	
	2. Informed consent	-	-	-	-	-	-	
	3. Informed refusal	-	-	-	-	-	-	

According to the Indonesian Medical Council guidelines issued in 2015, one of the fundamental competencies of dentists is the preparation of an odontogram in accordance with applicable standards. Dentists play an important role in producing odontogram data as part of the identification process. Identification refers to the procedure of determining an individual's identity by comparing examined data with presumed individual data [4]. The odontogram is a crucial component in completing dental medical records, as it documents the condition of all teeth and oral structures. It

must be prepared carefully to clearly distinguish dental conditions and planned treatments. In addition, odontogram data may serve as an indicator of the success of community oral health efforts within a specific region [4].

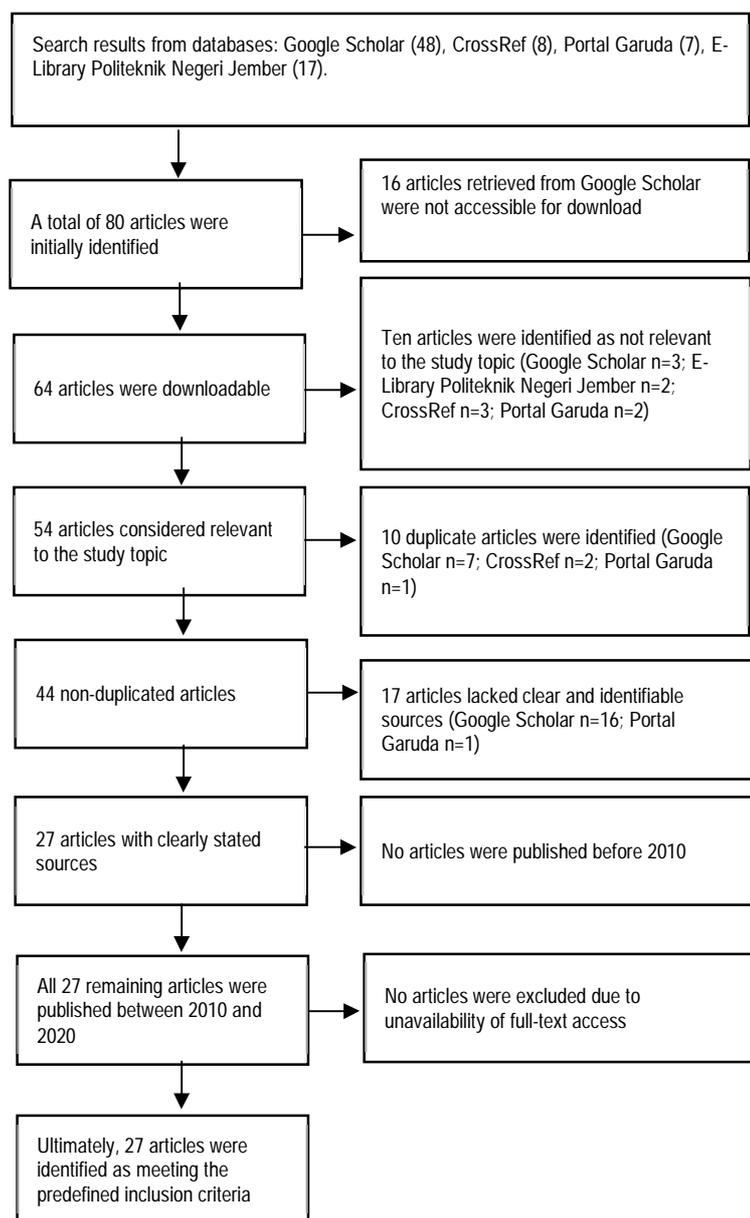
Several studies have examined the design of dental medical record forms in dental clinics. The study by Karimah (2016) reported that Klinik Sakinah did not have a specific dental medical record file and continued to use general medical record forms [5]. Similarly, the study by Ummah (2017) found that Puskesmas Pajarakan lacked a dedicated dental clinic form and relied on general outpatient records [6]. Comparable findings were presented in the study by Asyang (2018), which indicated that the dental clinic used a general outpatient form consisting only of basic patient identity information [7]. The study by Diwanti (2017) also reported that Puskesmas Maesan did not have a specific outpatient medical record form for dental services and used a unified form across multiple clinics, including general, tuberculosis, and maternal and child health services [8].

