

## 24

B-Número da Carteira

|                                                  |          |                                    |
|--------------------------------------------------|----------|------------------------------------|
|                                                  | Teléfono | (    )      -         -          - |
| Bernardo Mendes Pereira<br>01/06/2012            |          |                                    |
|                                                  | Teléfono | (    )      -         -          - |
| Marcos Aurelio Pereira<br>MARCOS AURELIO PEREIRA |          |                                    |

Dados do Contrólado Responsável pelo Tratamento21-Codigos na Ordem de CNPJ / CPF

|                                         |                  |       |                 |
|-----------------------------------------|------------------|-------|-----------------|
| 26-Memoria do Profissional Encarregante | 27-Número no CRO | 28-Uf | 29-Código CBO S |
| LEONORA SOUTO NUNES                     | 11187            | SC    |                 |

Plano de Tratamiento / Procedimientos Solicitados

| 30-Ítens | 31-Código do Procedimento | 32-Descrição | 33-Dente/Região | 34-Face | 35-Clín | 36-Quantidade US | 37-Valor | 38-Franquia/Co-participação R\$ | 39-Ant | 40-Dat |
|----------|---------------------------|--------------|-----------------|---------|---------|------------------|----------|---------------------------------|--------|--------|
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[illegible]

CONSULTA ODONTOLÓGICA

[illegible][illegible][illegible][illegible]

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group and an experimental group. The control group received a standard training program, while the experimental group received a training program with a focus on the specific skills required for the task. The results of the training program were compared between the two groups.

