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41-Notino da Glosa 42

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Dados do Beneficiário

8-Número da Carteira	10 0 2 0 2 5 4 0 1 9 5 6 0 0 0 0 0 1 0 1
9-Plano	POS REDE PRESTADORA
11-Empresa	DENTAL UNI COOPERATIVA
13-Código de Verificação	
14-Sigla do Estado	

13-NOME	MARIA APARECIDA CANDIDO DA SILVA
	26/09/1974
13-IDENTIFICACAO	() ()
13-CODIGO DE BARRAS	MARIA APARECIDA CANDIDO DA SILVA

Dados do Contratado Responsável pelo Tratamento

16-Atendimento a RN N	17-Nome do Profissional Solicitante ELISABETE MONTEIRO SCHAFER
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21-Código na Operadora / CNPJ / CPF
125070426800

22-Nome do Contratado Executante
ELISABETE MONTEIRO SCHAFFER

26-Nome do Profissional Expectante	27-Número no CRC
ELISABETE MONTEIRO SCHAEER	55391

Plano de Tratamiento / Procedimientos Solicitados

30-Tabela	31-Código do Procedimento	32-Descrição
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19 NOV 2021

Declaro, que após ter sido devidamente esclarecido sobre os propósitos, riscos, custos e referentes ao tratamento realizado, comprometendo-me a arcar com os custos conforme contrato, Declaro, ainda que o(s) procedimento(s) descrito(s) acima, e por mim assinado

4.9-Observação

50-Data, local e Assinatura do Assinante Solicitante
19 NOV 2021

51-Data, local e Assinatura do Assinante Beneficiário
19 NOV 2021

[Signature]

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EMERSON ELECTRIC CO.

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