Based on previous studies, it can be concluded that many healthcare facilities do not yet have standardized dental medical record forms. Dental medical record forms differ from general outpatient forms because dental procedures require specific data elements such as odontograms, detailed medical data, treatment tables, and supporting attachments. Several researchers have conducted studies on the design of dental medical record forms. Articles presenting dental medical record form designs are summarized below.

Table 1 shows that several identity data elements remain incomplete across the reviewed articles, particularly patient type, NIK, ethnicity/race, and contact information. In the section of relevant medical data, only a limited number of articles provide relatively comprehensive medical details. Regarding the odontogram component, only a small proportion of articles include additional explanatory information alongside the odontogram image. Most articles present a treatment table, although supporting attachments are largely absent. Overall, the design of dental medical record forms varies considerably among the reviewed articles.

Currently, inconsistencies remain among dental practitioners regarding documentation procedures, terminology, and recording methods in dental practice. Such inconsistencies may lead to misunderstandings when medical records are used by authorized parties, including in legal proceedings [11]. Asyang (2018) stated that variations in form design can create difficulties in data classification, examination sequencing, and the provision of legally accountable information [7]. Therefore, a standardized dental clinic form based on the Dental Medical Record Guidelines and comprehensive form design aspects—physical, anatomical, and content—is essential. This study aims to design a dental medical record form for dental clinics at Community Health Centers (*Puskesmas*).

## METHODS



The method employed in this study was a literature review aimed at designing a dental medical record form for use in community health centers (*Puskesmas*). The article search was conducted from September 2020 to June 2021. The data used in this study were secondary data derived from previously conducted studies.

The inclusion criteria for article selection were as follows: (1) articles related to form design or dental medical record form design; (2) research articles published between 2011 and 2021; and (3) articles not limited to a specific type of study design. The exclusion criteria were: (1) articles available only in abstract form or not provided in full text; (2) articles that could not be downloaded; and (3) duplicate articles. The search was conducted using the databases Google Scholar, CrossRef, Portal Garuda, and the E-Library of Politeknik Negeri Jember. The keywords used in this study were “desain formulir” OR “design form” AND “rekam medis gigi” OR “dental medical record.” Systematically, the stages of article selection based on the predetermined inclusion and exclusion criteria are illustrated in Figure 1.

Based on the figure above, the search results identified 48 articles from Google Scholar, of which 6 met the inclusion criteria. From CrossRef, 8 articles were identified, and 3 were selected. From Portal Garuda, 7 articles were identified, and 3 met the criteria. From the E-Library of Politeknik Negeri Jember, 17 undergraduate theses were identified, and 15 were selected. In total, 27 articles met the predetermined criteria. The results of the article identification are presented in the Table 2.

Subsequently, the selected articles were analyzed by comparing findings, identifying similarities, determining differences, providing critical commentary, and formulating the design of a dental medical record form for community health centers based on the reviewed literature.

Table 2. Data from article search results

No	Database	Identified	Selected
1	Google Scholar	48	6
2	CrossRef	8	3
3	Portal Garuda	7	3
4	E-Library Politeknik Negeri Jember	17	15
	Total	80	27

Figure 1. Article selection process

## RESULTS

Articles that met the inclusion criteria were subsequently reviewed and analyzed according to their respective topics. A total of 27 articles addressed various medical record form designs, six of which specifically discussed dental medical record form design. The list of selected articles is presented in Table 3.