**7.**

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

| Q18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Q19 | Q20 | Q21 | Q22 | Q23 | Q24 | Q25 | Q26 | Q27 | Q28 | Q29 | Q30 | Q31 | Q32 | Q33 | Q34 | Q35 | Q36 | Q37 | Q38 | Q39 | Q40 | Q41 | Q42 | Q43 | Q44 | Q45 | Q46 | Q47 | Q48 | Q49 | Q50 | Q51 | Q52 | Q53 | Q54 | Q55 | Q56 | Q57 | Q58 | Q59 | Q60 | Q61 | Q62 | Q63 | Q64 | Q65 | Q66 | Q67 | Q68 | Q69 | Q70 | Q71 | Q72 | Q73 | Q74 | Q75 | Q76 | Q77 | Q78 | Q79 | Q80 | Q81 | Q82 | Q83 | Q84 | Q85 | Q86 | Q87 | Q88 | Q89 | Q90 | Q91 | Q92 | Q93 | Q94 | Q95 | Q96 | Q97 | Q98 | Q99 | Q100 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Q101: Q102: Q103: Q104: Q105: Q106: Q107: Q108: Q109: Q110: Q111: Q112: Q113: Q114: Q115: Q116: Q117: Q118: Q119: Q120: Q121: Q122: Q123: Q124: Q125: Q126: Q127: Q128: Q129: Q130: Q131: Q132: Q133: Q134: Q135: Q136: Q137: Q138: Q139: Q140: Q141: Q142: Q143: Q144: Q145: Q146: Q147: Q148: Q149: Q150: Q151: Q152: Q153: Q154: Q155: Q156: Q157: Q158: Q159: Q160: Q161: Q162: Q163: Q164: Q165: Q166: Q167: Q168: Q169: Q170: Q171: Q172: Q173: Q174: Q175: Q176: Q177: Q178: Q179: Q180: Q181: Q182: Q183: Q184: Q185: Q186: Q187: Q188: Q189: Q190: Q191: Q192: Q193: Q194: Q195: Q196: Q197: Q198: Q199: Q200: Q201: Q202: Q203: Q204: Q205: Q206: Q207: Q208: Q209: Q210: Q211: Q212: Q213: Q214: Q215: Q216: Q217: Q218: Q219: Q220: Q221: Q222: Q223: Q224: Q225: Q226: Q227: Q228: Q229: Q230: Q231: Q232: Q233: Q234: Q235: Q236: Q237: Q238: Q239: Q240: Q241: Q242: Q243: Q244: Q245: Q246: Q247: Q248: Q249: Q250: Q251: Q252: Q253: Q254: Q255: Q256: Q257: Q258: Q259: Q260: Q261: Q262: Q263: Q264: Q265: Q266: Q267: Q268: Q269: Q270: Q271: Q272: Q273: Q274: Q275: Q276: Q277: Q278: Q279: Q280: Q281: Q282: Q283: Q284: Q285: Q286: Q287: Q288: Q289: Q290: Q291: Q292: Q293: Q294: Q295: Q296: Q297: Q298: Q299: Q300: Q301: Q302: Q303: Q304: Q305: Q306: Q307: Q308: Q309: Q310: Q311: Q312: Q313: Q314: Q315: Q316: Q317: Q318: Q319: Q320: Q321: Q322: Q323: Q324: Q325: Q326: Q327: Q328: Q329: Q330: Q331: Q332: Q333: Q334: Q335: Q336: Q337: Q338: Q339: Q340: Q341: Q342: Q343: Q344: Q345: Q346: Q347: Q348: Q349: Q350: Q351: Q352: Q353: Q354: Q355: Q356: Q357: Q358: Q359: Q360: Q361: Q362: Q363: Q364: Q365: Q366: Q367: Q368: Q369: Q370: Q371: Q372: Q373: Q374: Q375: Q376: Q377: Q378: Q379: Q380: Q381: Q382: Q383: Q384: Q385: Q386: Q387: Q388: Q389: Q390: Q391: Q392: Q393: Q394: Q395: Q396: Q397: Q398: Q399: Q400: Q401: Q402: Q403: Q404: Q405: Q406: Q407: Q408: Q409: Q410: Q411: Q412: Q413: Q414: Q415: Q416: Q417: Q418: Q419: Q420: Q421: Q422: Q423: Q424: Q425: Q426: Q427: Q428: Q429: Q430: Q431: Q432: Q433: Q434: Q435: Q436: Q437: Q438: Q439: Q440: Q441: Q442: Q443: Q444: Q445: Q446: Q447: Q448: Q449: Q450: Q451: Q452: Q453: Q454: Q455: Q456: Q457: Q458: Q459: Q460: Q461: Q462: Q463: Q464: Q465: Q466: Q467: Q468: Q469: Q470: Q471: Q472: Q473: Q474: Q475: Q476: Q477: Q478: Q479: Q480: Q481: Q482: Q483: Q484: Q485: Q486: Q487: Q488: Q489: Q490: Q491: Q492: Q493: Q494: Q495: Q496: Q497: Q498: Q499: Q500: Q501: Q502: Q503: Q504: Q505: Q506: Q507: Q508: Q509: Q510: Q511: Q512: Q513: Q514: Q515: Q516: Q517: Q518: Q519: Q520: Q521: Q522: Q523: Q524: Q525: Q526: Q527: Q528: Q529: Q530: Q531: Q532: Q533: Q534: Q535: Q536: Q537: Q538: Q539: Q540: Q541: Q542: Q543: Q544: Q545: Q546: Q547: Q548: Q549: Q550: Q551: Q552: Q553: Q554: Q555: Q556: Q557: Q558: Q559: Q560: Q561: Q562: Q563: Q564: Q565: Q566: Q567: Q568: Q569: Q570: Q571: Q572: Q573: Q574: Q575: Q576: Q577: Q578: Q579: Q580: Q581: Q582: Q583: Q584: Q585: Q586: Q587: Q588: Q589: Q590: Q591: Q592: Q593: Q594: Q595: Q596: Q597: Q598: Q599: Q600: Q601: Q602: Q603: Q604: Q605: Q606: Q607: Q608: Q609: Q610: Q611: Q612: Q613: Q614: Q615: Q616: Q617: Q618: Q619: Q620: Q621: Q622: Q623: Q624: Q625: Q626: Q627: Q628: Q629: Q630: Q631: Q632: Q633: Q634: Q635: Q636: Q637: Q638: Q639: Q640: Q641: Q642: Q643: Q644: Q645: Q646: Q647: Q648: Q649: Q650: Q651: Q652: Q653: Q654: Q655: Q656: Q657: Q658: Q659: Q660: Q661: Q662: Q663: Q664: Q665: Q666: Q667: Q668: Q669: Q670: Q671: Q672: Q673: Q674: Q675: Q676: Q677: Q678: Q679: Q680: Q681: Q682: Q683: Q684: Q685: Q686: Q687: Q688: Q689: Q690: Q691: Q692: Q693: Q694: Q695: Q696: Q697: Q698: Q699: Q700: Q701: Q702: Q703: Q704: Q705: Q706: Q707: Q708: Q709: Q710: Q711: Q712: Q713: Q714: Q715: Q716: Q717: Q718: Q719: Q720: Q721: Q722: Q723: Q724: Q725: Q726: Q727: Q728: Q729: Q730: Q731: Q732: Q733: Q734: Q735: Q736: Q737: Q738: Q739: Q740: Q741: Q742: Q743: Q744: Q745: Q746: Q747: Q748: Q749: Q750: Q751: Q752: Q753: Q754: Q755: Q756: Q757: Q758: Q759: Q760: Q761: Q762: Q763: |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| 44- Tipo de Atendimento                                                             | 45- Tipo de Atendimento | 46- Total Quantidade US | 47- Valor Total R\$ |
|-------------------------------------------------------------------------------------|-------------------------|-------------------------|---------------------|
| 1- Tratamento Odontológico 2- Exame Radiológico 3- Ortopedia 4- Injeção/Emancipação | 1- Total 2- Parcial     | 1106000                 | 10                  |

