

GUIA DE TRATAMENTO ODONTOLÓGICO

8-Número da Carteira	10020254701941100000101
9-Plano	POS REDE PRESTADORA
10-Empresa	DENTAL UNI COOPERATIVA
11-Data Vencimento da Carteira	1/1/1/1
12-Número do Contrato Nacional de Saúde	22.06.22

[illegible]

16-Atribuição a FN	N	
17-Nome do Profissional Solicitante	RODRIGO SOUZA MASCARENHAS	
18-Número no CRO	8958	19-UF BA
20-Código CBO S	025 - Faturar Empresa	

21-Código na Operação / CNPJ / CPF	08848516000100
22-Nome do Contratado Executante	R. S. MASCARENHAS & CIA LTDA - ME
23-Número no CAD	8958
24-Uf	BA
25-Código CNE/S	6127290

26-Nome do Profissional Exercente	27-Número no CRO	28-Uf	29-Código CRO S
RODRIGO SOUZA MASCARENHAS	8958	BA	

Plano de Tratamento / Procedimentos Solicitados													
31- Tabela	31- Código do Procedimento												
32- Descrição	33- Dente/Região												
34- Face	35- Qtd	36- Quantidade US	37- Valor	38- Forma de Participação RS	39- Aut	40- Data de Realização	41- Médico da Clínica	42- Assinatura					
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15 06 22 **Dra. Laura Palmarella**

15 06 22 ***Gildeneck Rodrigues Barbosa**