Table 3. List of selected articles

No.	Author	Year	Design	Title
1	Made Ayu Wida Wiandari [12]	2017	Qualitative	Analysis and Design of Surgical Report Form at Besuki Regional General Hospital
2	Fitriyani Lubis; Melati Indah Sari [13]	2017	Qualitative	Analysis of Medical Consent Form Design at Madani General Hospital Medan
3	Prima Bagus Pratama [14]	2017	Qualitative	Analysis of Inpatient Admission and Discharge Form (RM1) Design at Kalisat Regional Hospital
4	Ary Syahputra Wiguna; Siti Soraya Matondang [15]	2018	Qualitative	Analysis of Inpatient Admission and Discharge Summary Form Design at Madani General Hospital Medan
5	Chintia Ulfa Sofianty [16]	2018	Qualitative	Redesign of Emergency Medical Record Form at Klabang Community Health Center
6	Faiqatul Hikmah, Rossalina Adi Wijayanti, Moch Jach Catur Laksono [17]	2017	Qualitative	Design of Pain Assessment Form in Medical Record Files at Balung Regional Hospital Jember
7	Atma Deharja, Selvia Juwita Swari [18]	2017	Qualitative	Design of Initial Emergency Medical Assessment Form Based on 2012 Hospital Accreditation Standards
8	Puspendari Pudyastuti [9]	2018	Qualitative	Design of Inpatient Medical Record Form Based on KARS Accreditation Standards and Huffman Method
9	Nur Aisyah Kurniawati [19]	2017	Qualitative	Design of Outpatient Medical Record Form and Folder at Mitra Medika Hospital Bondowoso
10	Githa Ayuning Lestari [20]	2017	Qualitative	Design of Emergency Patient Form at Besuki Regional Hospital
11	Putri Ayu Leres Amargi [21]	2017	Qualitative	Design of Medical Information Release Form at Bhakti Husada Hospital Banyuwangi
12	Rizky Farah Dilla, Dony Setiawan Hendyca Putra [22]	2020	Qualitative	Design of Initial Neonatal Assessment Form at Baladhika Husada Hospital Jember
13	Siti Rohmatul Ummah [6]	2017	Qualitative	Design of Dental Consent and Dental Medical Record Form at Pajarakan Community Health Center
14	Renita Asyang [7]	2018	Qualitative	Design of Dental Medical Record Form in Outpatient Unit at Candipuro Community Health Center
15	Khomarul Fitriyah [23]	2017	Qualitative	Design of Outpatient Medical Record Folder and Form at Besuki Regional Hospital
16	Aulia Putri Bernia Marcelina [24]	2018	Qualitative	Redesign of Operative Informed Consent Form at RSIA Muhammadiyah Probolinggo
17	Nurul Ainy [25]	2016	Qualitative	Redesign of Emergency Medical Record Form at Maesan Community Health Center
18	Dyah Eriyaning Esti [26]	2017	Qualitative	Redesign of Emergency Medical Record Form at Balung Regional Hospital Jember
19	Widia Inata [27]	2017	Qualitative	Redesign of Inpatient Medical Record Form at Tegaldlimo Community Health Center
20	Rinda Nurul Karimah, Ida Nurmawati [28]	2016	Qualitative	Information Quality Related to Implementation of Dental Medical Record Design at Sakinah Clinic Jember
21	Windiastri Wahyu Diwanti [8]	2017	Qualitative	Design of Outpatient Dental Medical Record Form at Maesan Community Health Center
22	Rinda Nurul Karimah, Ida Nurmawati [5]	2016	Qualitative	Development of Dental Medical Record File at Sakinah Clinic Jember
23	Endah Puspitasari, Dwi Nurjayanti, Nanang Tri Handoko [29]	2017	Qualitative	Design of Outpatient General Polyclinic Medical Record Form at Kauman Community Health Center
24	Dyah Ayu Pudyastuti [9]	2018	Qualitative	Design of Dental Polyclinic Medical Record Form at Patrang Community Health Center
25	Rieza Zulfahmi Taftazani, Retno Hidayati [10]	2020	Qualitative	Design of Manual Dental Treatment Medical Record Form at Kahuripan Community Health Center
26	Amelia Agustiningrum, Dony Setiawan Hendyca Putra [30]	2019	Qualitative	Design of Patient Safety Incident, Infection Surveillance, and Occupational Accident Forms
27	Eni Rahayu, Rinda Nurul Karimah, Donny Setiawan Hendyca Putra [31]	2018	Qualitative	Redesign of Post-Accreditation Surgical Inpatient Form at Citra Husada Hospital Jember

Based on Table 3, the selected articles discuss form design in relation to physical, anatomical, and content aspects. Of the 27 eligible articles, all were used to analyze the physical and anatomical aspects, while six articles specifically addressing dental medical record form design were used to analyze the content aspect. Because the content of dental medical record forms differs from other medical record forms, referring to multiple studies provided a broader and more comprehensive basis for developing the proposed dental medical record form design.