adato, que após ter sido devidamente esclarecido sobre os procedimentos, riscos, custos e alternativas de tratamento conforme apresentado, aceita e autoriza a execução do tratamento recomendado, mas a qualquer reorientação do mesmo.

contrato. Declaro, ainda que o(s) procedimento(s) descrito(s) acima, e por mim assinado(s), fofloram realizado(s) com meu consentimento e de forma satisfatória. Autorizo a Operadora a pagar em meu nome e por minha conta, ao profissional responsável pelo tratamento realizado, comprovando-me a estar com o devido conformo acordado em contrato.

**Abstract**

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Math Names

51-Data, local e Assinatura do Cirurgião-Dentista

[illegible]

Chlorine

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11



# GUIA DE TRATAMIENTO ODONTOLÓGICO

2-N<sup>o</sup>[illegible]



GUIA DE TRATAMENTO ODONTOLÓGICO

24º



1320796  
INTERCÂMBIO

|                          |                                          |                                       |                      |                                        |                                            |
|--------------------------|------------------------------------------|---------------------------------------|----------------------|----------------------------------------|--------------------------------------------|
| 1-Registro ANS<br>406414 | 3-Data de Emissão da Guia<br>31/10/11/23 | 4-Data de Autenticação<br>06/10/12/23 | 5-Será<br>AUTORIZADO | 6-Número da Guia Principal<br>10840347 | 7-Data Validade da Sentença<br>01/11/15/23 |
|--------------------------|------------------------------------------|---------------------------------------|----------------------|----------------------------------------|--------------------------------------------|

8-Data de Beneficiário

|                                                      |                                |                                      |                                          |                                       |
|------------------------------------------------------|--------------------------------|--------------------------------------|------------------------------------------|---------------------------------------|
| 8-Número da Carteira<br>0102102153169871010101010101 | 9-Plano<br>POS REDE PRESTADORA | 10-Empresa<br>DENTAL UNI COOPERATIVA | 11-Data Validade da Carteira<br>11/11/11 | 12-Número do Cartão Nacional de Saúde |
|------------------------------------------------------|--------------------------------|--------------------------------------|------------------------------------------|---------------------------------------|

|                                   |            |                              |                                                       |
|-----------------------------------|------------|------------------------------|-------------------------------------------------------|
| 13-Nome<br>MARCOS AURELIO PEREIRA | 15/07/1969 | 14-Telefone<br>( ) - - - - - | 15-Nome do titular do plano<br>MARCOS AURELIO PEREIRA |
|-----------------------------------|------------|------------------------------|-------------------------------------------------------|

