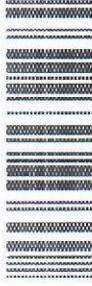


GUIA DE TRATAMENTO ODONTOLÓGICO

2-AF

1-Registro ANS
4064143-Data de Emissão da Guia
08/10/17 12:114-Data de Autorização
09/10/17 12:115-Sentida
AUTORIZADO6-Número da Guia Principal
87902917-Data Validade da Sentida
06/11/10 12:11612664
INTERCÂMBIO

2-Data de Registro

8-Número da Carteira
002020253655830000001019-Plano
POS REDE PRESTADORA10-Empresa
DENTAL UNI COOPERATIVA11-Data Validade da Carteira
11/11/11

12-Número do Cartão Nacional de Saúde

13-Nome
ROSEANE DE SOUZA ABREU

30/10/1992

14-Telefone
ROSEANE DE SOUZA ABREU

15-Data de Emissão do Responsável pelo Tratamento

16-Atendimento a RN
N17-Nome do Profissional Solicitante
CLINICERTA18-Número no CRO
2385519-UF
MG20-Código CBO S
0621-UF
MG22-UF
MG23-UF
MG24-UF
MG25-UF
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