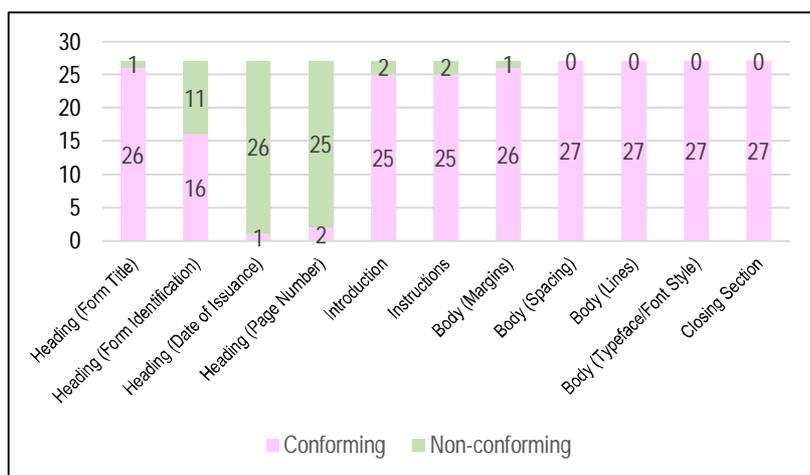
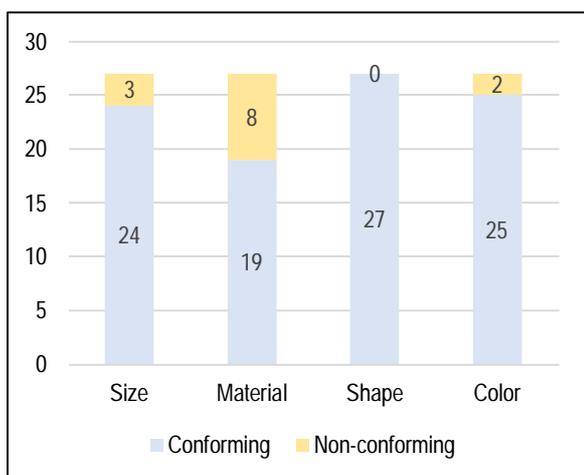


Figure 2. Review of form design based on physical aspects

Figure 3. Review of form design based on anatomical aspects

Based on Figure 2, the review of the literature regarding the physical aspect of form design shows that most articles met the recommended standards for the size component, while a small proportion did not. The percentage of non-conformity was identified as follows: size (11%), material (29%), shape (0%), and color (7%).

Based on Figure 3, the literature review of the anatomical aspect indicates varying levels of non-conformity across components. Within the heading component, non-conformity was found in the form title (3%), form identification (40%), date of issuance (96%), and page numbering (92%). The introduction component demonstrated a non-conformity rate of 7%, and the instruction component also showed 7%. In the body component, non-conformity was identified in the margin subcomponent (3%), while spacing, line usage, and type style showed full conformity. The closing component demonstrated full conformity (0%).