16-Endereço do Operador Responsável pelo Tratamento

|                          |                                                            |                           |             |                          |                                                                        |
|--------------------------|------------------------------------------------------------|---------------------------|-------------|--------------------------|------------------------------------------------------------------------|
| 16-Atendimento a RN<br>N | 17-Nome do Profissional Solicitante<br>LEONORA SOUTO NUNES | 18-Número no CRO<br>11187 | 19-UF<br>SC | 20-Código CRO S<br>025 - | 21-Endereço do Operador Responsável pelo Tratamento<br>Faturar Empresa |
|--------------------------|------------------------------------------------------------|---------------------------|-------------|--------------------------|------------------------------------------------------------------------|

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|------------------------------------------------------------|------------------------------------------------------------------------------|-------------|---------------------------|
| 22-Código na Operadora / CNPJ / CPF<br>3115177432101011913 | 23-Nome do Contratado Evidenciado<br>ENTREDENTES CONSULTORIO ODONTOLÓGICO SS | 24-UF<br>SC | 25-Código CNES<br>0849367 |
|------------------------------------------------------------|------------------------------------------------------------------------------|-------------|---------------------------|

|                                                           |                           |             |                 |
|-----------------------------------------------------------|---------------------------|-------------|-----------------|
| 26-Nome do Profissional Executante<br>LEONORA SOUTO NUNES | 27-Número no CRO<br>11187 | 28-UF<br>SC | 29-Código CRO S |
|-----------------------------------------------------------|---------------------------|-------------|-----------------|

Plano de Tratamento / Procedimentos Solicitados

| 30-Índice | 31-Código do Procedimento | 32-Descrição            | 33-Dentista Regido | 34-Fee | 35-Cuid | 36-Quantidade US | 37-Valor | 38-Frequência/Co-participação R\$ | 39-Aut | 40-Data de Realização | 41-Medico da Guia | 42-Assinatura |
|-----------|---------------------------|-------------------------|--------------------|--------|---------|------------------|----------|-----------------------------------|--------|-----------------------|-------------------|---------------|
| 1-010     | 8531010471                | RASPAGEM SUPRA-GENGIVAL | HASD               | 1      | 1       | 36,00            | 0,00     | 0,00                              | 1      | 06/10/21/23           |                   |               |
| 2-010     | 8531010471                | RASPAGEM SUPRA-GENGIVAL | HASE               | 1      | 1       | 36,00            | 0,00     | 0,00                              | 1      | 06/10/21/23           |                   |               |
| 3-010     | 8531010471                | RASPAGEM SUPRA-GENGIVAL | HAIE               | 1      | 1       | 36,00            | 0,00     | 0,00                              | 1      | 06/10/21/23           |                   |               |
| 4-010     | 8531010471                | RASPAGEM SUPRA-GENGIVAL | HAID               | 1      | 1       | 36,00            | 0,00     | 0,00                              | 1      | 06/10/21/23           |                   |               |
| 5-010     | 8101010310                | CONSULTA ODONTOLÓGICA   |                    | 1      | 1       | 34,00            | 0,00     | 0,00                              | 1      | 06/10/21/23           |                   |               |
| 6-1       |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 7-1       |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 8-1       |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 9-1       |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 10-1      |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 11-1      |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 12-1      |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 13-1      |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 14-1      |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |
| 15-1      |                           |                         |                    |        |         |                  |          |                                   |        |                       |                   |               |

|                                        |                                                                                                                                     |                                                                      |                                     |                    |                                           |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|--------------------|-------------------------------------------|
| 43-Data Previsto Término do Tratamento | 44-Tipo de Atendimento<br><input type="checkbox"/> 1-Tratamento Odontológico 2-Exame Radiológico 3-Ortodontia 4-Urgência/Emergência | 45-Tipo de Faturamento<br><input type="checkbox"/> 1-Total 2-Parcial | 46-Total Quantidade US<br>117810,00 | 47-Valor Total R\$ | 48-Total Financeiro / Co-participação R\$ |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|--------------------|-------------------------------------------|