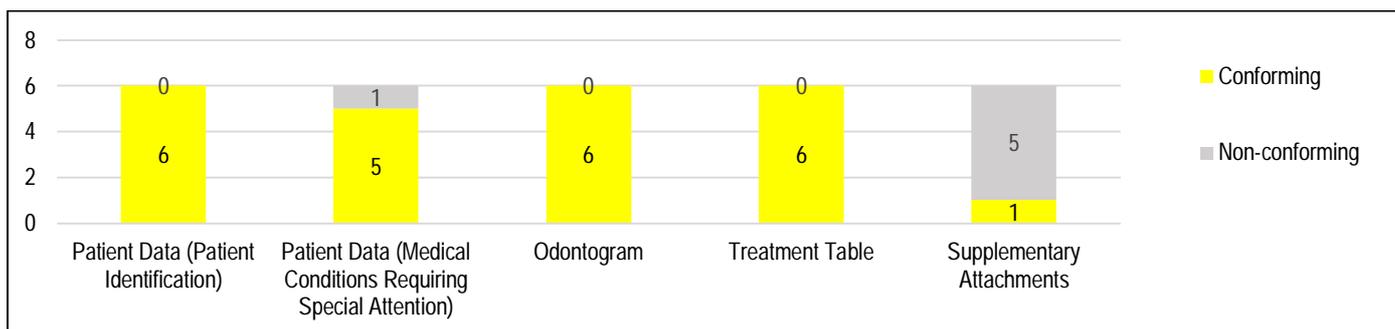


Figure 4. Review of form design based on content aspects

Based on Figure 4, the review of the content aspect indicates that patient identity data demonstrated full conformity (0% non-conformity), while relevant medical data showed a non-conformity rate of 16%. The odontogram and treatment table components demonstrated full conformity (0%). In contrast, supporting attachments showed a high non-conformity rate (83%).

## DISCUSSION

### Form design based on physical aspects

#### Size

The size of a form should be practical and adjusted to the content requirements. Standard paper sizes that are widely available are recommended. The standard form size is A4. According to AHIMA, all forms should ideally use uniform paper size, namely A4. The cover size should not exceed the standard dimension, as excessive size may reduce durability due to increasing thickness of stored documents. Noor, as cited in Whardani (2015), stated that the standard folder size is F4. Forms commonly use standard HVS paper measuring 32.5 cm × 21.5 cm. Based on the Health Information Management III Form Design manual, recommended paper sizes are A4 (21 cm × 29.7 cm) or F4 (21.5 cm × 33 cm) to facilitate filing in medical record folders, considering the position of punch holes [32].

The literature review identified non-conformity in the size component in several studies. For example, Pudyastuti (2018) used 36 cm × 23 cm paper, while Karimah & Nurawati (2016) used 16.3 cm × 21.5 cm paper; these sizes require adjustment to A4 or F4 to comply with physical design principles [9,28]. Wiandari (2017) reported that A4 size was selected to maintain consistency with existing hospital forms [12]. Meanwhile, Asyang (2018) reported the use of F4 size due to its wider dimension, which improves efficiency during form completion [7]. In conclusion, form size selection varies according to institutional needs and existing standards. The researcher selected F4 size for the dental medical record form design.

#### 2. Material

Noer, as cited in Whardani (2015), emphasized that material selection is essential, particularly for archived forms. The minimum recommended material is HVS 80 gsm. The literature review identified several studies using 70 gsm paper, which does not meet recommended standards [6,13–17,19,22,24]. Wiandari (2018) noted that lightweight paper is easily torn and less durable for storage [12]. Sofianty (2018) suggested that although 70 gsm is acceptable, 80 gsm provides better durability [16]. Other studies used BC (briefcard) paper weighing 160 gsm or 200 gsm, which offers higher durability but increases cost [5,8,10]. Although BC paper ensures longer storage resistance, its higher cost requires institutional consideration. Therefore, HVS 80 gsm was selected as it meets minimum standards while remaining cost-effective.

#### Shape

All reviewed studies complied with the rectangular shape standard. forms should follow standardized shapes for storage compatibility. Most reviewed articles used portrait orientation, facilitating ease of filing and completion. The researcher therefore selected portrait orientation.

#### Color

Paper color facilitates usability and identification. Colored paper may enhance visual distinction; however, contrast between paper and ink must be maintained to ensure readability [14]. Ink must provide clear and uniform contrast against the paper [33]. Although some studies used gender-based colored paper [10,29], white paper with black ink remains preferable due to cost efficiency and optimal contrast [16]. Accordingly, white paper with black ink was selected.

### Form design based on anatomical aspects

#### Heading

The heading includes form title, identification, issuance date, and page number [34].

- 1) Form title: Most studies positioned the title at the top (center, left, or right). One study reported an unclear title requiring revision [13]. Other studies placed the title centrally below the heading [9,14]. The researcher selected a centered, bold title for emphasis.
- 2) Form identification: Several studies lacked complete identification elements such as institutional logo or form code [5–10,24,29,30]. The inclusion of institutional identity ensures clarity and standard compliance.
- 3) Date of issuance: Only one reviewed study included the issuance date [10]. Inclusion of date ensures document control and version management.
- 4) Page number: Few studies included page numbering [10,15]. Page numbering prevents document loss and ensures completeness.

#### Introduction

The introduction explains the purpose of the form and may be represented by the title [32]. Some studies required revision to better reflect the form's purpose [13,15].

## Instructions

A well-designed form should be self-instructional, providing clear guidance for completion [35]. Some studies lacked instructions [6,13]. Instructions should not be placed between data fields to avoid clutter [35].

## Body

- 1) Margin: Margins ensure adequate spacing for filing and punching. Some studies adjusted left margins to prevent damage during assembly [5,14,16,22].
- 2) Spacing: Spacing must accommodate handwriting standards as recommended by design guidelines [35].
- 3) Ruler (lines): Vertical and horizontal lines logically separate data sections and guide completion.
- 4) Type style: Minimal variation in font type and size enhances readability. Times New Roman and Arial were most commonly used. Bold and italic styles are used selectively for emphasis.

## Closing

The closing section provides space for place, date, signature, and printed name for authentication.

## Form design based on content aspects

### Patient data

- 1) Patient identification: According to the Dental Medical Record Guidelines (2015), patient data include personal identification and relevant medical conditions [3]. Reviewed studies generally complied with these requirements [5,8].
- 2) Medical conditions requiring attention: Some studies lacked comprehensive medical history data, which should align with national guidelines [3,6].

### Odontogram

Dental records must include an odontogram to document status comprehensively [3]. All reviewed studies included odontogram components [5–10].

### Treatment table

According to national guidelines, the treatment table must include date, treated tooth, diagnosis, ICD-10 code, treatment, and dentist's signature [3]. All reviewed studies complied.

### Supplementary attachments

Supplementary attachments may include X-rays, laboratory, consent, and refusal forms [3]. Most reviewed studies lacked complete attachments [10].

## Development of dental medical record form in primary health care

After reviewing relevant literature and guidelines [3,32], the researcher developed a dental medical record form with the following specifications:

### Physical aspect

HVS 80 gsm paper; F4 size (33 cm × 21.5 cm); rectangular portrait orientation; white paper with black ink.

### Anatomical aspect

Heading includes the title "DENTAL MEDICAL RECORD," institutional logos, health center name and address, form code, issuance date, and page number. Instructions include standardized completion symbols. Body layout includes adjusted margins, single spacing, vertical and horizontal lines, and Times New Roman 12 pt font.

### Content aspect

Patient identification and medical history; odontogram; treatment table; and supplementary attachments including consent and refusal forms. The form design aligns with established form design principles and the 2015 Dental Medical Record Guidelines [3].

## CONCLUSION

In several reviewed studies, the content aspect of dental medical record form design has not fully complied with the 2015 Dental Medical Record Guidelines. Some forms did not include comprehensive patient medical data, while others lacked supplementary or supporting attachments. The developed dental medical record form incorporates the following physical components: F4 paper size, HVS 80 gsm material, rectangular shape with portrait orientation, and white paper with black ink. The anatomical components consist of the heading, introduction, instructions, body, and closing sections. Overall, the developed dental medical record form design complies with established form design principles in terms of physical, anatomical, and content aspects, and aligns with the 2015 Dental Medical Record Guidelines issued by the Ministry of Health of the Republic of Indonesia.

## Ethical consideration, competing interest and source of funding

-This study adhered to established ethical principles in research. As a literature-based design study that did not involve direct interaction with patients or the use of identifiable personal data, ethical risks were minimal. All sources were appropriately cited to ensure academic integrity and to avoid plagiarism. The study was conducted in accordance with institutional guidelines for research ethics and maintained transparency, objectivity, and accountability throughout the research process.