49-Observação

|                                                                                                                                                     |                                                                                                                                                    |                                                                                            |                                                                                                                            |
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| 50-Data, local e Assinatura do Cirurgião-Dentista Solicitante<br>06/10/21/23 D <sup>ra</sup> Leonora Souto Nunes<br>Cirurgia Dentista<br>CRO 11.187 | 51-Data, local e Assinatura do Cirurgião-Dentista Autorizado<br>06/10/21/23 D <sup>ra</sup> Leonora Souto Nunes<br>Cirurgia Dentista<br>CRO 11.187 | 52-Data, local e Assinatura do Beneficiário / Responsável<br>06/10/21/23 X<br>[Assinatura] | 53-Data, local e Endereço da Empresa<br>06/10/21/23 D <sup>ra</sup> Leonora Souto Nunes<br>Cirurgia Dentista<br>CRO 11.187 |
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# GUIA DE TRATAMENTO ODONTOLÓGICO

2º



1320793  
INTERCAMBIO

|                          |                                         |                                           |                      |                                        |                                             |
|--------------------------|-----------------------------------------|-------------------------------------------|----------------------|----------------------------------------|---------------------------------------------|
| 1-Registro ANS<br>406414 | 3-Data de Emissão da Guia<br>13/11/2011 | 4-Data de Autorização<br>10/16/10/2/12/13 | 5-Será<br>AUTORIZADO | 6-Número da Guia Principal<br>10840340 | 7-Data Validade da Guia<br>10/11/10/5/12/13 |
|--------------------------|-----------------------------------------|-------------------------------------------|----------------------|----------------------------------------|---------------------------------------------|

Dados do Beneficiário

|                                              |                                |
|----------------------------------------------|--------------------------------|
| 8-Número da Carteira<br>00020253698700000103 | 9-Plano<br>POS REDE PRESTADORA |
|----------------------------------------------|--------------------------------|

13-Nome  
ISOLETE MENDES PEREIRA

08/08/1973

|                                      |                                          |
|--------------------------------------|------------------------------------------|
| 10-Empresa<br>DENTAL UNI COOPERATIVA | 11-Data Validade da Carteira<br>11/11/11 |
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15-Nome do titular do plano  
MARCOS AURELIO PEREIRA

12-Número do Cartão Nacional de Saúde

Dados do Contratante Responsável pelo Tratamento

|                          |                                                            |
|--------------------------|------------------------------------------------------------|
| 16-Alimentação a RN<br>N | 17-Nome do Profissional Solicitante<br>LEONORA SOUTO NUNES |
|--------------------------|------------------------------------------------------------|

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| 21-Código na Operação / CNPJ / CPF<br>31577432000193 | 22-Nome do Contratado Existente<br>ENTREDENTES CONSULTORIO ODONTOLÓGICO SS |
|------------------------------------------------------|----------------------------------------------------------------------------|

28-Nome do Profissional Existente  
LEONORA SOUTO NUNES

|                           |             |
|---------------------------|-------------|
| 18-Número no CRO<br>11187 | 19-UF<br>SC |
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| 23-Número no CRO<br>11187 | 24-UF<br>SC |
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| 25-Código CNES<br>0849367 | 26-UF<br>SC |
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| 27-Número no CRO<br>11187 | 28-UF<br>SC |
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| 29-Código CBO S | 30-Código CBO S |
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| 31-Valor | 32-Valor |
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| 33-Franquia/Co-participação R\$ | 34-Aut |
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| 35-Data de Realização | 36-Motivo da Guia |
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|               |               |
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| 37-Assinatura | 38-Assinatura |
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| 39-Data | 40-Data |
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| 41-Valor | 42-Valor |
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| 43-Valor | 44-Valor |
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| 45-Valor | 46-Valor |
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| 47-Valor | 48-Valor |
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| 49-Valor | 50-Valor |
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| 51-Valor | 52-Valor |
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| 53-Valor | 54-Valor |
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| 55-Valor | 56-Valor |
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| 57-Valor | 58-Valor |
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| 59-Valor | 60-Valor |
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| 61-Valor | 62-Valor |
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| 63-Valor | 64-Valor |
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