-There is no conflict of interest related to this study.

-Source of funding is authors.

## REFERENCES

1. Dhynianti L, Darmawan ES, Nadjib M, Soewondo P. Readiness of community health centers to implement integrated primary health care services in Jakarta, Indonesia: a 2024 study. *Journal of Integrated Care*. 2025 Jul 1;33(3):260-71.
2. Pangkey DY, Fani VS. Legal protection and liability for breaches of confidentiality in health insurance patients' medical records. *Jurnal Greenation Sosial dan Politik*. 2025 Nov 25;3(4):1103-11.
3. Acharya A, Shimpi N, Mahnke A, Mathias R, Ye Z. Medical care providers' perspectives on dental information needs in electronic health records. *The Journal of the American Dental Association*. 2017 May 1;148(5):328-37.
4. Yusuf M, Setiawan S, Kusuma ARP. Gambaran kelengkapan dan keseragaman penulisan odontogram oleh dokter gigi di Kota Semarang. *ODONTO Dent J*. 2019;6(1):40–44.
5. Karimah RN, Nurmawati I. Perancangan berkas rekam medis kedokteran gigi di Klinik Sakinah Kabupaten Jember Rinda. In: *Seminar Hasil*

- PPM Dana BOPTN. 2016;1(1):63–68.
6. Ummah SR. Desain formulir persetujuan tindakan dan rekam medis gigi di Puskesmas Pajajaran Probolinggo. POLIJE. 2017;17(1).
  7. Asyang R. Desain formulir rekam medis gigi di unit rawat jalan Puskesmas Candipuro Kabupaten Lumajang. POLIJE. 2018;18(1).
  8. Diwanti WW. Pembuatan desain formulir rekam medis rawat jalan pada poli gigi di Puskesmas Maesan Bondowoso. POLIJE. 2017;17(1).
  9. Pudyastuti DA. Perancangan formulir rekam medis poliklinik gigi di Puskesmas Patrang tahun 2017. POLIJE. 2018;18(1).
  10. Taftazani RZ, Hidayati R. Rancangan desain formulir manual rekam medis balai pengobatan gigi di Puskesmas Kahuripan Kota Tasikmalaya. *J Ilm Keperawatan Gigi*. 2020;1(2):28–36.
  11. Acharya A, Shimpi N, Mahnke A, Mathias R, Ye Z. Medical care providers' perspectives on dental information needs in electronic health records. *The Journal of the American Dental Association*. 2017 May 1;148(5):328-37.
  12. Wiandari MAW. Analisis dan desain formulir laporan operasi di Rumah Sakit Umum Daerah Besuki tahun 2017. POLIJE. 2017;17(1).
  13. Lubis F, Sari MI. Analisis desain formulir persetujuan tindakan medis di Rumah Sakit Umum Madani Medan tahun 2017. *J Ilm Perkam dan Inf Kesehat Imelda*. 2017;2(2):334–340.
  14. Pratama PB. Analisis desain formulir rawat inap lembar masuk keluar pasien (RM1) RSUD Kalisat tahun 2017. POLIJE. 2018;18(1).
  15. Wiguna AS, Matondang SS. Analisis desain formulir ringkasan masuk dan keluar pasien rawat inap di Rumah Sakit Umum Madani Medan Tahun 2018. *J Ilm Perkam dan Inf Kesehat Imelda*. 2019;3(1):409–416.
  16. Sofianty CU. Desain tata ruang penyimpanan berkas rekam medis di Puskesmas Klabang Bondowoso Tahun 2017. POLIJE. 2018;17(1).
  17. Hikmah F, Wijayanti RA, Laksono MJC. Desain formulir asesmen nyeri dalam berkas rekam medis di Rumah Sakit Daerah Balung Jember tahun 2016. *J Kesehat*. 2017;5(3):138–148.
  18. Deharja A, Swari SJ. Desain formulir assesment awal medis gawat darurat berdasarkan standar akreditasi rumah sakit versi 2012 di Rumah Sakit Daerah Balung Jember. POLIJE. 2017;17(1):358–363.
  19. Kurniawati NA. Desain formulir dan map rekam medis rawat jalan di Rumah Sakit Mitra Medika Bondowoso tahun 2017. POLIJE. 2017;17(1).
  20. Lestari GA. Desain formulir pasien gawat darurat di Rumah Sakit Umum Daerah Besuki tahun 2016. POLIJE. 2017;17(1).
  21. Amargi PAL. Desain formulir pelepasan informasi medis di Rumah Sakit Bhakti Husada Krikilan Banyuwangi. POLIJE. 2017;17(1).
  22. Dilla RF, Putra DSH. Desain formulir pengkajian awal neonatus di Rumah Sakit Tingkat III Baladhika Husada Jember. *J-REMI J Rekam Med dan Inf Kesehat*. 2020;1(3):311–319.
  23. Fitriah K. Desain map dan formulir rekam medis rawat jalan di Rumah Sakit Umum Daerah Besuki tahun 2017. POLIJE. 2017;17(1).
  24. Marcelina APB. Desain ulang formulir informed consent tindakan operatif di RSIA Muhammadiyah Probolinggo. POLIJE. 2018;18(1).
  25. Ainy N. Desain ulang formulir rekam medis gawat darurat di Puskesmas Maesan Tahun 2016. Thesis. Jember: POLIJE. 2016;16(1).
  26. Esti DE. Desain ulang formulir rekam medis gawat darurat di Rumah Sakit Daerah Balung Jember tahun 2016. POLIJE. 2017;17(1).
  27. Inata W. Desain ulang formulir rekam medis rawat inap di UPTD Puskesmas Kecamatan Tegaldlimo Kabupaten Banyuwangi. POLIJE. 2017;17(1).
  28. Karimah RN, Nurmawati I. Kualitas informasi terkait penerapan hasil desain rekam medis gigi di Klinik Sakinah Kabupaten Jember. *J Ilm Inov*. 2016;1(2):109–115.
  29. Puspitasari E, Nurjayanti D, Handoko NT. Perancangan desain formulir rekam medis pasien rawat jalan poliklinik umum di Puskesmas Kauman Kabupaten Ponorogo. *Glob Heal Sci*. 2017;2(2):155–164.
  30. Agustiningrum A, Putra DSH. Desain formulir insiden keselamatan pasien, surveilans infeksi dan kecelakaan kerja studi kasus di Rumah Sakit Bhayangkara Lumajang. *Prosiding Seminar Rekam Medik dan Informasi Kesehatan POLIJE*. 2019;1(1):46–55.
  31. Rahayu E, Karimah RN, Putra DSH. Redesain formulir rawat inap bedah pasca akreditasi di RS Citra Husada Jember 2018. *Prosiding Seminar Rekam Medik dan Informasi Kesehatan POLIJE*. 2019;1(1):32–45.
  32. Dwivedi YK, Rana NP, Jeyaraj A, Clement M, Williams MD. Re-examining the unified theory of acceptance and use of technology (UTAUT): Towards a revised theoretical model. *Information Systems Frontiers*. 2019 Jun 15;21(3):719-734.
  33. Jambaulikar GD, Marshall A, Hasdianda MA, Cao C, Chen P, Miyawaki S, Baugh CW, Zhang H, McCabe J, Su J, Landman AB. Electronic paper displays in hospital operations: proposal for deployment and implementation. *JMIR Formative Research*. 2021 Aug 4;5(8):e30862.
  34. Johnson AE, Pollard TJ, Berkowitz SJ, Greenbaum NR, Lungren MP, Deng CY, Mark RG, Horng S. MIMIC-CXR, a de-identified publicly available database of chest radiographs with free-text reports. *Scientific Data*. 2019 Dec 12;6(1):317-322.
  35. Sheikh A, Anderson M, Albala S, Casadei B, Franklin BD, Richards M, Taylor D, Tibble H, Mossialos E. Health information technology and digital innovation for national learning health and care systems. *The Lancet Digital Health*. 2021 Jun 1;3(6):e383-e396.